



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

Notice of Decision

Decision Date: September 9, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007825

[REDACTED]

Dear [REDACTED],

On August 29, 2016 you appeared by telephone, along with your mother, at a hearing on your appeal of NY State of Health's January 8, 2016 eligibility determination 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: September 9, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007825

[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 February 1, 2016?

Did NYSOH appropriately act so that you had no health insurance coverage through NYSOH for the month of January 2016?

Procedural History

On November 5, 2014, NYSOH issue a renewal notice stating that you were still eligible for Medicaid for the upcoming year, effective February 1, 2015, based on information obtained from state and federal data sources.

On October 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 December 15, 2015 or you might lose the financial assistance you were currently receiving.

You updated your NYSOH account on December 2, 2015.

On December 3, 2015, NYSOH issued a notice stating that more information was needed to make a determination as to your eligibility for health insurance through

NYSOH. The notice directed you to submit income documentation by December 18, 2015.

On December 6, 2015, NYSOH issued a disenrollment notice stating that your Fee-For-Service Medicaid coverage would be discontinued as of December 31, 2015.

On December 10, 2015, NYSOH issued a notice stating that you had submitted income documentation, but that it was not sufficient. The notice directed you to submit further income documentation so that your eligibility could be determined.

On January 7, 2016, your NYSOH account was updated and your eligibility was re-run.

On January 8, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective February 1, 2016.

On January 9, 2016, an enrollment confirmation notice was issued that stated that you had selected an Essential Plan, and that the effective date of that plan was February 1, 2016.

On March 9, 2016 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your Essential Plan eligibility on February 1, 2016 and not January 1, 2016.

On August 29, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your mother, [REDACTED], appeared with you and was sworn in. 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 did not know that you had to renew your NYSOH application. You testified that you received a notice about keeping your information up to date, but not about renewing your application for health insurance.
- 3) You testified that you found out that you needed to renew when you went to the doctor in December 2015.

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- 4) You testified that you contacted NYSOH to complete your renewal around December 31, 2015, and that you had submitted the income paperwork you were asked for by January 8, 2016.
- 5) The record reflects that you first updated your NYSOH account on December 2, 2015, and that NYSOH sent you a notice on December 3, 2015 directing you to provide income documentation.
- 6) The record reflects that you faxed a copy of one paystub to NYSOH on December 2, 2015. The record further reflects that NYSOH deemed this as invalid proof of income on December 9, 2015.
- 7) The record reflects that you faxed copies of six paystubs to NYSOH on December 27, 2015.
- 8) The record reflects that the income documentation you submitted on December 27, 2015 was uploaded to your NYSOH account on December 29, 2015 and verified by NYSOH on January 7, 2016.
- 9) You testified that you are seeking for your Essential Plan coverage to be backdated to January 1, 2016 because you have a medical bill that is outstanding for the month of January 2016 for an emergency room visit.

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)).

Medicaid Continuous Coverage

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

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

You were originally found eligible for Medicaid effective March 1, 2015.

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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 recall receiving a renewal notice, and that you did not update your NYSOH application until the end of December 2015. However, the record reflects that you updated your account, and uploaded income documentation, on December 2, 2015, which is within the renewal timeframe. The income documentation you uploaded was deemed insufficient on December 9, 2015, and NYSOH issued a notice directing you to submit additional income documentation. On December 27, 2015, you faxed copies of six paystubs to NYSOH. This documentation was verified and deemed sufficient to prove your income on January 7, 2016. The next day, NYSOH issued a notice stating that you were eligible for the Essential Plan effective February 1, 2016.

The date on which an Essential Plan goes into effect is determined by the date on which an applicant selects a plan for enrollment. Plans selected before the fifteenth of the month go into effect on the first day of the following month. The record reflects that your Essential Plan was selected on January 8, 2016, therefore, it properly went into effect on the first day of the following month: February 1, 2016.

Additionally, even if you had been able to select a plan on the same day when your application was complete (which was on December 27, 2015, when you uploaded the required income documentation), you would still have had a February 1, 2016 start date for your coverage. This is because a plan selected after the fifteenth of the month goes into effect the first day of the second following month: in this case, February 1, 2016.

Therefore, the January 9, 2016 eligibility determination and enrollment confirmation notices are AFFIRMED.

The second issue under review is whether NYSOH properly determined that you did not have any health insurance coverage for the month of January 2016.

You were found eligible for Medicaid effective March 1, 2015. Generally, with limited exceptions, most adults determined eligible for Medicaid coverage are guaranteed 12 months of Medicaid coverage, even if they lose eligibility because of changes or updates they make to their account.

Your Fee-For-Service Medicaid coverage went into effect on March 1, 2015. There is nothing in the record to indicate that there were any circumstances that should have caused you to receive less than 12 months of continuous Medicaid coverage. Therefore, your Fee-For-Service Medicaid coverage should have continued until February 29, 2016. For reasons that are unclear, NYSOH instead required you to renew your eligibility for health insurance by December 15, 2015, and then terminated your Fee-For-Service Medicaid coverage as of December 31, 2015.

Since your Fee-For-Service Medicaid coverage should not have ended until February 29, 2016, the December 6, 2015 disenrollment notice, which terminated your Fee-For-Service Medicaid as of December 31, 2015 is MODIFIED to state that your Fee-For-Service Medicaid was terminated effective February 29, 2016.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into Fee-For-Service Medicaid for the month of January 2016, and to assist you in submitting any bills you have for that month for possible payment, if applicable.

Decision

The February 8, 2016 eligibility determination notice is AFFIRMED.

The February 9, 2016 enrollment confirmation notice is AFFIRMED.

The December 6, 2015 disenrollment notice is MODIFIED to state that your coverage in Fee-For-Service Medicaid is terminated effective February 29, 2016.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into Fee-For-Service Medicaid for the month of January 2016, and to assist you in submitting any bills you have for the month of January 2016 for possible payment, if applicable.

Effective Date of this Decision: September 9, 2016

How this Decision Affects Your Eligibility

Your eligibility for, and enrollment in, your Essential Plan coverage properly began on February 1, 2016.

Your enrollment in your Fee-For-Service Medicaid coverage should not have ended until February 29, 2016, based on the fact that you should have had twelve months of Medicaid coverage.

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Your case is being returned to NYSOH to re-enroll you in Fee-For-Service Medicaid for the month of January 2016, and to assist you in submitting any medical bills you have for that month for possible payment.

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
- By mail at:
NY State of Health Appeals
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 8, 2016 eligibility determination notice is **AFFIRMED**.

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The February 9, 2016 enrollment confirmation notice is AFFIRMED.

The December 6, 2015 disenrollment notice is MODIFIED to state that your coverage in Fee-For-Service Medicaid is terminated effective February 29, 2016.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into Fee-For-Service Medicaid for the month of January 2016, and to assist you in submitting any bills you have for the month of January 2016 for possible payment, if applicable.

Your eligibility for, and enrollment in, your Essential Plan coverage properly began on February 1, 2016.

Your enrollment in your Fee-For-Service Medicaid coverage should not have ended until February 29, 2016, based on the fact that you should have had twelve months of Medicaid coverage.

Your case is being returned to NYSOH to re-enroll you in Fee-For-Service Medicaid for the month of January 2016, and to assist you in submitting any medical bills you have for that month for possible payment.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

