



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

Notice of Decision

Decision Date: September 13, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006497

[REDACTED]

Dear [REDACTED],

On August 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2015 eligibility determination and January 12, 2016 enrollment 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 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did New York State of Health properly determine that you were not eligible for financial assistance or could not enroll in health insurance coverage through NYSOH effective December 31, 2015?

Did New York State of Health properly determine that your plan enrollment start date in the Essential Plan (Fidelis Care) should be February 1, 2016?

Procedural History

On January 14, 2015, New York State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid, effective as of January 1, 2015.

Also on January 14, 2015, NYSOH issued an enrollment notice confirming that as of January 13, 2015, you were enrolled in New York State Catholic Health Plan, Inc. and your enrollment will begin February 1, 2015.

On October 25, 2015, NYSOH issued a 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 or not you qualify for financial help paying for your health coverage. The notice directed you to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

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On December 21, 2015, NYSOH issued a notice stating that you had not responded to the renewal notice and that you were therefore no longer eligible for financial assistance effective December 31, 2015.

On December 24, 2015, NYSOH issued a disenrollment notice stating that your New York State Catholic Health Plan, Inc. coverage would end effective December 31, 2015.

On January 12, 2016, LDSS/HRA Marketplace Application Documentation was uploaded to your NYSOH account ([REDACTED] [REDACTED]).

On January 11, 2016, your NYSOH account was updated.

On January 12, 2016, NYSOH issued an eligibility determination notice stating, that based on your January 11, 2016 application, you were eligible to enroll in the Essential Plan as of February 1, 2016.

Also on January 12, 2016, NYSOH issued an enrollment notice confirming that as of January 11, 2016, you were enrolled in Essential Plan 1 (Fidelis Care) with a plan enrollment start date of February 1, 2016.

On January 26, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the gap in health insurance coverage for the month of January 2016.

On May 24, 2016, you had a scheduled telephone with a Hearing Officer from NYSOH Appeals Unit. At the time of the scheduled hearing you requested that the Hearing Officer adjourn your hearing because you were currently in a healthcare facility. The hearing was adjourned until May 31, 2016, and you verbally waived the 15-day notice of hearing requirement.

On May 31, 2016, a Hearing Officer from NYSOH Appeals Unit attempted to contact you three times using the telephone number that was provided to NYSOH. However, there was no answer on any attempt.

On June 2, 2016, NYSOH Appeals Unit issued a Notice of Dismissal for failing to appear for your scheduled telephone hearing. The notice stated that if you believe your appeal should not be dismissed, you must request to vacate the dismissal within 30 days of the notice date on the Notice of Dismissal.

On June 9, 2016, a letter was faxed to NYSOH requesting that your telephone hearing with NYSOH Appeals Unit be rescheduled ([REDACTED]).

Your request to vacate the June 2, 2016, notice of dismissal was granted. Your telephone hearing was rescheduled for August 15, 2016.

On August 15, 2016, you had telephone hearing with a Hearing Officer from NYSOH Appeals Unit. Testimony was taken during the hearing and the record was closed at the end of the hearing. The record is now complete and closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account and testimony, you receive notices from NYSOH via U.S. mail.
- 2) According to your NYSOH account and testimony, you have never changed the mailing address that is listed in your NYSOH account.
- 3) According to your NYSOH account and testimony, your mailing address is [REDACTED].
- 4) On October 25, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that you needed to update your account by December 15, 2015 or you might lose the financial assistance that was currently be received ([REDACTED]).
- 5) You testified that you were admitted at [REDACTED] in [REDACTED] from November 12, 2015 through November 16, 2015.
- 6) You testified that you were admitted at [REDACTED] [REDACTED] from November 16, 2015, through November 30, 2015.
- 7) According to the Residential Healthcare Facility Reports of Medicaid Recipient Admission/Readmission/Discharge/Readmission/Change in Status:
 - (a) You were discharged from [REDACTED] [REDACTED] to [REDACTED] on November 30, 2015;
 - (b) You were re-admitted at [REDACTED] [REDACTED] from [REDACTED] on December 7, 2015;
 - (c) You were discharged from [REDACTED] [REDACTED] to your home on December 15, 2015 ([REDACTED]).
- 8) You testified that you were unable to renew your health insurance in a timely manner because of the totality of your circumstances: You were unable to drive to the post office; the medications caused confusion; was

not receiving adequate assistance from others, and because you were in the hospital or rehabilitation during the renewal period.

