



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

Notice of Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010861

[REDACTED]

Dear [REDACTED],

On January 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 17, 2016 eligibility redetermination notice and July 8, 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

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).

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

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Issue

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

Did NY State of Health (NYSOH) properly determine that your enrollment in your Medicaid Managed Care (MMC) plan was terminated effective June 30, 2016?

Did NYSOH properly determine that your enrollment in an Essential Plan was effective August 1, 2016?

Procedural History

On July 3, 2015, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid effective July 1, 2015. On that same day, you enrolled in a MMC plan with coverage to begin effective August 1, 2015.

On May 2, 2016, NYSOH issued a notice that it was time to renew your health insurance. 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 June 15, 2016 or you might lose the financial assistance you were currently receiving.

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

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On June 17, 2016, NYSOH issued an eligibility redetermination 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 completed your renewal within the required time frame. Your eligibility ended June 30, 2016.

Also on June 17, 2016, NYSOH issued a disenrollment notice stating that your MMC plan would end effective June 30, 2016.

On July 7, 2016, NYSOH received your updated application for health insurance.

On July 8, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to enroll in the Essential Plan, effective August 1, 2016.

Also on July 8, 2016, NYSOH issued an enrollment notice, based on your plan selection on July 7, 2016, stating that you were enrolled in an Essential Plan with an August 1, 2016 start date.

On July 14, 2016, you spoke to NYSOH's Account Review Unit and appealed being disenrolled from your MMC plan coverage, effective June 30, 2016, and enrolled in the Essential Plan no earlier than August 1, 2016

On January 6, 2017, 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 receive all of your notices by regular mail.
- 2) You testified that you did not receive any notice telling you that you needed to update your application in order to renew your MMC plan coverage.
- 3) You testified that in late June 2016 or early July 2016, you filed a request with the U. S. Post Office to change your mailing address and to forward your mail to a new address. You testified you did this both on line and in person at your local post office.
- 4) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

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- 5) You testified that you knew you had one year of Medicaid eligibility.
- 6) You testified that you went to the doctor's and also had various tests during the month of July 2016. You testified you learned you did not have health insurance when you received bills for the doctor's visit and tests in July 2016.
- 7) According to your NYSOH account, you updated your application on July 7, 2016. Also on this date, you changed your mailing address.
- 8) According to your NYSOH account and your testimony, you were enrolled in an Essential Plan on July 7, 2016.
- 9) You testified that you wanted your enrollment in an Essential Plan to begin on July 1, 2016 because you have unpaid medical bills for the month of July 2016. You further testified that you believe you were not properly notified that you needed to renew your application or that you were being disenrolled from your MMC plan.

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 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 first issue under review is whether NYSOH properly determined that your enrollment in your MMC plan was terminated effective June 30, 2016.

You were originally found eligible for Medicaid 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 supply additional information by June 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your MMC plan effective June 30, 2016, at the end of your 12 months of Medicaid coverage for the policy period beginning July 1, 2015.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and 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.

You testified that you filed forwarding and change of address forms with the U.S. Post Office in late June 2016 or early July 2016. However, this would be well after the May 2, 2016 notice that you needed to update your application was mailed. Further, you did not change your address with NYSOH until July 7, 2016.

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.

Since you were properly notified of the annual renewal, and NYSOH was not able to determine your eligibility based on the available information absent an update to your account by the June 15, 2016 deadline, NYSOH's June 17, 2016 eligibility determination notice stating that your MMC plan coverage was terminated effective June 30, 2016 is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective August 1, 2016.

You testified, and the record indicates, that you updated your NYSOH application on July 7, 2016. As a result, you were found eligible for the Essential Plan as of August 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 July 7, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following July 2016; that is, on August 1, 2016.

Therefore, the July 8, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2016, is correct and must be AFFIRMED.

Decision

The June 17, 2016 eligibility redetermination notice is AFFIRMED.

The July 8, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 23, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your MMC plan coverage ended effective June 30, 2016.

The effective date of your Essential Health Plan is August 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
- By mail at:

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The June 17, 2016 eligibility redetermination notice is AFFIRMED.

The July 8, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

Your MMC plan coverage ended effective June 30, 2016.

The effective date of your Essential Health Plan is August 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:

