



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

## Notice of Decision

Decision Date: August 09, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006998

[REDACTED]

Dear [REDACTED],

On August 3, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2015 eligibility determination notice and December 22, 2015 disenrollment 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: August 09, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006998

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) properly determine that you were no longer eligible to enroll in coverage through NYSOH for 2016 because you had not responded to the renewal notice?

Did NYSOH properly determine that your enrollment in your Medicaid Managed Care plan ended as of December 31, 2015?

## Procedural History

On January 27, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for and enrolled in Medicaid effective January 1, 2015. That same day, you were enrolled into a Medicaid Managed Care (MMC) plan, with coverage beginning March 1, 2015.

On October 23, 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 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.

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On December 21, 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 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 December 31, 2015.

On December 22, 2015, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan was terminated effective December 31, 2015 because you had not renewed your health insurance coverage.

On February 4, 2016, NYSOH received a written appeal request from you in which you appealed the December 21, 2015 eligibility determination, insofar as it found you not eligible to enroll in coverage through NYSOH, and the December 22, 2015 disenrollment notice, insofar as it terminated your MMC coverage effective December 31, 2015.

On August 3, 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 financial assistance would not be interrupted.
- 3) You testified that you sometimes have problems with your mail going to the wrong address, and that there is still some storm damage to your home from Hurricane Sandy, so your mail may have been lost because of that. You also testified that you were dealing with a family emergency at the time when you would have been due to renew your account.
- 4) No notices sent to you at the address listed on your NYSOH account have been returned to NYSOH as undeliverable.
- 5) You testified that you did not know that you needed to update your account until you received a notice stating that your coverage had been

cancelled. You testified that this may have been the December 22, 2015 disenrollment notice from NYSOH.

- 6) You testified that you did receive the Hearing Notice from NYSOH for your August 3, 2016 hearing.
- 7) You testified that you did not speak with anyone after you found out that you had been disenrolled. You testified that you saw information on the NYSOH website that stated that you could file an appeal, so you sent a written appeal request by mail.
- 8) You testified, and the record reflects, that you do not currently have any coverage, and have not had coverage since your Medicaid and MMC coverage terminated on December 31, 2015.
- 9) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of January 1, 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)).

## Legal Analysis

The first issue under review is whether NYSOH properly determined you were not eligible to enroll in coverage through NYSOH for 2016 because you had not responded to the renewal notice.

You were originally 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.

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. While you credibly testified that you sometimes have problems with your mail, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

Since you did not renew your eligibility, NYSOH's December 21, 2015 eligibility determination notice, stating that you were not eligible to enroll in health insurance through NYSOH because you did not complete your renewal, was correct and is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your enrollment in your MMC plan ended effective December 31, 2015.

As previously stated, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months. You were first found eligible for Medicaid on January 1, 2015. Therefore, NYSOH was required to redetermine your eligibility after 12 months, or by the end of December 2015. To that end, NYSOH issued a renewal notice, however, you did not respond to that notice.

As such, NYSOH properly terminated your Medicaid and MMC coverage at the end of 12 months, or December 31, 2015, and the December 22, 2015 disenrollment notice is AFFIRMED.

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If you wish to find out whether you are eligible for Medicaid, you must update your NYSOH application online or by phone with a NYSOH representative. If you have medical bills in any of the three months leading up to the date of your application, you can also request a determination on your eligibility for coverage for those months at the time of your application.

## **Decision**

The December 21, 2015 eligibility determination notice is AFFIRMED.

The December 22, 2015 disenrollment notice is AFFIRMED.

**Effective Date of this Decision:** August 09, 2016

## **How this Decision Affects Your Eligibility**

You were not eligible to enroll in coverage through NYSOH as of December 31, 2015 because you did not respond to the October 23, 2015 renewal notice.

Your Medicaid and MMC coverage ended on December 31, 2015.

However, you can update your account, and if you again qualify for Medicaid, you may once again be enrolled.

## **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 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).

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 December 21, 2015 eligibility determination notice is AFFIRMED.

The December 23, 2015 disenrollment notice is AFFIRMED.

You were not eligible to enroll in coverage through NYSOH as of December 31, 2015 because you did not respond to the October 23, 2015 renewal notice.

Your Medicaid and MMC coverage ended on December 31, 2015.

However, you can update your account, and if you again qualify for Medicaid, you may once again be enrolled.

### **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**

