



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

Notice of Decision

Decision Date: March 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012244



Dear [REDACTED],

On January 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 17, 2016 eligibility redetermination and disenrollment notices.

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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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 ended September 30, 2016, and next resumed as of March 1, 2017?

Procedural History

According to your NYSOH account, you were determined eligible for Medicaid, effective October 1, 2015, and were enrolled in a Medicaid Managed Care (MMC) plan, effective November 1, 2015.

On August 3, 2016, NYSOH issued a renewal notice regarding your financial assistance for the upcoming policy year. The notice stated that, based on federal and state data sources, a decision about where or not you qualified for financial assistance could not be made and you needed to update the information on your NYSOH by September 15, 2016, or the financial assistance you were currently getting might end.

As of September 15, 2016, no updates were made to your NYSOH account.

On September 17, 2016, NYSOH issued an eligibility redetermination notice that stated you did not qualify for any financial assistance or insurance affordability programs and could not purchase a qualified health plan at full cost because you

did not respond to the renewal notice and did not complete your renewal within the required timeframe.

Also on September 17, 2016, NYSOH issued a disenrollment notice stating that your coverage in your MMC plan was to end effective September 30, 2016.

On September 27, 2016, NYSOH's Account Review Unit received your September 23, 2016 written request for an appeal insofar as your eligibility for Medicaid and your enrollment in your MMC plan ended September 30, 2016.

On January 18, 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) According to your NYSOH account, you are separated, plan on filing your 2016 tax return using a tax filing status of single, and will claim no dependents on that tax return.
- 2) You are appealing only your eligibility for financial assistance and health insurance through NYSOH.
- 3) According to your NYSOH account, your annual income was listed as \$15,860.00 as of your October 15, 2015 application; and as \$15,600.00 as of your January 18, 2017 application. You testified that these amounts seemed accurate.
- 4) According to your NYSOH account, you elected to receive all notices from NYSOH by regular mail.
- 5) You testified that your address listed on your NYSOH account was correct.
- 6) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your Medicaid Managed Care coverage.
- 7) You testified that you do not recall receiving the August 3, 2016 renewal notice but that the notice may have come while you were out of town.
- 8) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

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- 9) You further testified that you did receive the September 17, 2016 disenrollment notice, which prompted you to request an appeal in writing because you thought that was the only thing you could do.
- 10) According to your NYSOH account, your request for Aid to Continue in your MMC plan during the appeal process was denied, so your coverage ended as of September 30, 2016.
- 11) According to your NYSOH account, you next updated your NYSOH account on January 18, 2017 and you were redetermined eligible for Medicaid with an effective date of January 1, 2017.
- 12) According to your NYSOH account, you selected an MMC plan on January 25, 2017 with a March 1, 2017 enrollment start date.
- 13) You testified that you did not incur any bills for medical services or treatment while you were without health insurance from October 1, 2016 through December 31, 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 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 you were disenrolled from your MMC plan effective September 30, 2016.

You were originally found eligible for Medicaid effective October 1, 2015 and were enrolled in your MMC plan effective November 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 August 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 September 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 September 30, 2016, which was the last day of the 12-month policy period that began on October 1, 2015.

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.

Since NYSOH could not redetermine your eligibility because income information could not be ascertained from federal and state data sources and you did not

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update your NYSOH account with such information within the required timeframe, you were redetermined ineligible for any financial assistance and insurance affordability programs, and could not purchase a qualified health plan at full cost, effective October 1, 2016.

Therefore, the September 17, 2016 eligibility redetermination and disenrollment notices are AFFIRMED.

The record shows that you next updated the information in your NYSOH account on January 18, 2017, and on January 25, 2017, submitted a request to enroll in an MMC 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.

Since you selected your MMC plan on January 25, 2017, it must take effect on the first day of the following after January 2017; that is, on March 1, 2017.

Therefore, NYSOH's January 26, 2017 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your MMC plan on March 1, 2017.

Decision

The September 17, 2016 eligibility redetermination and disenrollment notices are AFFIRMED.

The January 26, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 14, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your coverage in your MMC plan properly ended as of September 30, 2016, which was 12 months after your Medicaid coverage began on October 1, 2015.

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You were given proper notice of the need to renew by updating your NYSOH account by September 15, 2016, but did not such that you were determined ineligible for any financial assistance and insurance affordability programs, and could not purchase a qualified health plan at full cost as of October 1, 2016.

You next updated your NYSOH account on January 18, 2017, and were determined Medicaid eligible as of January 1, 2017.

You selected an MMC plan on January 25, 2017, such that coverage in your MMC plan properly began as of March 1, 2017.

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.

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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- By fax: 1-855-900-5557

Summary

The September 17, 2016 eligibility redetermination and disenrollment notices are AFFIRMED.

The January 26, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your coverage in your MMC plan properly ended as of September 30, 2016, which was 12 months after your Medicaid coverage began on October 1, 2015.

You were given proper notice of the need to renew by updating your NYSOH account by September 15, 2016, but did not such that you were determined ineligible for any financial assistance and insurance affordability programs, and could not purchase a qualified health plan at full cost as of October 1, 2016.

You next updated your NYSOH account on January 18, 2017, and were determined Medicaid eligible as of January 1, 2017.

You selected an MMC plan on January 25, 2017, such that coverage in your MMC plan properly began as of March 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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