



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

Notice of Decision

Decision Date: June 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006703

[REDACTED]

Dear [REDACTED],

On June 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 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 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006703



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 your Essential Plan coverage was effective March 1, 2016?

Procedural History

On February 24, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective February 1, 2015.

On December 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 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. 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 January 31, 2016.

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Also on January 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan would end effective January 31, 2016.

On February 1, 2016, NYSOH received your updated application for health insurance.

That same day, NYSOH prepared a preliminary eligibility determination stating that you were eligible to enroll in Essential Plan coverage, effective March 1, 2016.

Also on February 1, 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 on February 1, 2016.

On February 2, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to enroll in the Essential Plan, effective March 1, 2016.

Also on February 2, 2016, an enrollment confirmation notice was issued confirming your enrollment into an Essential Plan, with an enrollment start date of March 1, 2016.

On June 15, 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 that you are appealing the start date of your own coverage only.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 3) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility. You also did not receive any renewal notice by regular mail.
- 4) You testified that you did not know that you needed to update your account until sometime in February when you logged into your account

to find your insurance ID number and saw that your coverage was not active.

- 5) You testified that you immediately called NYSOH when you discovered that you did not have coverage.
- 6) You testified that the representative you spoke with informed you that an email regarding the renewal notice had been sent to you. You testified that, when you asked the representative what email address was used for the renewal notice, he read to you an old email address that you no longer used.
- 7) You testified that you had changed your email address with NYSOH over the phone previously, so you did not understand why they were continuing to send emails to your old email address.
- 8) You testified that you gave the NYSOH representative you spoke with your correct email address, and then completed your renewal by phone.
- 9) The record reflects that on February 1, 2016, NYSOH received your updated application for health insurance.
- 10) You testified that you have outstanding medical bills from February 2016 for a visit to your primary care physician and for a prescription that you filled.
- 11) You testified that you are seeking for your Essential Plan coverage to begin as of February 1, 2016 so that you have no gap in coverage.

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)).

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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)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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)).

Legal Analysis

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

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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 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 January 15, 2016 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 January 31, 2016, and found not eligible to receive financial assistance or enroll in health insurance coverage through NYSOH.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. You testified that when you realized that you did not have coverage and called NYSOH to find out why, you discovered that NYSOH was sending emails to an old email address that you no longer used. You further credibly testified that you had previously given NYSOH your new email address over the phone, so you did not understand why they would send emails to your old email address.

Since NYSOH was sending alerts to the incorrect email address, it is concluded that NYSOH did not give you the required notice that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on February 1, 2016, and therefore we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

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.

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Had the information been submitted during the renewal time frame - in other words, by January 15, 2016 - your eligibility for and enrollment in your Essential Plan would have begun on February 1, 2016.

Therefore, the February 2, 2016 eligibility determination is MODIFIED to state that you were eligible for Essential Plan coverage effective February 1, 2016.

Likewise, the February 2, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan began on February 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment into your Essential Plan coverage for the month of February 2016.

You are responsible for any applicable premiums for the month of February 2016.

Decision

The February 2, 2016 notice of eligibility determination is MODIFIED to state that you were eligible to enroll in Essential Plan coverage effective February 1, 2016.

The February 2, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Essential Plan coverage began on February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the above changes, and to facilitate your enrollment in your Essential Plan coverage, effective February 1, 2016.

Effective Date of this Decision: June 17, 2016

How this Decision Affects Your Eligibility

Your eligibility for and enrollment in your Essential Plan should have been effective as of February 1, 2016.

Your case is being sent back to NYSOH to facilitate your enrollment in your Essential Plan coverage starting on February 1, 2016.

You are responsible for any applicable premium payments for coverage in the month of February 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 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 2, 2016 notice of eligibility determination is MODIFIED to state that you were eligible to enroll in Essential Plan coverage effective February 1, 2016.

The February 2, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Essential Plan coverage began on February 1, 2016.

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 case is RETURNED to NYSOH to effectuate the above changes, and to facilitate your enrollment in your Essential Plan coverage, effective February 1, 2016.

Your eligibility for and enrollment in your Essential Plan should have been effective as of February 1, 2016.

Your case is being sent back to NYSOH to facilitate your enrollment in your Essential Plan coverage starting on February 1, 2016.

You are responsible for any applicable premium payments for coverage in the month of 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:

