



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: AP000000007300

[REDACTED]

Dear [REDACTED],

On July 26, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 20, 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

Decision Date: August 09, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007300

[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 eligibility for and enrollment in an Essential Plan was effective April 1, 2016?

Procedural History

On February 3, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2015.

On February 5, 2015, NYSOH issued an enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care (MMC) plan would begin as of March 1, 2015.

On April 23, 2015 and October 3, 2015, NYSOH issued eligibility determination notices stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until January 31, 2016. The notice further stated that you would need to come back "between December 17, 2015 and January 16, 2016" (*sic*) to update your NYSOH account so that a decision could be made about your eligibility.

On December 18, 2015, NYSOH issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice stated that, based on information available from state and federal data sources obtained as of December 15, 2015, you were no longer eligible to remain in your current

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coverage and that you eligible to purchase a qualified health plan at full cost, effective February 1, 2016. The notice further directed you to choose a new health plan and, if any of the information in the notice was not accurate or if anything in your household had changed, to update your NYSOH account between December 16, 2015 and January 15, 2016.

No plan was selected by January 15, 2016.

On January 17, 2016, NYSOH issued a notice of disenrollment stating that your enrollment in your MMC plan was ending as of January 31, 2016.

On February 16, 2016 and February 19, 2016, you updated your NYSOH account several times.

On February 18, 2016 and February 20, 2016, NYSOH issued notices of eligibility determination, stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016.

Also on February 20, 2016, NYSOH issued a notice of enrollment, based on your plan selection on February 19, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On February 22, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin February 1, 2016.

On July 26, 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 were out of the country from December 5, 2015 through February 8, 2016 for a funeral, and you therefore did not see the December 18, 2015 renewal notice until you returned.
- 3) You testified that you were not able to review the December 18, 2015 renewal notice until you returned from your trip in February 2016.

- 4) You testified that you would never have knowingly or willfully failed to renew your account or enroll in coverage, as you are being treated for a serious medical condition.
- 5) You testified that you received [REDACTED] in February and March 2016, and now have bills from those treatments.
- 6) You testified that your son lives with you, but was not at your home except on weekends during the time when you were out of the country.
- 7) You submitted an updated application to NYSOH for financial assistance on February 19, 2016.
- 8) The record reflects that you enrolled in an Essential Plan on February 19, 2016.
- 9) You testified that you wanted your enrollment in an Essential Plan to begin on February 1, 2016 so that your bills from February and March 2016 can be covered.

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 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 is whether NYSOH properly determined that your enrollment in the Essential Plan was effective April 1, 2016.

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, based on the information available from state and federal data sources, you were eligible to enroll in a full cost qualified health plan, effective February 1, 2016. The notice also stated that if anything in the notice was inaccurate or if your information had changed, you should update your NYSOH account between December 16, 2015 and January 15, 2016.

Because there was no timely response to this notice, the December 18, 2015 eligibility determination was implemented, and you were terminated from your MMC plan effective January 31, 2016.

You testified that you received the December 18, 2015 renewal notice while you were out of the country, and did not review it until you returned in February 2016. You testified that this caused you to miss the deadline to have coverage starting on February 1, 2016. You further testified that you would not have willfully missed the deadline, as you have a serious medical condition that required treatment in February and March 2016. Nevertheless, since the December 18, 2015 notice was sent to you in a timely manner, and since you acknowledge receipt of the

notice, it is concluded that NYSOH properly notified you of the fact that your coverage was up for renewal.

Moreover, NYSOH issued notices on April 23, 2015 and October 3, 2015 stating that your Medicaid coverage would be effective until January 31, 2016. These notices also directed you to update your NYSOH account between “December 17, 2015 and January 16, 2016” to renew your coverage for 2016. Since these notices were sent to your mailing address and were not returned as undeliverable to NYSOH, it must be concluded that you were notified of the need to update your account on two separate occasions prior to the December 18, 2015 renewal notice.

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.

You testified, and the record indicates, that you updated your NYSOH application on February 19, 2016. As a result, you were found eligible for the Essential Plan as of April 1, 2016, and were enrolled into an Essential Plan.

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 February 19, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following February; that is, on April 1, 2016.

Therefore, the February 20, 2016 eligibility determination and enrollment confirmation notices, stating that your eligibility for and enrollment in an Essential Plan was effective April 1, 2016, are correct and must be AFFIRMED.

Decision

The February 20, 2016 eligibility determination is AFFIRMED.

The February 20, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 09, 2016

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How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 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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Summary

The February 20, 2016 eligibility determination is AFFIRMED.

The February 20, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 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:

