



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

Notice of Decision

Decision Date: December 9, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011922

[REDACTED]

Dear [REDACTED],

On December 7, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 17, 2016 eligibility determination notice and September 7, 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 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.

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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011922



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 your Medicaid Managed Care plan was terminated effective July 31, 2016?

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

Procedural History

On August 20, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective September 1, 2015. On that same day, you enrolled in a Medicaid Managed Care (MMC) with such coverage to begin effective September 1, 2015.

On June 16, 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 July 15, 2016 or you might lose the financial assistance you were currently receiving.

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

On July 17, 2016, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or

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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 July 31, 2016.

On September 6, 2016, NYSOH received your updated application for health insurance.

On September 7, 2016, NYSOH issued an eligibility redetermination notice, stating that you were eligible to enroll in the Essential Plan was effective October 1, 2016.

Also on September 7, 2016, NYSOH issued a notice of enrollment, based on your plan selection on September 6, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start October 1, 2016.

On September 8, 2016, you spoke to NYSOH's Account Review Unit and appealed insofar as your MMC plan coverage was terminated effective July 31, 2016 and that you were enrolled in the Essential Plan no earlier than October 1, 2016.

On December 7, 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 your account 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 MMC plan coverage.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not know that you needed to update your account until September 2016 when you began to receive billing statements directly from your physicians for procedures you had undergone during the month of August 2016. You further testified that you denied coverage for various prescription medication during the months of August and September 2016.

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- 5) Your account reflects that on September 6, 2016, NYSOH received your updated application for health insurance.
- 6) You testified, and your account reflects, that you selected your Essential Plan on September 6, 2016, and that your enrollment was effective on October 1, 2016.
- 7) You testified that you were seeking for either your MMC plan to be extended to September 30, 2016 or, in the alternative, for your Essential Plan to begin effective August 1, 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 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 July 31, 2016.

You were originally found eligible for Medicaid effective September 1, 2016.

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 16, 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 July 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 July 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. 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.

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 July 15, 2016 deadline, NYSOH's July 17, 2016 eligibility determination notice stating that your MMC plan coverage was terminated effective July 31, 2016 is **AFFIRMED**.

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

You testified, and the record indicates, that you updated your NYSOH application on September 6, 2016. As a result, you were found eligible for the Essential Plan as of September 6, 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 September 6, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following September 2016; that is, on October 1, 2016.

Therefore, the September 7, 2016 enrollment notice stating that your enrollment in the Essential Plan was effective October 1, 2016, is correct and must be AFFIRMED.

Decision

The July 17, 2016 eligibility determination notice is AFFIRMED.

The September 7, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: December 9, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You MMC plan coverage ended effective July 31, 2016.

The effective date of your Essential Plan is October 1, 2016.

If You Disagree with this Decision (Appeal Rights)

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).

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

Summary

The July 17, 2016 eligibility determination notice is AFFIRMED.

The September 7, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

You MMC plan coverage ended effective July 31, 2016.

The effective date of your Essential Plan is October 1, 2016.

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Legal Authority

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

A Copy of this Decision Has Been Provided To:

