



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

Notice of Decision

Decision Date: May, 17 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006342

[REDACTED]

Dear [REDACTED],

On May 12, 2016 your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health's January 21, 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 NY State of Health 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.

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Decision

Decision Date: May, 17 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006342



Issue

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

Did NY State of Health properly determine that your eligibility for and enrollment in the Essential Plan was effective March 1, 2016?

Procedural History

On January 6, 2015, NY State of Health (NYSOH) issued a notice stating that your insurance coverage through Medicaid would begin on January 1, 2015 and enrollment in your Medicaid Managed Care plan would begin February 1, 2015.

On October 22, 2015 NYSOH issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice also 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 through NYSOH. This was because you had not responded to the renewal notice and had not completed

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your renewal within the required time frame. Your eligibility ended December 31, 2015.

On December 24, 2015, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan would end effective December 31, 2015.

On January 20, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan, and you selected a plan for enrollment that day.

Also on January 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as you would not have coverage for the months of January and February 2016.

On January 21, 2016, NYSOH issued an eligibility redetermination notice, based on your January 20, 2016 application, stating that you were eligible for the Essential Plan effective March 1, 2016.

Also on January 21, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on January 20, 2016, stating that your enrollment in the Essential Plan was March 1, 2016.

On May 12, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] acted as your Authorized Representative. 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) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) Your Authorized Representative testified that you did not receive any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted and that your financial assistance would continue.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) Your Authorized Representative testified that you contacted your Medicaid Managed Care plan in December because you were having issues with

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their coverage and you wanted to switch plans. You were told that you could not switch plans because you would be auto-renewed.

- 5) You and your Authorized Representative testified that you did not contact NYSOH until January 20, 2016 to renew your account. You made no attempts prior to January to contact NYSOH.
- 6) The record reflects that on January 20, 2016 NYSOH received your updated application for health insurance. That day, you selected an Essential Plan for enrollment.
- 7) You testified that you are seeking to have your Essential Plan effective as of January 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, 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)).

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>).

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective March 1, 2016.

You were originally found eligible for Medicaid effective January 1, 2015.

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 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.

Your Authorized Representative testified that you contacted your Medicaid Managed Care plan in December because you were having issues with their coverage and you wanted to switch plans. You were told that you could not switch plans because you would be auto-renewed.

You further testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

You and your Authorized Representative testified that you did not contact NYSOH until January 20, 2016 to update your account. You made no attempts prior to January to contact NYSOH. The record reflects that on January 20, 2016 NYSOH received your updated application for health insurance. As a result, you were found eligible for the Essential Plan as of March 1, 2016.

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 20, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following January; that is, on March 1, 2016.

Therefore, the January 21, 2016 eligibility determination and enrollment confirmation notices stating that you were eligible for and enrolled in the Essential Plan effective March 1, 2016, is correct and must be AFFIRMED.

Decision

The January 21, 2016 eligibility determination notice is AFFIRMED.

The January 21, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May, 17 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your eligibility for and enrollment in the Essential Plan was effective March 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.

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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:
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- By fax: 1-855-900-5557

Summary

The January 21, 2016 eligibility determination notice is AFFIRMED.

The January 21, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your eligibility for and enrollment in the Essential Plan was effective March 1, 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:

