



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

## Notice of Decision

Decision Date: September 27, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007426

[REDACTED]

Dear [REDACTED],

On July 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2016 eligibility determination and February 18, 2016 disenrollment 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: September 27, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007426



## Issues

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

Did NY State of Health properly determine that you and your child were eligible to purchase a qualified health plan at full cost through NY State of Health, effective as of March 1, 2016?

Did NY State of Health properly disenroll you and your child from your Medicaid Managed Care plan (New York Catholic Health Plan, Inc.) effective February 29, 2016?

## Procedural History

On December 14, 2014, NY State of Health (NYSOH) issued an eligibility determination notice that you and your child were eligible for Medicaid, effective as of December 1, 2014.

On December 19, 2014, NYSOH issued an enrollment notice confirming that as of December 18, 2014, you and your child were enrolled in New York State Catholic Health Plan, Inc. and enrollment would begin January 1, 2015.

On January 13, 2016, NYSOH issued a notice 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 or your child qualified for financial help paying for health coverage, and that you needed to update your account by February 15, 2016 or you might lose the financial assistance you were receiving.

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

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On February 17, 2016, NYSOH issued an eligibility determination notice, that your household's eligibility was redetermined on February 16, 2016. The notice stated that you and your child were newly eligible to purchase a qualified health plan at full cost, effective March 1, 2016. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame.

On February 18, 2016, NYSOH issued a disenrollment notice that you and your child's New York State Catholic Health Plan, Inc. would end effective February 29, 2016, because you were no longer eligible to remain enrolled in your current health insurance.

On February 24, 2016, your NYSOH account was updated.

On February 25, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan and your child was newly eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective April 1, 2016.

Also on February 25, 2016, NYSOH issued an enrollment notice confirming that as of February 24, 2016, you were enrolled in Essential Plan 1 (Fidelis Care) with a plan enrollment start date of April 1, 2016, and your child was enrolled in Child Health Plus (Fidelis Care) with a plan enrollment start date of April 1, 2016.

On February 26, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the date in which you and your child were disenrolled from your Medicaid Managed Care plan.

On July 29, 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) On August 12, 2014, NYSOH issued a notice confirming that you elected to receive all information from NYSOH electronically. The notice stated that you would be notified of any new information via text message, email, or other electronic communication ( [REDACTED] )
- 2) You testified that you changed your preference from receiving notices electronically to regular mail when you requested the appeal on February 26, 2016.

- 3) You testified that you contacted your Medicaid Managed Care plan in January 2016 to inquire about renewing your health insurance coverage, and was told by a representative that you would be receiving notices from NYSOH.
- 4) You testified that the first electronic alert you received regarding a notice being posted to your NYSOH account was on or about February 18, 2016.
- 5) You testified that you were not timely notified that you and your child would be disenrolled from your Medicaid Managed Care on February 29, 2016.
- 6) According to NYSOH account, your NYSOH account was updated on February 24, 2016.
- 7) On February 25, 2016, NYSOH issued an enrollment notice confirming that as of February 24, 2016, you were enrolled in Essential Plan 1 (Fidelis Care) with a plan enrollment start date of April 1, 2016, and your child was enrolled in Child Health Plus (Fidelis Care) with a plan enrollment start date of April 1, 2016 ( [REDACTED] ).
- 8) You testified that you are seeking to have you and your child's Medicaid coverage extended to March 31, 2016, to avoid any lapse in health insurance coverage.
- 9) You testified that you and your child did not incur any medical expenses in March 2016.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

### Electronic Notices

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

### Medicaid-Timely and Adequate Notices:

NYSOH must give beneficiaries timely and adequate notice of proposed actions to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid (42 CFR § 435.919(a)).

NYSOH is responsible to send notices to enrollees regarding their disenrollment status. Where practicable, the process will allow for timely notification to enrollees. The notice will advise the enrollee of the NYSOH determination regarding an enrollee-initiated or NYSOH initiated disenrollment and will include the effective date of disenrollment. In cases where the enrollee is being involuntarily disenrolled, the notice must contain fair hearing rights (Medicaid Managed Care Model Contract (Appendix H(7)(a)(xvi), effective 3/1/2014 – 2/28/2019).

## **Legal Analysis**

The issue under review is whether NYSOH properly disenrolled you and your child from your Medicaid Managed Care plan, New York State Catholic Health Plan, Inc., effective January 31, 2016.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility

determination for the upcoming coverage year based on the information contained in the renewal notice.

On January 13, 2016, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you and your child qualified for financial help with paying for your health coverage. You were asked to update the information in your account by February 15, 2016, or the financial help you were receiving might end.

Because there was no timely response to this notice, you and your child's eligibility for financial assistance and enrollment in the Medicaid Managed Care plan terminated effective February 29, 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 an electronic alert regarding the renewal or disenrollment of your household's coverage until February 18, 2016.

NYSOH must give enrollees timely and adequate notice of proposed actions to terminate, reduce or discontinue services they may receive under Medicaid. By providing proper notice, individuals are able to take appropriate action to allow coverage to continue without interruption.

There is no evidence in your account documenting that any email alert was sent to you regarding the renewal or termination of your household's coverage before February 18, 2016.

It is concluded that NYSOH did not provide proper notice that your household's health insurance needed to be renewed or your coverage would be terminated.

Therefore, the February 17, 2016, eligibility determination notice that you and your child were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2016 is **RESCINDED**.

Therefore, the February 18, 2016, disenrollment notice is **MODIFIED** to state that you and your child's New York State Catholic Health Plan, Inc. coverage ended March 31, 2016.

## **Decision**

The February 17, 2016, eligibility determination notice that you and your child were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2016 is **RESCINDED**.

The February 18, 2016, disenrollment notice is MODIFIED to state that you and your child's New York State Catholic Health Plan, Inc. coverage ended March 31, 2016.

Your case is RETURNED to NYSOH to effectuate the changes listed above.

**Effective Date of this Decision:** September 27, 2016

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

You and your child's enrollment in New York State Catholic Health Plan, Inc. ended effective March 31, 2016.

Your case is returned to NYSOH to effectuate this change.

### **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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## **Summary**

The February 17, 2016, eligibility determination notice that you and your child were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2016 is RESCINDED.

The February 18, 2016, disenrollment notice is MODIFIED to state that you and your child's New York State Catholic Health Plan, Inc. coverage ended March 31, 2016.

You and your child's enrollment in New York State Catholic Health Plan, Inc. ended effective March 31, 2016.

## **Legal Authority**

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

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

