



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

Notice of Decision

Decision Date: June 9, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000015594

[REDACTED]

Dear [REDACTED],

On May 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 8, 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine you were eligible for Medicaid no earlier than December 1, 2016?

Did NYSOH properly determine your enrollment in your Medicaid Managed Care plan was effective no earlier than January 1, 2017?

Procedural History

On November 24, 2015, NYSOH issued a notice of eligibility determination stating you were eligible for Medicaid effective November 1, 2015. Subsequently, you enrolled in a Medicaid Managed Care Plan.

On September 3, 2016, NYSOH issued a renewal notice, stating it was time to renew your health insurance for the upcoming coverage year. That notice stated that you could not be enrolled in your current health plan for the next coverage year and you must select a different plan by October 15, 2016 to continue your coverage. The notice stated that, based on state and federal data sources, you were no longer eligible for Medicaid, but you qualified to receive advance payments of the premium tax credit (APTC) to help pay for your health coverage, effective November 1, 2016.

No updates or new plan selections were received by NYSOH by October 15, 2016.

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On October 17, 2016, NYSOH issued a disenrollment notice stating your coverage through your Medicaid Managed Care Plan would end on October 31, 2016, because you were no longer eligible to remain enrolled in the plan.

On December 7, 2016, NYSOH received your updated application for health insurance.

On December 8, 2016, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, and that your fee-for-service Medicaid coverage would be effective December 1, 2016.

Also on December 8, 2016, an enrollment confirmation notice was issued confirming your December 7, 2016 Medicaid Managed Care Plan selection and stating the coverage through this plan would become effective January 1, 2017.

On February 6, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as you were not covered by Medicaid in the month of November 2016.

On May 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 were originally determined eligible for Medicaid effective November 1, 2015.
- 2) You testified, and your account confirms, you receive your notices from NYSOH by electronic mail.
- 3) On September 3, 2016, NYSOH issued a notice indicating your eligibility for the upcoming coverage year, beginning November 1, 2016, had been automatically redetermined, based on state and federal data sources. The notice stated you were no longer eligible for Medicaid, but you were eligible to receive APTC, effective November 1, 2016. The notice advised that if you disagreed with the determination, you would need to submit updated information by October 15, 2016 for your new plan to be effective by November 1, 2016.
- 4) You testified you did not receive any electronic alerts regarding any notice in your NYSOH account indicating your eligibility for Medicaid

was ending or that you needed to submit updated information to NYSOH and/ or pick a new plan by October 15, 2016 to continue your coverage. You also did not receive any renewal notice by regular mail.

- 5) There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your coverage and/or select a new health plan, that any such electronic notice failed, or that the notice was later sent to you by regular mail
- 6) You testified that you did not know that you needed to update your account until you spoke to NYSOH in December 2016, after you received a bill from your provider relating to a visit in November 2016.
- 7) Your account indicates that your Medicaid Managed Care Plan coverage ended on October 31, 2016.
- 8) You did not have health coverage in the month of November 2016.
- 9) You testified you have outstanding medical bills from this time.
- 10) The record reflects that on December 7, 2016, NYSOH received your updated application for health insurance.
- 11) You were determined Medicaid eligible, effective December 1, 2016.
- 12) You enrolled in a Medicaid Managed Care Plan on December 7, 2016 with coverage effective January 1, 2017.
- 13) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of November 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,

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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 first issue under review is whether NYSOH properly determined you were eligible for Medicaid no earlier than December 1, 2016.

You were originally determined eligible for Medicaid 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,

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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 September 3, 2016 renewal notice indicated that your eligibility for the upcoming coverage year, beginning November 1, 2016, had been automatically redetermined, based on state and federal data sources. The notice stated you were no longer eligible for Medicaid, but you were eligible to receive APTC, effective November 1, 2016. The notice advised that if you disagreed with the determination, you would need to submit updated information by October 15, 2016 for your new plan to be effective by November 1, 2016.

Because you failed to submit updated information to NYSOH by October 15, 2016, the deadline indicated in the September 3, 2016 renewal notice, you were found ineligible for Medicaid, effective November 1, 2016.

However, you testified, and your account confirms, you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified you did not receive any electronic alert regarding the notice that directed you to submit changes or select a new health plan by October 15, 2016 to continue your health coverage. Moreover, there is no evidence in your account indicating that any email alert was sent to you regarding the need to renew your coverage and/ or select a new health plan, 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 provide you with the required notice that your eligibility for Medicaid was ending and that you needed to update the information in your account and/or select a new health plan by October 15, 2016 to continue your coverage.

You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on December 7, 2016, and therefore we must assume that the information you provided at that time is the information that would have been submitted and used had you been timely informed of the need to update the information in your account, as stated in the renewal notice.

Had the information been submitted by the October 15, 2016 deadline, pursuant to the regulations, you would have been eligible for Medicaid as of the first day of the next coverage year; that is, November 1, 2016.

Therefore, the December 8, 2016 eligibility determination notice stating you were eligible for Medicaid, effective December 1, 2016, is MODIFIED to reflect your eligibility was effective November 1, 2016.

The second issue under review is whether NYSOH properly determined your enrollment in your Medicaid Managed Care plan was effective no earlier than January 1, 2017.

NYSOH issued a disenrollment notice on October 17, 2016 stating your coverage through your Medicaid Managed Care Plan was terminated, effective October 31, 2016. This was because NYSOH had automatically redetermined your eligibility for the upcoming coverage year, beginning November 1, 2016, based on state and federal data sources, and determined you were no longer eligible for Medicaid. The renewal notice issued September 3, 2016, advised that if you disagreed with the determination you would need to submit updated information by October 15, 2016 for your new plan to be effective by November 1, 2016.

As discussed above, it is concluded that you did not receive proper notice of the need to update your account by October 15, 2016 for a new eligibility determination and plan enrollment to be effective by November 1, 2016.

Your account confirms you updated your application on December 7, 2016 and selected a Medicaid Managed Care Plan for enrollment that day. Had you selected your plan by the October 15, 2016 deadline for action as provided in the September 3, 2016 renewal notice, pursuant to the above regulations, your plan would have become effective on the first day of the first month following October; that is November 1, 2016.

Therefore, the December 8, 2016 enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care Plan, effective January 1, 2017, is MODIFIED to reflect your coverage became effective on November 1, 2016.

Decision

The December 8, 2016 eligibility determination notice is MODIFIED to reflect you were eligible for Medicaid, effective November 1, 2016.

The December 8, 2016 notice of enrollment confirmation notice is MODIFIED to reflect your Medicaid Managed Care plan coverage became effective on November 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Medicaid Managed Care plan to the appropriate date in accordance with this decision.

Effective Date of this Decision: June 9, 2017

How this Decision Affects Your Eligibility

Your Fee-For-Service Medicaid was effective November 1, 2016.

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).

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

Your case is being sent back to NYSOH to reinstate you in your Fee-For-Service Medicaid and your Medicaid Managed Care Plan coverage as of November 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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.

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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 8, 2016 eligibility determination notice is MODIFIED to reflect you were eligible for Medicaid, effective November 1, 2016.

The December 8, 2016 notice of enrollment confirmation notice is MODIFIED to reflect your Medicaid Managed Care plan coverage became effective on November 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Medicaid Managed Care plan coverage to the appropriate dates in accordance with this decision.

Your Fee-For-Service Medicaid coverage was effective November 1, 2016.

Your enrollment in your Medicaid Managed Care plan should have been effective as of November 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:



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。我们可以为您免费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)

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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।

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&tumi 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.

שׂוּדִישׁ (Yiddish)

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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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