- 9) You testified that you picked up your mail at your P.O. Box on or about December 21, 2015.
- 10) You testified that you found out that your health insurance coverage had been cancelled when you opened your mail on or about January 1, 2016.
- 11) You testified that you renewed your health insurance coverage, with the assistance of the staff at [REDACTED], in January 2016.
- 12) On January 12, 2016, NYSOH issued an enrollment notice confirming that as of January 11, 2016, you were enrolled in Essential Plan 1 (Fidelis Care) with a plan enrollment start date of February 1, 2016
[REDACTED]
- 13) You testified that you have outstanding medical bills for the month of January 2016.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (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)).

However, the enrollment period was further extended to December 19, 2015 for individuals to have coverage effective January 1, 2016 (Press Release: NY State of Health Extends Enrollment Deadline for January 1 Coverage: https://www.health.ny.gov/press/releases/2015/2015-12-15_enrollment_deadline_extension.htm)

Legal Analysis

The first issue is whether the NYSOH properly determined that you were not eligible for financial assistance or could not enroll in health insurance coverage through NYSOH effective December 31, 2015.

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 25, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage in 2016, and that you needed to supply update your account by December 15, 2015 or your financial assistance may end. This deadline was subsequently extended by NYSOH to December 19, 2015.

The record indicates that the relevant notices were issued to the mailing address you have listed on your NYSOH account. Furthermore, the record supports that you did not attain the notices from the P.O. Box until on or about December 21, 2015 and did not read the notices until approximately January 1, 2016.

Since your NYSOH was not updated by December 19, 2015, NYSOH properly determined that you were not eligible for financial assistance or could not enroll in health insurance coverage through NYSOH effective December 31, 2015.

The second issue is whether NYSOH properly determined that your Essential Plan enrollment start date should be February 1, 2016.

You credibly testified that you reapplied for health insurance coverage through NYSOH, with the assistance of [REDACTED], in January 2016. The record also confirms that you were enrolled in an Essential Plan on January 11, 2016.

The date on which an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day of the month and the fifteen of the month, goes into effect on the first day of the following month.

On January 11, 2016 an Essential Plan was selected, so it must take effect on the following month after January 2016; that is, on February 1, 2016.

Therefore, NYSOH properly determined that your Essential Plan enrollment start date should be February 1, 2016.

Decision

The December 21, 2015 NYSOH eligibility determination notice stating that you had not responded to the renewal notice and that you were no longer eligible for financial assistance and cannot enroll in a qualified health plan, effective December 31, 2015 is AFFIRMED.

The January 12, 2016, NYSOH enrollment notice confirming that as of January 11, 2016, you were enrolled in Essential Plan 1 (Fidelis Care) with a plan enrollment start date of February 1, 2016 is AFFIRMED.

Effective Date of this Decision: September 13, 2016

How this Decision Affects Your Eligibility

Your health insurance coverage through NYSOH was discontinued effective December 31, 2015.

Your Essential Plan (Fidelis Care) plan enrollment start date is February 1, 2016.

If You Disagree with this Decision (Appeal Rights)

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).

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 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
- By fax: 1-855-900-5557

Summary

The December 21, 2015 NYSOH eligibility determination notice stating that you had not responded to the renewal notice and that you were no longer eligible for financial assistance and cannot enroll in a qualified health plan, effective December 31, 2015 is **AFFIRMED**.

The January 12, 2016, NYSOH enrollment notice confirming that as of January 11, 2016, you were enrolled in Essential Plan 1 (Fidelis Care) with a plan enrollment start date of February 1, 2016 is **AFFIRMED**.

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).

Your health insurance coverage through NYSOH was discontinued effective December 31, 2015.

Your Essential Plan (Fidelis Care) plan enrollment start date is February 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:

