



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

Notice of Decision

Decision Date: March 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011353

[REDACTED]

Dear [REDACTED],

On March 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's 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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NY State of Health Account ID: [REDACTED]
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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 (MMC) plan was effective September 1, 2016?

Procedural History

I. Account ID [REDACTED]

On August 20, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective August 1, 2015.

On June 3, 2016, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. That notice 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. This was because you had not

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responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended effective July 31, 2016.

II. Account ID [REDACTED]

On August 1, 2016, you created a new NYSOH account and applied for health insurance.

On August 2, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective August 1, 2016.

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

On August 9, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice, insofar as it began your MMC plan on September 1, 2016 and not August 1, 2016.

On March 3, 2017, 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 supports the following findings of fact:

- 1) You testified that you received some notices from NYSOH by regular mail, and some electronic alerts regarding notices issued in your NYSOH account.
- 2) NYSOH Account ID [REDACTED], which is now inactive, reflects that you were enrolled to receive notifications regarding notices in your NYSOH account by email alert.
- 3) You testified that you did not receive any renewal notice by regular mail because you had moved, and NYSOH still had your old address, which, you testified, is your mother's address.
- 4) You testified that you had previously notified CDPHP (your MMC plan) of your new address, and presumed that this change of address was something that would be coordinated with NYSOH.

- 5) You testified that you did receive an email alert in June 2016 regarding the renewal notice, but that you did not look at the notice until later because the email alert looked exactly like all the others that you receive from NYSOH, and did not indicate that it was urgent.
- 6) You testified that you were also in the middle of final exams at the time when you received the email alert regarding the renewal.
- 7) You testified that you did not discover that there was an issue with your coverage until you went to the pharmacy to fill a prescription.
- 8) You testified that you logged into the NYSOH website to update your application, and do not know how you ended up creating a second account.
- 9) The record reflects that on August 1, 2016, NYSOH received your updated application for health insurance.
- 10) You testified that you spoke with CDPHP and were informed by one representative that they could backdate your coverage, but that another representative stated that your MMC coverage could not be backdated to August 1, 2016 unless NYSOH approved.
- 11) You testified that you tried to address the issue by speaking with both CDPHP and NYSOH at the same time, but that the issue remained unresolved.
- 12) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of August 1, 2016 because you had medical expenses during that month that your family had to cover, and you would like to be reimbursed for those expenses.

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,

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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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR §435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your MMC 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

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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 MMC plan effective July 31, 2016.

You testified that you had moved from your previous address, which was your mother's address, and updated your mailing address with CDPHP, but not with NYSOH because you did not know that you had to do so. However, the record reflects that you elected to receive alerts regarding notices from NYSOH electronically in Account Number [REDACTED]. You testified that you received an electronic alert regarding the notice that directed you to update the information in your NYSOH account, but that you were very busy at the time with final exams, and that the email contained no indication that it was regarding an urgent notice.

However, since you acknowledge that you received the email regarding the renewal notice, it is concluded 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 created a new account and applied for financial assistance. That same day, you also submitted a request to enroll in an MMC plan.

The date on which an MMC 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.

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

You testified that you were informed by a NYSOH representative that there would not have been a gap in your MMC plan coverage if you had not created a new account; however, this is not the case. The gap in your coverage was caused by your failure to renew your application by July 15, 2016. Since you reapplied and

selected your MMC plan on August 1, 2016, your MMC plan enrollment could not begin any earlier than September 1, 2016.

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

PLEASE NOTE: It is your responsibility to report any changes that can affect your eligibility or enrollment in health insurance within 30 days of such change, and this responsibility is outlined in both eligibility determination and enrollment confirmation notices issued by NYSOH in a section entitled "Reporting Changes During the Year."

Decision

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

Effective Date of this Decision: March 9, 2017

How this Decision Affects Your Eligibility

Your enrollment in your MMC plan properly took effect on 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)).

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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.

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

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

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

Your enrollment in your MMC plan properly took effect on 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:

