



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

Notice of Decision

Decision Date: April 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013827

[REDACTED]

Dear [REDACTED],

On March 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 6, 2016 eligibility determination and enrollment confirmation 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013827

[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 oldest child's enrollment in her Medicaid Managed Care plan was effective January 1, 2017?

Procedural History

On September 6, 2016, NYSOH issued a notice that it was time to renew your household's health insurance for the upcoming policy period. The notice stated in part that your oldest child had Medicaid coverage through [REDACTED] County Department of Social Services (LDSS) and you were sent a notice earlier by the LDSS that told you his Medicaid coverage was to end on November 30, 2016. The notice also stated that a NYSOH account had been started for your family and that you must log in to your account between October 16, 2016 and November 15, 2016 to complete the renewal application for anyone in your family who needs health coverage and, if you did not take action, your oldest child might not have health insurance after November 30, 2016.

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

On December 6, 2016, NYSOH issued an eligibility determination notice, based on your December 5, 2016 application, stating in part that your oldest child was eligible for Medicaid, effective December 1, 2016.

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Also on December 6, 2016, NYSOH issued an enrollment confirmation notice, based on your December 5, 2016 plan selection, stating in part that your oldest child was enrolled in a Medicaid Managed Care plan, effective January 1, 2017.

Also on December 6, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment start date of your oldest child's Medicaid Managed Care plan insofar as it began on January 1, 2017, and not December 1, 2016.

On March 15, 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 did receive notice telling you that you needed to update your oldest child's application to renew her Medicaid Managed Care coverage and her eligibility for Medicaid and plan enrollment through your LDSS were to end on November 30, 2016.
- 2) You testified that in October 2016, you went to your LDSS and attempted to recertify your oldest child's application for health insurance. You testified that you were told LDSS no longer handles health insurance applications for Medicaid and you were given an 800 number to call NYSOH.
- 3) You testified that you called NYSOH and recertified your oldest child's application in October 2016.
- 4) A telephone recording from October 17, 2016 demonstrates that you spoke to a NYSOH representative and were transferred to the renewal department to complete your application.
- 5) According to your NYSOH account, you updated your oldest child's application for health insurance on December 5, 2016.
- 6) According to your NYSOH account and your testimony, you selected your oldest child's Medicaid Managed Care plan on December 5, 2016, and her enrollment in that plan was effective on January 1, 2017.
- 7) You testified that you want your oldest child's Medicaid Managed Care plan to begin on December 1, 2016 because you have medical expenses for the month of December 2016 that were not covered by Medicaid Fee-For-Service.

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 oldest child’s enrollment in her Medicaid Managed Care plan was effective January 1, 2017, and not December 1, 2016.

Your oldest child had health insurance coverage with Medicaid through your LDSS, which was due to end on November 30, 2016. You testified that you received notice to this effect.

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).

Generally, and when transfers from LDSS occur, 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 September 6, 2016 renewal notice stated that you need to take action and renew your oldest child's coverage before her Medicaid coverage ended on November 30, 2016, to continue her health insurance.

Because your NYSOH account reflects that there was no timely response to this notice, your oldest child was determined eligible for Medicaid Fee-For-Service through NYSOH as of December 1, 2016 and, as stated in the September 6, 2016 renewal notice, her Medicaid Managed Care plan through your LDSS ended effective November 30, 2016.

You testified that you did receive notice telling you that you needed to update your oldest child's application to renew her Medicaid Managed Care coverage and, if you did not take action, your oldest child would not have health insurance after November 30, 2016.

You credibly testified that in October 2016, you went to your LDSS and attempted to recertify your oldest child's application for health insurance. You further testified that you were told LDSS no longer handles health insurance applications for Medicaid and you were given an 800 number to call NYSOH. You stated that you did, in fact, call that 800 number and renewed your oldest child's application that day. Per a telephone recording retrieved from NYSOH's Call Center, you called NYSOH on October 17, 2016, to complete your oldest child's renewal and were then transferred to another department, known as the renewal department.

Since the evidence substantially supports your claim that you did in fact, update or attempt to update your child's application on October 17, 2016, and made every reasonable effort to ensure your oldest child's enrollment in health insurance coverage would continue without interruption, your oldest child should have been redetermined eligible for Medicaid and enrolled in a Medicaid Managed Care plan as of October 17, 2016.

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 the record supports that you selected your oldest child's Medicaid Managed Care plan on October 17, 2016, her coverage in that plan should have taken effect on the first day of the second month following October 2016; that is, on December 1, 2016.

Therefore, the December 6, 2016 enrollment confirmation notice is MODIFIED to state your oldest child's Medicaid Managed Care Plan is effective December 1, 2016.

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

Decision

The December 6, 2016 enrollment confirmation notice is MODIFIED to state your oldest child's Medicaid Managed Care Plan is effective December 1, 2016.

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

Effective Date of this Decision: April 06, 2017

How this Decision Affects Your Eligibility

The effective date of your oldest child's Medicaid Managed Care plan is to be changed to December 1, 2016.

Your case is being sent back to NYSOH to change the start date of your oldest child's Medicaid Managed Care plan from January 1, 2017 to December 1, 2016. NYSOH will notify you once this change has been made.

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.

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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

The December 6, 2016 enrollment confirmation notice is MODIFIED to state your oldest child's Medicaid Managed Care Plan is effective December 1, 2016.

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

The effective date of your oldest child's Medicaid Managed Care plan is to be changed to December 1, 2016.

Your case is being sent back to NYSOH to change the start date of your oldest child's Medicaid Managed Care plan from January 1, 2017 to December 1, 2016. NYSOH will notify you once this change has been made.

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:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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