



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

Notice of Decision

Decision Date: September 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011295

[REDACTED]

Dear [REDACTED],

On September 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 6, 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 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011295

[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, your Essential Plan coverage began September 1, 2016?

Procedural History

On September 1, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective August 1, 2015. You were also enrolled in a Medicaid Managed Care plan effective October 1, 2015.

On June 3, 2016, NYSOH issued a renewal notice stating that it was time to renew your health insurance for 2016. That notice also stated that, based on information from federal and state sources, you were now qualified to receive a tax credit of up to \$63.50 per month toward the cost of your health coverage. The notice stated that you needed to select a health plan between June 16, 2016 and July 15, 2016. Finally, the notice stated that, if you believed any of the information contained in the notice was incorrect, or if anything had changed in your life that would affect your eligibility, you should update your account between June 16, 2016 and July 15, 2016.

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

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On July 17, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid Managed Care plan would end effective July 31, 2016.

On August 5, 2016, you updated your NYSOH account. That day, NYSOH prepared a preliminary eligibility determination which stated that you were eligible to enroll in the Essential Plan with no monthly premium, effective September 1, 2016.

That same day, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination, insofar as it began your Essential Plan coverage on September 1, 2016, and not August 1, 2016.

On August 6, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in Essential Plan coverage for a limited time, effective September 1, 2016.

Also on August 6, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan with no monthly premium, with a plan start date of September 1, 2016.

On September 1, 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) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that you did receive the June 3, 2016 renewal notice informing you that you should contact NYSOH if you needed to make any changes to your information.
- 3) You testified that you did not update the information in your NYSOH account by July 15, 2016 because of personal circumstances, including the theft of funds from your bank account, a medical procedure that went badly, and the fact that you suffer from [REDACTED], which causes you to sometimes have problems accomplishing tasks.
- 4) You testified that you receive disability benefits for your severe depression.

- 5) You testified that, because of everything that was going on in your life, you were unable to update your NYSOH account until August 2016.
- 6) The record reflects that on August 5, 2016, NYSOH received your updated application for health insurance.
- 7) You testified that you are seeking for your Essential Plan coverage start date to be backdated to August 1, 2016, as you have outstanding medical bills for the month of August 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

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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 is whether NYSOH properly determined that your eligibility for, and enrollment in, your Essential Plan coverage was effective September 1, 2016.

You were found eligible for Medicaid effective August 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 June 3, 2016 renewal notice stated that you were now eligible to receive tax credits toward the cost of a health plan. Further, the notice stated that if you thought any of the information in the notice was incorrect, or if you needed to report any changes that could affect your eligibility, you needed to update your NYSOH account between June 16, 2016 and July 15, 2016.

Since you did not update your NYSOH account, your Medicaid and Medicaid Managed Care plan coverage ended on July 31, 2016, and your new eligibility for tax credits went into effect.

You testified that you did receive the June 3, 2016 renewal notice, but that you were unable to update your account by July 15, 2016 because of a variety of personal circumstances that caused you to miss the deadline. These circumstances include your [REDACTED], a medical procedure that went badly in July 2016, and the theft of funds from your bank account in June 2016. Though your testimony was credible, unfortunately, these circumstances do not form a legal basis to backdate the effective date of your Essential Plan eligibility and coverage.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and of the deadline for updating the information in your NYSOH account so that your eligibility could be determined by August 1, 2016.

You testified, and the record indicates, that you updated your NYSOH application on August 5, 2016. As a result, you were found eligible for the Essential Plan 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 August 5, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following August; that is, on September 1, 2016.

Therefore, the August 6, 2016 eligibility determination and enrollment confirmation notices, stating that your eligibility for and enrollment in the Essential Plan was effective September 1, 2016, are correct and must be AFFIRMED.

Decision

The August 6, 2016 eligibility determination notice is AFFIRMED.

The August 6, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 8, 2016

How this Decision Affects Your Eligibility

Your eligibility for and enrollment in your Essential Plan coverage properly began on September 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.

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

Summary

The August 6, 2016 eligibility determination notice is AFFIRMED.

The August 6, 2016 enrollment confirmation notice is AFFIRMED.

Your eligibility for and enrollment in your Essential Plan coverage properly began on September 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:

