



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

Notice of Decision

Decision Date: October 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009396

[REDACTED]

Dear [REDACTED],

On October 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 12, 2016 eligibility determination.

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 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009396

[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 enrollment in an Essential Plan was effective May 1, 2016?

Procedural History

On April 24, 2015, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, effective March 1, 2015. On that same date, NYSOH issued an enrollment confirmation notice stating that your Medicaid Managed Care (MMC) plan coverage would begin June 1, 2015.

On January 15, 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 would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2016 or you might lose the financial assistance you were currently receiving.

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

On February 18, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, the Essential Plan 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. This was because you had not responded to the renewal notice and had not

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completed your renewal within the required time frame. Your eligibility would end February 29, 2016.

On February 18, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care would end effective February 29, 2016.

On April 11, 2016, NYSOH received your updated application for health insurance.

On April 12, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to enroll in the Essential Plan, at no cost and with co-pays for certain services, effective May 1, 2016.

Also on April 12, 2016, NYSOH issued an enrollment confirmation notice based on your April 11, 2016 plan selection, stating that you were enrolled in an Essential Plan 2 and that your plan would start May 1, 2016.

On May 4, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan.

On October 19, 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 supports the following findings of fact:

- 1) According to your NYSOH account and your testimony, during the time period in question, you received all of your notices from NYSOH via electronic mail.
- 2) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility. You also did not receive any renewal notice by regular mail.
- 3) You testified that you did not receive any electronic notice or regular mail regarding the disenrollment notice that terminated your Medicaid Managed Care coverage effective February 29, 2016.
- 4) You testified that you did not know that you needed to update your account until April 11, 2016 when you went to a drug store to fill a prescription and were told that you no longer had valid health insurance.

- 5) According to your NYSOH account, on the evening of April 11, 2016, NYSOH received your updated application for health insurance and your selection of an Essential Plan.
- 6) You testified that you are seeking to backdate your Essential Plan start date to March 1, 2016 in order to cover medical bills incurred during the months of March 2016 and April 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)).

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 enrollment in the Essential Plan was effective May 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance 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 January 15, 2016 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 February 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective February 29, 2016.

However, you testified and the record reflected that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account.

You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on April 11, 2016, and therefore we must assume that the information you provided at that time is the information that would have been provided earlier had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the April 12, 2016 notice of eligibility redetermination notice is MODIFIED to state that, effective March 1, 2016, you are eligible to enroll in the Essential Plan, at no cost and with co-pays for certain services, and the April 12, 2016 notice of enrollment is MODIFIED to state that your enrollment in your Essential Plan 2 is effective March 1, 2016.

Decision

The April 12, 2016 notice of eligibility redetermination is MODIFIED to state that, effective March 1, 2016, you are newly eligible to enroll in the Essential Plan, at no cost and with co-pays for certain services.

The April 12, 2016 notice of enrollment is MODIFIED to state that your enrollment in your Essential Plan 2 is effective March 1, 2016.

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

Effective Date of this Decision: October 24, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan should have been effective as of March 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

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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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 12, 2016 notice of eligibility redetermination is MODIFIED to state that, effective March 1, 2016, you are eligible to enroll in the Essential Plan, at no cost and with co-pays for certain services.

The April 12, 2016 notice of enrollment is MODIFIED to state that your enrollment in your Essential Plan 2 is effective March 1, 2016.

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

Your enrollment in your Essential Plan should have begun as of March 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:



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