



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: AP000000006089

[REDACTED]

Dear [REDACTED],

On April 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 2015 eligibility determination notice and the January 15, 2016 enrollment confirmation 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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NY State of Health Account ID: [REDACTED]
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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 the Essential Plan, effective February 1, 2016?

Procedural History

On December 19, 2014, NYSOH issued an eligibility determination stating that you remain eligible for Medicaid effective January 1, 2015.

Also on December 19, 2014, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan effective April 1, 2014.

On December 16, 2015, you updated your NYSOH account. That day, a determination of your eligibility was unable to be made because documentation of your income was needed.

On December 17, 2015, you faxed paystubs to NYSOH.

On December 18, 2015, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid Managed Care plan would end effective December 31, 2015.

On December 30, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective February 1, 2016.

On January 8, 2016, you spoke to NYSOH's Account Review Unit and appealed the effective date of your eligibility for the Essential Plan insofar as it did not begin on January 1, 2016.

On January 15, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 14, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start on February 1, 2016.

On April 14, 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 were enrolled in Medicaid through NYSOH effective February 1, 2014, and were redetermined eligible for Medicaid effective January 1, 2015.
- 2) Your account reflects that you elected to receive notifications from NYSOH electronically.
- 3) You testified that you did not receive a renewal notice from NYSOH, or an email alerting you to a renewal notice.
- 4) Your NYSOH account is void of any renewal notice in 2015.
- 5) You testified that you updated your account on December 16, 2015 because you knew that you needed to renew your coverage annually. You testified that you might have seen something on television about the deadline for renewal being December 19, 2015.
- 6) You testified that you spoke to different representatives from NYSOH who all told you different things regarding whether you would have coverage for January 1, 2016.
- 7) You testified that you have an outstanding medical bill from January 2016.
- 8) The record reflects that you enrolled in an Essential Plan on January 14, 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 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 (NY 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); see *also* 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)).

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,

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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 is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective February 1, 2016.

In general, NYSOH must review Medicaid eligibility every twelve months, or whenever it receives information about changes in a beneficiary's circumstances that may affect eligibility.

You testified and the record reflects that you were eligible for Medicaid in 2014 and again commencing January 1, 2015. However, the record is absent of any renewal notices from 2015. You testified that the only reason you renewed is that you knew it had to be done by December 19, 2015, possible because of information you saw on television.

The record reflects that you updated your NYSOH account on December 16, 2015. You were found eligible for the Essential Plan on December 30, 2015, and you selected a plan for enrollment on January 14, 2016.

Ordinarily, the date on which enrollment in an Essential 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 from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On January 14, 2016, you selected an Essential Plan, so, under ordinary circumstance, your enrollment would take effect on the first day of the first month following January; that is, on February 1, 2016.

However, because NYSOH never properly issued a renewal notice, you were left with a gap in coverage for the month of January 2016 that was beyond your control.

You first renewed your eligibility for financial assistance through NYSOH for the new coverage year on December 16, 2015, and therefore we must assume that this is the information that would have been used had you been timely issued a renewal notice by NYSOH.

Therefore, the December 30, 2015 eligibility determination and January 15, 2016 enrollment confirmation notices are MODIFIED to state that your eligibility for, and enrollment in, the Essential Plan coverage was effective January 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage effective January 1, 2016.

Decision

The December 30, 2015 eligibility determination is MODIFIED to state that your eligibility for Essential Plan coverage was effective January 1, 2016.

The January 15, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage started on January 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage for a January 1, 2016 start date.

Effective Date of this Decision: April 22, 2016

How this Decision Affects Your Eligibility

You were eligible for the Essential Plan effective January 1, 2016.

NYSOH will assist you with enrolling in coverage through your Essential Plan for the month of January 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 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

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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
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Summary

The December 30, 2015 eligibility determination is MODIFIED to state that your eligibility for Essential Plan coverage was effective January 1, 2016.

The January 15, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage started on January 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Essential Plan coverage for a January 1, 2016 start date.

You are eligible for the Essential Plan effective January 1, 2016.

NYSOH will assist you with enrolling in coverage through your Essential Plan for the month of January 2016.

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:

