



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

Notice of Decision

Decision Date: May 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006413

[REDACTED]

Dear [REDACTED],

On May 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 22, 2016 eligibility determination 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: May 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006413



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 your eligibility for, and enrollment in, an Essential Plan was effective March 1, 2016?

Procedural History

On November 5, 2014, NYSOH issued a notice of eligibility redetermination stating that you remained eligible for Medicaid effective January 1, 2015.

On October 23, 2015, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. 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 22, 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 your renewal within the required time frame. Your eligibility ended effective December 31, 2015.

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On January 21, 2016, NYSOH received your updated application for health insurance.

On January 22, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your January 21, 2016 application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2016.

Also on January 22, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 21, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start March 1, 2016.

On January 23, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin January 1, 2016.

On May 18, 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 received an email at the end of October 2015 regarding a notice in your NYSOH account, and that the notice stated that you needed to update your application in order to renew your eligibility for 2016.
- 3) You testified that you logged into your NYSOH account sometime at the end of November 2015, around Thanksgiving.
- 4) You testified that, when you logged in, there was a dialog box on the website that said you were eligible for another year of coverage, and that you did not need to do anything further unless you needed to update your account. You further testified that this message also stated that your eligibility was effective December 31, 2015.
- 5) Your NYSOH account contains a document that you uploaded on January 21, 2016. This document says "The Official Health Plan NYSOH" in the left corner and "Logged in as [REDACTED]" in the right corner. Under the heading "Status of Your Renewal," the document states "Congratulations! We've

enrolled everyone in their health plan for another year and you don't have to do anything more . . . **Your eligibility is effective starting on the date listed in the table below**" (emphasis from original). Under a sub-heading entitled "Renewal To-Do List," it states "**Eligibility Effective Date,**" under which it says "12/31/2015," and it also says [REDACTED] does not need to select a plan at this time" (Emphasis from original).

- 6) You testified that, based on this information that you received when you logged in in November 2015, you believed you did not need to do anything further to renew.
- 7) You testified that you then received a notice in December 2015 stating that you were no longer eligible for assistance through NYSOH because you had not renewed your coverage.
- 8) You testified that, after receiving that notice, you tried to find a broker to assist you in renewing your coverage, but were unable to locate one.
- 9) You testified that you tried several times to contact NYSOH between the date when you received the December 2015 notice, and January 21, 2016, but could not get through to anyone due to the long wait times.
- 10) The record reflects that your application was updated on January 21, 2016. The record also reflects that you were found eligible for, and enrolled in, coverage through the Essential Plan on January 21, 2016.
- 11) You testified that you informed NYSOH representative that you spoke to on January 21, 2016 that you had received a message stating that you were renewed for 2016, and that the representative stated that they did not know why you had received this message, but that other NYSOH customers had also received the same message, and that it was an error.
- 12) You testified that you wanted your enrollment in an Essential Plan to begin on January 1, 2016 because you logged in within the required renewal time frame, and were given information by NYSOH's website that you understood to indicate that your coverage was renewed for 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)).

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)).

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)).

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Legal Analysis

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

You were 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 23, 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.

According to NYSOH, there was no timely response to this notice, and you were therefore found not eligible to enroll in coverage through NYSOH, with your Medicaid coverage ending as of December 31, 2015.

However, you testified that you did log in to your NYSOH account to renew your coverage in November 2015, but received a message that stated your coverage was renewed effective December 31, 2015, and that you did not need to select a plan or do anything further. The documentation you uploaded on January 21, 2016 supports this testimony.

It is found that you have provided credible evidence corroborating your testimony that at you were given misinformation when you tried to update your account. It is further found that you reasonably relied on the misinformation given to you when you tried to renew your application.

Therefore, the December 22, 2015 eligibility determination notice which stated that you were not eligible to enroll in health coverage through NYSOH because you failed to respond to the renewal notice is **RESCINDED**.

You testified that, when you were able to update your account on January 21, 2016, you informed NYSOH representative that you had received a message stating that you were renewed for 2016 when you had logged into your account in November 2015. You also testified that the representative stated that the message was an error, and that other people had also received the same message. However, there is no indication in the record that anyone from NYSOH attempted to backdate your coverage or otherwise address this error. Instead, you were enrolled in the Essential Plan, effective March 1, 2016, and an appeal was filed on your behalf regarding your request to have your coverage backdated.

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 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 21, 2016, you selected an Essential Plan, so your enrollment took effect on the first day of the second month following January 2016; that is, on March 1, 2016.

However, as stated above, you did attempt to renew your coverage within the required renewal timeframe, and were presented with incorrect information when you logged into your NYSOH account. Therefore, it is due to NYSOH error that you did not have coverage for January and February 2016. We must assume that the information you provided when you updated your account on January 21, 2016 is the information that would have been used had you been able to renew your account when you logged in during November 2015.

Had the information been submitted at that time, your enrollment in your Essential Plan would have begun on January 1, 2016.

Therefore, the January 22, 2016 eligibility determination notice and the January 22, 2016 enrollment confirmation notice are MODIFIED to state that your eligibility for and enrollment in the Essential Plan was January 1, 2016.

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

You are responsible for any outstanding premium payments for the months of January and February 2016.

Decision

The December 22, 2015 eligibility determination notice is RESCINDED.

The January 22, 2016 eligibility determination notice is MODIFIED to state that you were eligible to enroll in Essential Plan coverage effective January 1, 2016.

The January 22, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began January 1, 2016.

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

Effective Date of this Decision: May 24, 2016

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How this Decision Affects Your Eligibility

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

NYSOH will facilitate your enrollment in Essential Plan coverage starting January 1, 2016.

You are responsible for payment of any outstanding premiums for the months of January and February 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 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

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Summary

The December 22, 2015 eligibility determination notice is RESCINDED.

The January 22, 2016 eligibility determination notice is MODIFIED to state that you were eligible to enroll in Essential Plan coverage effective January 1, 2016.

The January 22, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan coverage began January 1, 2016.

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

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

NYSOH will facilitate your enrollment in Essential Plan coverage starting January 1, 2016.

You are responsible for payment of any outstanding premiums for the months of January and February 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

