



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

Notice of Decision

Decision Date: February 06, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024347

[REDACTED]

[REDACTED],

On January 29, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 15, 2017 plan 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: February 06, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024347



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NYSOH properly enroll your youngest child in a Medicaid Managed Care (MMC) plan with an enrollment start date of December 1, 2017?

Procedural History

On August 30, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Medicaid, effective as of October 1, 2016.

Also on August 30, 2016, NYSOH issued an enrollment notice confirming that as of August 29, 2016, your child was enrolled in a MMC plan with an enrollment start date of October 1, 2016.

On August 2, 2017, NYSOH issued a notice stating, in relevant part, that it was time to renew your child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for health coverage. You were instructed to update your account by September 15, 2017, so a decision could be made.

On September 16, 2017, your NYSOH account was systemically updated.

On September 17, 2017, NYSOH issued an eligibility determination notice stating that, effective October 1, 2017, your child was no longer eligible for health

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insurance through NYSOH because you did not complete your renewal within the required timeframe.

Also on September 17, 2017, NYSOH issued a disenrollment notice stating, in relevant part, that your child's MMC coverage would end on September 30, 2017, because they were no longer eligible to enroll in health insurance.

On November 3, 2017, your NYSOH account was updated.

On November 4, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of income by November 18, 2017, to confirm your child's eligibility.

On November 14, 2017, income documentation was uploaded to your NYSOH account [REDACTED].

On November 14, 2017, you spoke with NYSOH Appeals Unit and requested an appeal insofar as your child did not have health insurance for the months of October 2017 and November 2017.

On November 15, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid, effective as of November 1, 2017.

Also on November 15, 2017, NYSOH issued a plan enrollment notice confirming that as of November 14, 2017, your child was enrolled in a MMC plan with an enrollment start date of December 1, 2017.

On January 29, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of your November 3, 2017 conversation with NYSOH's Customer Service Center.

On January 31, 2018, the NYSOH's Appeals Unit received the recording of your November 3, 2017 conversation with NYSOH's Customer Service Center. That recording has been incorporated into the record and will be referred to as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account, your child was born on [REDACTED].
- 2) According to your NYSOH account, your child was determined eligible for Medicaid, effective October 1, 2016.
- 3) You testified that you never received any notification from NYSOH instructing you to renew your child's health insurance coverage in 2017.
- 4) You testified that your child was taken to [REDACTED] on [REDACTED], and you were informed that your child's health insurance coverage was no longer active.
- 5) You testified that you contacted NYSOH on or around [REDACTED], and were informed by a NYSOH representative that you never renewed your child's health insurance coverage.
- 6) On November 3, 2017, you contacted NYSOH to renew your child's health insurance coverage. The NYSOH representative stated that your account reflected that you receive notices electronically and verified your email address. You requested to change the mode that you receive notices from NYSOH from electronic to the U.S. Postal Service (Appellant Exhibit A).
- 7) NYSOH uploaded an evidence packet to your NYSOH account. Contained within that evidence packet under the heading of "electronic notice requirement" is a three-page draft memorandum dated August 21, 2017. The memorandum sets forth the federal requirements regarding use of electronic communications and asserts that NYSOH is in compliance with federal regulation and guidance on the use of electronic notices. The memorandum asserts that "the electronic notification rules do not require that exchanges track and monitor consumers actual receipt of electronic notices" ([REDACTED]).
- 8) On November 14, 2017, your and your youngest child's Social Security Benefit statements, and your eldest child's last four biweekly earnings statements were submitted to NYSOH ([REDACTED]).

- 9) According to your NYSOH account, on November 14, 2017, your child was determined eligible for Medicaid and enrolled in a MMC plan.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Coverage

A child under the age of nineteen who is determined eligible for medical assistance shall remain eligible for such assistance until the last day of the month which is twelve months following the determination or redetermination of eligibility for such assistance (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

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)).

Medicaid Verification Process - Income

NYSOH may accept self-attestation of information needed to determine the income eligibility of an individual for Medicaid (42 CFR § 435.945(a)). NYSOH must request information relating to financial eligibility from other agencies in the State, other States, and Federal programs to the extent NYSOH determines such information is useful to verifying the financial eligibility for an individual (42 CFR § 435.948(a)).

