



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

Notice of Decision

Decision Date: January 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010831

[REDACTED]

Dear [REDACTED],

On December 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 14, 2016 enrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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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Issues

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

Did New York State of Health (NYSOH) properly determine that your Essential Plan should have a plan enrollment start date of August 1, 2016?

Did NYSOH properly determine that your child's Medicaid Managed Care (MMC) plan should have a plan enrollment start date of August 1, 2016?

Procedural History

On July 8, 2015, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid, effective as of July 1, 2015.

On May 2, 2016, NYSOH issued a notice that it was time to renew your and your child's health insurance. That notice stated that based on the information from federal and state sources, NYSOH could not make a decision about whether you or your child would qualify for financial help paying for your health coverage, and that you needed to update your account by June 15, 2016 or you might lose the financial assistance you were currently receiving.

On June 17, 2016, NYSOH issued an eligibility determination notice stating that you had not responded to the renewal notice and did not complete your renewal within the required timeframe. As a result, you and your child no longer qualified to receive financial assistance and your and your child's eligibility would end effective June 30, 2016.

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Also on June 17, 2016, NYSOH issued a disenrollment notice stating that your and your child's health insurance coverage would end June 30, 2016.

On July 13, 2016, your NYSOH account was updated. NYSOH rendered a preliminary eligibility determination finding you eligible to enroll in the Essential Plan, effective August 1, 2016, and your child was eligible to enroll in Medicaid, effective July 1, 2016.

Also on July 13, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start dates of your Essential Plan and your child's MMC plan did not being as of July 1, 2016.

On July 14, 2016, NYSOH issued an enrollment notice confirming that as of July 13, 2016, you were enrolled in an Essential Plan and your child in a MMC plan, both with plan enrollment start dates of August 1, 2016.

On December 22, 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, you and your child were eligible for Medicaid, effective as of July 1, 2015.
- 2) According to your NYSOH account and your testimony, you receive notices from NYSOH via regular mail.
- 3) You testified that you did not receive a renewal notice from NYSOH to ensure that your and your child's coverage would not be interrupted.
- 4) According to your NYSOH account, your mailing address was "[REDACTED]" from "[REDACTED]" through "[REDACTED]".
- 5) According to your NYSOH account, a renewal was issued to "[REDACTED]" on May 2, 2016 (see Document [REDACTED]).
- 6) According to your NYSOH account, the May 2, 2016 renewal notice was sent back to NYSOH and marked as "RETURN MAIL" on May 13, 2016 (see Document [REDACTED]).

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- 7) You testified you found out that your health insurance coverage had been discontinued at a doctor's appointment in July 2016.
- 8) According to your NYSOH account, you were enrolled in an Essential Plan with Healthfirst, with a plan enrollment start date of August 1, 2016.
- 9) According to your NYSOH account, your child was enrolled in a MMC plan with Healthfirst, with a plan enrollment start date of August 1, 2016.
- 10) You testified that you want your Essential Plan and your child's MMC plan to have plan enrollment start dates of July 1, 2016.
- 11) You testified that you have outstanding medical bills for the month of July 2016.

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)).

MMC Effective Date:

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; Administrative Directive 13 OHIP/ADM-03(III)(F), (Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010)).

Legal Analysis

The issues under review are whether NYSOH properly determined that your Essential Health plan and your child's MMC plan should have plan enrollment start dates of August 1, 2016.

You and your child were found eligible for Medicaid in 2015, effective July 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 May 2, 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 update your application by June 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, your and your child's health insurance coverage was terminated effective June 30, 2016.

You testified that you did not receive a notice informing you that your and your child's coverage needed to be renewed.

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).

The record reflects that your mailing address in your NYSOH account was "[REDACTED]" from "[REDACTED]" through "[REDACTED]". However, the renewal notice was issued to "[REDACTED]". Furthermore, the renewal notice was sent back to NYSOH and was marked "RETURN MAIL" on May 13, 2016.

The credible evidence of record supports that the renewal notice was issued to the wrong mailing address and was subsequently returned to NYSOH. As such, it is reasonable to conclude that NYSOH did not give you the required notice that your and your child's health insurance coverage needed to be renewed. Further, it is reasonable to conclude that, had you received the renewal notice, you would have renewed your and your child's coverages within the required timeframe to avoid a gap in coverage. Lastly, it is reasonable to conclude that the information you provided on your July 13, 2016 updated application would have been the same information you would have provided earlier, had you received the renewal notice.

Therefore, the July 14, 2016, enrollment notice is MODIFIED to state that you were enrolled in an Essential Plan and your child in a MMC plan, both with plan enrollment start dates of July 1, 2016.

Decision

The July 14, 2016, enrollment notice is MODIFIED to state that you were enrolled in an Essential Plan and your child in a MMC plan, with plan enrollment start dates of July 1, 2016.

Your case is RETURNED to NYSOH to effectuate your and your child's health insurance coverage for July 2016 and to notify you accordingly.

Effective Date of this Decision: January 30, 2017

How this Decision Affects Your Eligibility

Your enrollment in the Healthfirst Essential Plan is effective July 1, 2016.

Your child's enrollment in the Healthfirst MMC plan is effective July 1, 2016.

Your case is being returned to NYSOH to make the enrollment start date changes for you and your child. NYSOH will notify you once this has been completed.

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).

You will be responsible for any additional health insurance premiums for the month of July 2016, in order to effectuate this coverage.

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 after the date 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 date 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 July 14, 2016, enrollment notice is MODIFIED to state that you were enrolled in an Essential Plan and your child in a MMC plan, with plan enrollment start dates of July 1, 2016.

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).

Your case is RETURNED to NYSOH to effectuate your and your child's health insurance coverage for July 2016 and to notify you accordingly.

Your enrollment in the Healthfirst Essential Plan is effective July 1, 2016.

Your child's enrollment in the Healthfirst MMC plan is effective July 1, 2016.

Your case is being RETURNED to NYSOH to make the enrollment start date changes for you and your child. NYSOH will notify you once this has been completed.

You will be responsible for any additional health insurance premiums for the month of July 2016, in order to effectuate this coverage.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

