



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

Notice of Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006064

[REDACTED]

Dear [REDACTED],

On April 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health’s January 8, 2016 eligibility determination and 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006064

[REDACTED]

Issue

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

Did NY State of Health properly determine that you were eligible for coverage in the Essential Plan, effective February 1, 2016?

Procedural History

On November 5, 2014, your Medicaid coverage was renewed with a start date of January 1, 2015.

On October 22, 2015, NY State of Health (NYSOH) issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015, or you might lose the financial assistance you were currently receiving.

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

On December 21, 2015, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed the renewal within the required time frame. Your eligibility ended December 31, 2015.

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On January 7, 2016, NYSOH received your updated application for health insurance and enrolled into a health plan. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan, effective February 1, 2016.

Also on January 7, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan coverage insofar as it did not begin January 1, 2016.

On January 8, 2016, NYSOH issued a notice of eligibility determination, based on your January 7, 2016 application, stating that you were eligible to enroll in the Essential Plan with no monthly premium, effective February 1, 2016.

Also on January 8, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 7, 2016, stating that you were enrolled in an Essential Plan through Fidelis, and that coverage would start on February 1, 2016.

On April 8, 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 supports the following findings of fact:

- 1) You filed this appeal because you are seeking to have your Essential Plan coverage backdated to January 1, 2016.
- 2) Your NYSOH account indicates that you elected to receive all of your notice by electronic mail, and you testified that this is accurate.
- 3) You testified that you never received a renewal notice from NYSOH, or an email notifying you to check your account for the renewal notice.
- 4) You testified that you were not aware that you had been disenrolled from your Medicaid Managed Care plan until you went to fill a prescription on December 31, 2015, and were informed that you no longer had coverage.
- 5) The record reflects that you updated your NYSOH account on January 7, 2016, and enrolled in an Essential Plan that same day, with a coverage start date of February 1, 2016.

- 6) You testified that you paid for some medications out of pocket in the month of January 2016, and that you have unpaid medical bills from January as well.

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)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (N.Y. Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

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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 enrollment in the Essential Plan was effective February 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve 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 October 22, 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 December 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 December 31, 2015.

However, you testified that you were not aware that you had been disenrolled from your insurance coverage until December 31, 2015. The record reflects, and your testimony confirms, that you have elected to receive notices from NYSOH electronically. You testified that you never received an electronic alert regarding the October 22, 2015 renewal notice, and the record contains no evidence that an electronic alert was sent.

Since there is no supporting evidence in the record that NYSOH sent an electronic notification to you to alert you to the renewal notice, it is concluded that NYSOH did not give you proper notice that you needed to update your account.

You first renewed your application for financial assistance through NYSOH on January 7, 2016, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the January 8, 2016 eligibility redetermination is MODIFIED to state that, effective January 1, 2016, you were eligible to enroll in the Essential Plan with no monthly premium, and the January 8, 2016 enrollment confirmation

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notice is MODIFIED to state that your enrollment in your Essential Plan with Fidelis is effective January 1, 2016.

Decision

The January 8, 2016 eligibility determination notice stating that you are eligible for enrollment in the Essential Plan with no monthly premium effective February 1, 2016 is MODIFIED to state that your eligibility begins as of January 1, 2016.

The January 8, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan through Fidelis starts February 1, 2016, is MODIFIED to state that your coverage starts January 1, 2016.

Your case is RETURNED to NYSOH to make your coverage in the Essential Plan through Fidelis effective January 1, 2016.

Effective Date of this Decision: April 22, 2016

How this Decision Affects Your Eligibility

Your coverage in the Essential Plan through Fidelis is effective January 1, 2016.

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 after the date 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 date 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

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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
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The January 8, 2016 eligibility determination notice stating that you are eligible for enrollment in the Essential Plan with no monthly premium effective February 1, 2016 is MODIFIED to state that your eligibility begins as of January 1, 2016.

The January 8, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan through Fidelis starts February 1, 2016, is MODIFIED to state that your coverage starts January 1, 2016.

Your case is RETURNED to NYSOH to make your coverage in the Essential Plan through Fidelis effective January 1, 2016.

Your coverage in the Essential Plan through Fidelis is effective January 1, 2016

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a)

A Copy of this Decision Has Been Provided To:

