



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

## Notice of Decision

Decision Date: June 8, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005425

[REDACTED]

Dear [REDACTED],

On February 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2015 eligibility determination.

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

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005425



## 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 coverage through your Medicaid Managed Care plan for you and your child would end on November 30, 2015?

## Procedural History

On December 12, 2014, NYSOH issued a notice confirming enrollment in Medicaid for you and your child. Both enrollment in Medicaid and in your Medicaid Managed Care plan was effective for you and your child on December 1, 2014.

On September 17, 2015, NYSOH issued a renewal notice stating that it was time to renew your coverage for the upcoming year. The notice also stated that based upon the information from state and federal data sources, a decision could not be made on whether you and your child would continue to qualify for financial assistance. You were directed to update the information in your account by November 15, 2015, or the financial assistance you were receiving might end.

No updates were made to your account by November 15, 2015.

On November 17, 2015, NYSOH issued an eligibility determination notice stating that you and your child were no longer qualified to enroll in coverage through NYSOH because you had not responded to the renewal notice and had not completed your renewal with the required timeframe. Eligibility to enroll through NYSOH for you and your child would end November 30, 2015.

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On November 23, 2015, a notice was issued stating that coverage through NYOSH for you and your child was discontinued as of November 30, 2015.

You updated your account on December 4, 2015.

On December 4, 2015, you spoke to NYSOH's Account Review Unit and appealed the disenrollment from your Medicaid Managed Care plan for you and your child effective November 30, 2015.

On December 5, 2015, NYSOH issued an eligibility determination notice based on your December 4, 2015 application, stating that you were eligible to enroll in the Essential Plan effective January 1, 2016. Your child was found eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective January 1, 2016. This was based in part on reported annual household income of \$26,090.22.

Also on December 5, 2015 an enrollment confirmation notice was issued confirming your enrollment in the Essential Plan at a premium responsibility of \$20.00 per month effective January 1, 2016. Your child was confirmed to be enrolled in a plan through Child Health Plus with a \$9.00 premium per month, and a start date of January 1, 2016.

On December 15, 2015, NYSOH issued a notice stating that you and your child were eligible for Medicaid, from December 1, 2015 to December 31, 2015, and the enrollments into the Essential Plan and Child Health Plus plan were ended. This apparently represented NYSOH having granted you request for Aid to Continue (i.e., the continuation of Medicaid benefits) while your appeal was pending.

On February 24, 2016, 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) You testified, and the record reflects, that you receive all of your notices from NYSOH by electronic mail.
- 2) 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.

- 3) You testified that you did not know that you needed to update your account until you went to the doctor's office in December 2015
- 4) The record reflects that on December 4, 2015, NYSOH received your updated application for health insurance.
- 5) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of December 1, 2015.

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 provided by the individual (45 CFR § 155.335(h)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or 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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your family's enrollment in your Medicaid Managed Care plan would end November 30, 2015.

You were originally found eligible for Medicaid effective December 1, 2014.

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 September 17, 2015 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 November 15, 2015, 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 November 30, 2015.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the eligibility determination notice that directed you to update the information in your NYSOH account. There is no evidence in your account documenting that any email alert was sent to you regarding the need to renew your application.

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

Therefore, the November 17, 2015 notice of eligibility redetermination is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Medicaid Managed Care plan as of December 1, 2015.

## **Decision**

The November 17, 2015 notice of eligibility redetermination is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Medicaid Managed Care plan as of December 1, 2015.

**Effective Date of this Decision:** June 8, 2016

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

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of December 1, 2015.

This determination has no effect on your enrollments after December 31, 2015.

PLEASE NOTE: The Appeals Unit has no ability to change the information in your account, and your account still indicates that you wish to receive notes electronically. Since you testified that you did not get any alert regarding the need to renew your account, please immediately contact NYSOH to change the method by which you receive notices.

## **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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
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## **Summary**

The November 17, 2015 notice of eligibility redetermination is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Medicaid Managed Care plan as of December 1, 2015.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of December 1, 2015.

This determination has no effect on your enrollments after December 31, 2015.

**PLEASE NOTE:** The Appeals Unit has no ability to change the information in your account, and your account still indicates that you wish to receive notes electronically. Since you testified that you did not get any alert regarding the need to renew your account, please immediately contact NYSOH to change the method by which you receive notices.

## **Legal Authority**

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



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

