



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

Notice of Decision

Decision Date: January 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011359

[REDACTED]

[REDACTED]

On January 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 10, 2016 enrollment 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: January 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011359

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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 plan was effective September 1, 2016?

Procedural History

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

On June 15, 2016, NYSOH issued a notice that it was time to renew your health insurance. 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 are 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 were, however, eligible to enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility for financial assistance ended as of July 31, 2016.

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

On August 1, 2016, NYSOH received a letter from your employer confirming your employment since December 2014 and that your weekly wage was \$440.00.

On August 2, 2016, NYSOH issued an eligibility redetermination notice stating that you were conditionally eligible for Medicaid, effective August 1, 2016. The notice requested that you provide proof of your income by August 16, 2016, so that your eligibility for Medicaid could be confirmed.

On August 5, 2016, NYSOH reran your eligibility based on the information in your account as of August 5, 2016.

On August 6, 2016, NYSOH issued an eligibility redetermination notice stating that you remained eligible for Medicaid, without condition, effective August 1, 2016.

On August 10, 2016, NYSOH issued an enrollment notice stating that you had selected a Medicaid Managed Care (MMC) plan as of August 9, 2016. The notice confirmed that your MMC plan coverage would begin effective September 1, 2016. You spoke to NYSOH's Account Review Unit and appealed the enrollment notice insofar as it began your MMC plan on September 1, 2016 and not August 1, 2016.

On January 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 support the following findings of fact:

- 1) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your Medicaid coverage for your upcoming plan year.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

- 4) You testified that you did not know that you needed to update your account until you had been told by your doctor that your MMC plan coverage had lapsed as of July 31, 2016. You further testified that you were responsible for approximately \$450.00 in medical costs as a result of not having been covered by your MMC plan on your August 1, 2016 doctor's appointment.
- 5) The record reflects that on August 1, 2016 NYSOH received your updated application for health insurance. As a result of this revision to your application, you were found conditionally eligible for Medicaid, pending confirmation of your income. The NYSOH subsequently found you fully eligible for Medicaid as of August 5, 2016.
- 6) The record reflects that you selected your MMC plan on August 9, 2016, and that your reenrollment was effective on September 1, 2016.
- 7) You testified that you want your MMC plan to begin on August 1, 2016, rather than September 1, 2016, because you were seeking to have your MMC plan insurance carrier, Healthfirst, cover the \$450.00 in out-of-pocket costs you incurred in connection with your August 1, 2016 doctor's appointment.

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 twelve 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 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 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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

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 March 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 15, 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 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. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

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 were found conditionally eligible for Medicaid. The record also shows that on August 9, 2016 you submitted a request to reenroll in the Healthfirst MMC plan.

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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.

Since you selected your MMC plan on August 9, 2016, it must take effect on the first day of the following after August 2016; that is, on September 1, 2016.

Therefore, NYSOH's August 10, 2016 enrollment notice is AFFIRMED because it properly began your reenrollment in your MMC plan on September 1, 2016.

Decision

The August 10, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: January 5, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your MMC plan is 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

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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.

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
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- By fax: 1-855-900-5557

Summary

The August 10, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your MMC plan is 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:

