



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

## Notice of Decision

Decision Date: October 7, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008401

[REDACTED]

Dear [REDACTED],

On October 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 29, 2016 enrollment confirmation 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: October 7, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008401



## 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 family's enrollment in the Essential Plan was effective May 1, 2016?

## Procedural History

On April 8, 2015, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your child were eligible for Medicaid effective April 1, 2015.

On February 7, 2016, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you, your spouse, and your child would qualify for financial help paying for your health coverage, and that you needed to update your account by March 15, 2016 or your family might lose the financial assistance you were currently receiving.

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

On March 17, 2016, NYSOH issued an eligibility determination notice stating that you, your spouse, and your child 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, your spouse and your child 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 family's eligibility ended March 31, 2016.

On March 27, 2016, NYSOH received your updated application for health insurance.

On March 28, 2016, NYSOH issued an eligibility redetermination notice stating that you, your spouse, and your child were eligible for the Essential Plan, effective May 1, 2016.

Also on March 28, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your family's Essential Plan eligibility insofar as it began May 1, 2016 and not April 1, 2016.

On March 29, 2016, an enrollment confirmation notice was issued that stated that you, your spouse, and your child had selected an Essential Plan and the effective date of that plan was May 1, 2016.

On October 4, 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 by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your family's Medicaid Managed Care coverage.
- 3) The record reflects that on March 27, 2016, NYSOH received your updated application for health insurance.
- 4) The record reflects, that you selected your family's Essential Plan on March 27, 2016, and that your enrollment was effective on May 1, 2016.
- 5) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

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

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## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve 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 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 under review is whether NYSOH properly determined that your family’s enrollment in the Essential Plan was effective May 1, 2016.

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You, your spouse, and your child were originally found eligible for Medicaid effective April 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 February 7, 2016 renewal notice stated that there was not enough information to determine whether you, your spouse, and your child were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by March 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you and your family were terminated from your Medicaid Managed Care plan effective March 31, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. Your NYSOH account confirms, that you elected to receive notifications by regular mail. However, 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.

The record indicates, that you updated your NYSOH application on March 27, 2016. As a result, you, your spouse, and your child were found eligible for the Essential Plan as of May 1, 2016 and enrolled into a plan that day.

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 March 27, 2016, you selected an Essential Plan for your family, so your enrollment properly took effect on the first day of the second month following March; that is, on May 1, 2016.

Therefore, the March 29, 2016 enrollment confirmation notice stating that your, your spouse's and your son's enrollment in the Essential Plan was effective May 1, 2016, is correct and must be **AFFIRMED**.

## **Decision**

The March 29, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 7, 2016

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

This decision does not change your eligibility.

The effective date of your family's Essential Plan is May 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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- By fax: 1-855-900-5557

## **Summary**

The March 29, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your family's Essential Plan is May 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:**

