



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: AP000000011939

[REDACTED]

[REDACTED]

On December 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 30, 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: January 5, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011939

[REDACTED]

## 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 October 1, 2016?

## Procedural History

On July 10, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective July 1, 2015.

On May 2, 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 June 15, 2016 or the financial assistance you were receiving might end.

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

On June 17, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, the Essential Plan, 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 responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended effective June 30, 2016.

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On August 17, 2016, NYSOH received your updated application for health insurance.

On August 23, 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.

On August 30, 2016, an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan, and that the effective date of that plan was October 1, 2016.

On September 10, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your Medicaid Managed Care plan on October 1, 2016 and not July 1, 2016.

On December 20, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and you requested that the record be left open in order for you to submit documentation from your treating medical provider in support of your appeal. The Hearing Officer left the record open for seven days to allow you time to submit supporting documentation. No documentation was received within the allotted time. The record is now closed.

## **Findings of Fact**

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

- 1) Your NYSOH account reflects that you currently receive all of your notices from NYSOH via regular mail.
- 2) You testified, that at the time the May 2, 2016 renewal notice, June 17, 2016 eligibility determination notice, and June 17, 2016 disenrollment notice were issued, your account preferences were set to send all of your notices from NYSOH via electronic mail.
- 3) You testified that when you updated your application in August 2016 you changed the preferences of how you receive notices from NYSOH from paperless to non-paperless.
- 4) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility. You also did not receive any renewal notice by regular mail.

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- 5) You testified that you did not know that you needed to update your account until August 2016 when you received a call from a medical provider advising that you had no coverage.
- 6) The record reflects that on August 17, 2016, NYSOH received your updated application for health insurance.
- 7) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of July 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)).

### 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 Medicaid Managed Care plan was effective October 1, 2016.

You were originally found eligible for Medicaid effective July 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 May 2, 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 June 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 June 30, 2016.

However, you testified that your account preferences were set to send alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account.

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You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on August 17, 2016, and therefore we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Had the information been submitted at that time, your enrollment in your Medicaid Managed Care plan would have begun on July 1, 2016.

Therefore, the August 30, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective July 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Medicaid Managed Care plan as of July 1, 2016.

## **Decision**

The August 30, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective July 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Medicaid Managed Care plan as of July 1, 2016.

**Effective Date of this Decision:** January 5, 2017

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

Your enrollment in your Medicaid Managed Care plan should have been effective as of July 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of July 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.

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).

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.

### **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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

Your enrollment in your Medicaid Managed Care plan should have been effective as of July 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of July 1, 2016.

### **Legal Authority**

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

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