An individual must not be required to provide additional information or documentation unless information needed by NYSOH cannot be obtained electronically or the information obtained electronically is not reasonably compatible with information provided by or on behalf of the individual (42 CFR § 435.952(c)).

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MMC Enrollment Start Date

Medicaid Managed Care 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; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-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)).

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 enrolled your child in a MMC plan with an enrollment start date of December 1, 2017.

Your child was initially determined eligible for Medicaid and enrolled in a MMC plan, effective as of October 1, 2016.

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.

On August 2, 2017, NYSOH issued a renewal notice stated that there was not enough information to determine whether your child was eligible to continue their financial assistance for health insurance, and that you needed to renew your child's coverage by September 15, 2017, or their financial assistance may end.

The record reflects that your NYSOH account was not updated by September 15, 2017, and your child's MMC coverage was discontinued as of September 30, 2017.

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The record further reflects that during the time the August 2, 2017 renewal notice was issued, you were receiving notices from NYSOH electronically. NYSOH asserts that it complied with the electronic notice requirements set forth in the Federal Regulations [REDACTED]).

You credibly testified that you did not receive any notification, electronic or in the mail, instructing you to renew your child's health insurance coverage. There is also no evidence in your account documenting that any email alert was sent to you regarding the August 2, 2017 renewal notice, that any such electronic alert failed, or that the notice was later sent to you by regular mail.

NYSOH is required to send applicants proper notice in order for applicants to take appropriate action. There is no evidence that NYSOH sent you an email alert, and you credibly testified that you did not receive any notification and confirmed your email address on your account was correct. Therefore, there is insufficient evidence in the record that NYSOH provided you with proper notice to renew your child's health insurance coverage.

On November 3, 2017, you contacted NYSOH to renew your child's health insurance coverage. The household income that you attested to in your application did not match federal and state data sources. As a result, NYSOH issued you a notice on November 4, 2017, directing you to submit additional of proof of income to NYSOH to confirm your child's eligibility for financial assistance.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility, they must attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence.

On November 14, 2017, you submitted the requested income documentation to NYSOH [REDACTED]

[REDACTED] On that same day, NYSOH determined your child eligible for Medicaid and was enrolled in a MMC plan.

If you had been properly notified of the need to renew your child's health insurance coverage, the information and documentation could have been provided within the renewal period. Therefore, it is assumed that the income information you provided on November 14, 2017, would have been reasonable compatible if you had received proper notice and provided that information before September 15, 2017.

Therefore, the November 15, 2017 plan enrollment notice is MODIFIED to state that your child was enrolled in the MMC plan with an enrollment start date of October 1, 2017.

Your child's case is RETURNED to NYSOH to enroll your child in a MMC plan for the months of October 2017 and November 2017, and to notify you accordingly.

Decision

The November 15, 2017 plan enrollment notice is MODIFIED to state that your child was enrolled in the MMC plan with an enrollment start date of October 1, 2017.

Your child's case is RETURNED to NYSOH to enroll your child in a MMC plan for the months of October 2017 and November 2017, and to notify you accordingly.

Effective Date of this Decision: February 06, 2018

How this Decision Affects Your Eligibility

Your child's MMC plan enrollment start date is to be changed to October 1, 2017, since NYSOH did not provide you with proper notice of renewal.

Your child's case has been returned to NYSOH to reinstate their MMC plan coverage as of October 1, 2017. NYSOH will notify you once this has been done.

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 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).

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.

If You Have Questions about this Decision (Customer Service Resources):

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- 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 November 15, 2017 plan enrollment notice is MODIFIED to state that your child was enrolled in the MMC plan with an enrollment start date of October 1, 2017.

Your child's case is RETURNED to NYSOH to enroll your child in a MMC plan for the months of October 2017 and November 2017, and to notify you accordingly.

Your child's MMC plan enrollment start date is to be changed to October 1, 2017, since NYSOH did not provide you with proper notice of renewal.

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 child's case has been returned to NYSOH to reinstate their MMC plan coverage as of October 1, 2017. NYSOH will notify you once this has been done.

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 مجانًا.

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&btumi ama wo obi a okyerε 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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