



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: August 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011323

[REDACTED]

Dear [REDACTED],

On August 22, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's the August 2, 2016 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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## Decision

Decision Date: August 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011323



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that your enrollment in your Medicaid Managed Care plan began September 1, 2016?

## Procedural History

On August 8, 2015 NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective August 1, 2015, and you were enrolled in a Medicaid Managed Care plan, effective September 1, 2015.

On June 3, 2016 NYSOH issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice also stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by July 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by July 15, 2016.

On July 17, 2016 NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost through NYSOH. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended July 31, 2016.

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On August 1, 2016 NYSOH received your updated application for health insurance.

On August 2, 2016 NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid effective August 1, 2016.

Also on August 2, 2016 an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan and the effective date of that coverage was September 1, 2016.

On August 8, 2016 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your Medicaid Managed Care plan on September 1, 2016 and not October 1, 2016.

On August 22, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

A review of the record support the following findings of fact:

- 1) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted and that your financial assistance would continue.
- 3) The June 3, 2016 renewal notice was sent to [REDACTED]  
[REDACTED]
- 4) You testified, and your account indicates, that you now reside at [REDACTED]  
[REDACTED].
- 5) No notices sent to you at the addresses listed on your NYSOH account have been returned as undeliverable.
- 6) You testified that you still pick up your mail at the [REDACTED] address every week.
- 7) The record reflects that on August 1, 2016 NYSOH received your updated application for health insurance.

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- 8) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of August 1, 2016.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR §155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective September 1, 2016.

You were originally found eligible for Medicaid effective August 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's June 3, 2016 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by July 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective July 31, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. The June 3, 2016 renewal notice was sent to [REDACTED], [REDACTED]. You testified, and your account indicates, that you now reside at [REDACTED]. However, there is no evidence in the record that any of the notices that were sent to either of your mailing addresses were returned as undeliverable. Furthermore, you testified that you still pick up your mail at the [REDACTED] address every week.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on August 1, 2016 you updated the information in your NYSOH account and submitted a request to enroll in a Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

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Since you selected your Medicaid Managed Care plan on August 1, 2016, it must take effect on the first day of the following after August; that is, on September 1, 2016.

Therefore, NYSOH's August 2, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your Medicaid Managed Care plan on September 1, 2016.

## **Decision**

The August 2, 2016 enrollment confirmation notice is **AFFIRMED**.

**Effective Date of this Decision:** August 24, 2016

## **How this Decision Affects Your Eligibility**

Your enrollment in your Medicaid Managed Care plan properly began as of September 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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- By calling the Customer Service Center at 1-855-355-5777
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## **Summary**

The August 2, 2016 enrollment confirmation notice is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan properly began as of September 1, 2016.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**

