



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

Notice of Decision

Decision Date: July 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006976

[REDACTED]

Dear [REDACTED]

On July 14, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 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

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).

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: July 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006976

[REDACTED]

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 February 15, 2015 NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective February 1, 2015.

On December 14, 2015 you accessed your NYSOH account and updated the information in your application.

On December 15, 2015 NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid but that your Medicaid coverage would continue until January 31, 2016.

On December 24, 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.

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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.

On February 3, 2016, NYSOH received your updated application for health insurance.

On February 4, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for the Essential Plan, effective March 1, 2016.

Also on February 4, 2016 an enrollment confirmation notice was issued that stated that you had selected an Essential Plan and that the coverage through your plan would begin March 1, 2016.

On February 9, 2016 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as they began your eligibility for and enrollment in the Essential Plan on March 1, 2016 and not February 1, 2016.

On July 14, 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 via electronic mail.
- 2) You testified that you received numerous emails telling you that you needed to renew by December 15, 2015.
- 3) You testified, and the record indicates, that you updated your NYSOH account on December 14, 2015 in response to the emails.
- 4) You testified that you did not receive any electronic alerts regarding the actual renewal notice sent on December 24, 2015. You also did not receive any renewal notice by regular mail.
- 5) You testified that you never received an email from NYSOH telling you to access your inbox in your NYSOH account.

- 6) You testified that you believed you had successfully renewed for 2016 coverage when you updated your account on December 14, 2015.
- 7) The record reflects that on February 3, 2016 NYSOH received your updated application for health insurance.

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)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Electronic Notices

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).

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 an 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.

You testified that you received numerous emails telling you that you needed to renew by December 15, 2015. You testified, and the record indicates, that you updated your NYSOH account on December 14, 2015 in response to the emails.

You testified that you believed you had successfully renewed for 2016 when you updated your account on December 14, 2015.

On December 24, 2015 NYSOH issued a renewal notice stating 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.

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. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail. Furthermore, it was reasonable for you to assume that you had already complete your renewal on December 14, 2015 in response to the general emails telling you that you needed to renew by December 15, 2015 for January 1, 2016 coverage.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on February 3, 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.

Had the information been submitted at that time, your eligibility for and enrollment in an Essential Plan would have begun on February 1, 2016.

Therefore, the February 4, 2016 eligibility determination notice and notice of enrollment confirmation are MODIFIED to state that your eligibility for and enrollment in the Essential Plan is effective February 1, 2016.

Decision

The February 4, 2016 eligibility determination notice is MODIFIED to state that you are eligible to enroll in the Essential Plan, effective February 1, 2016.

The February 4, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Essential Plan was effective February 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Essential Plan to the appropriate date.

Effective Date of this Decision: July 21, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan should have been effective as of February 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.

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

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

Summary

The February 4, 2016 eligibility determination notice is MODIFIED to state that you are eligible to enroll in the Essential Plan, effective February 1, 2016.

The February 4, 2016 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Essential Plan was effective February 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Essential Plan to the appropriate date.

Your enrollment in your Essential Plan should have been effective as of February 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:

