



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

Notice of Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006569

[REDACTED]

Dear [REDACTED],

On May 31, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 29, 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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Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006569

[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 your enrollment in an Essential Plan was effective March 1, 2016?

Procedural History

On February 5, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective February 1, 2015.

On December 18, 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 January 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by January 15, 2016.

On January 17, 2016, 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

your renewal within the required time frame. Your eligibility ended January 31, 2016.

Also on January 17, 2016, NYSOH issued a disenrollment notice stating that your coverage through your Medicaid Managed Care plan was ending effective January 31, 2016. This was because you did not renew your health insurance coverage, and were therefore no longer eligible to remain enrolled in health insurance through NYSOH.

On January 28, 2016, NYSOH received your updated application for health insurance.

That same day, NYSOH issued a preliminary eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2016.

Also on January 28, 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 February 1, 2016.

On January 29, 2016, NY State of Health issued a notice of enrollment confirmation, based on your January 28, 2016 plan selection, stating that you were enrolled in an Essential Plan with dental and vision coverage at a \$46.56 monthly premium, starting March 1, 2016.

On May 31, 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) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You 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) You testified that you did not know that you needed to update your account until January 2016, when you receive a notice that your coverage was ending because you failed to renew.
- 5) You testified that you spoke to someone on January 17, 2016, and that you found out that your insurance was up on January 31, 2016, and that you “re-sent the paperwork” that day. The record does not contain any notes or references to a phone conversation on January 17, 2016.
- 6) The record does not reflect any activity in your NYSOH account until January 28, 2016, when you updated your application for health insurance and selected a plan for enrollment.
- 7) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2016 so that you do not have a gap in coverage, and because you had “sent in all the proof” on time.

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

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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)).

Legal Analysis

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

You were originally found eligible for Medicaid effective February 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 December 18, 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 January 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid and Medicaid Managed Care plan coverage.

You 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.

You testified that you did not know that you were disenrolled from your coverage until sometime in January 2016, and that you don't know why you were disenrolled because you sent in all the information requested. However, you were unable to testify what information you sent and by what means. Additionally, the record shows no activity in your NYSOH account for the month of January, other than the automated notices that were sent when you failed to update your application by January 15, 2016, until you updated your account on

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January 28, 2016. Therefore, your application date and the date on which you selected your plan for enrollment is accurately reflected in the record as January 28, 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 28, 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 29, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective March 1, 2016, is correct and must be AFFIRMED.

Decision

The January 29, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 3, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is 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.

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.

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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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 29, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is March 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

