



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: AP000000012500

[REDACTED]

[REDACTED]

On January 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 18, 2016 eligibility determination notice and the September 18, 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.

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: January 30, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000012500

[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 was effective November 1, 2016?

Procedural History

On October 7, 2015, NYSOH received your application for financial assistance with health insurance.

On October 8, 2015, NYSOH issued an eligibility determination notice, based on your October 7, 2015 application, stating that you were eligible for Medicaid, effective October 1, 2015.

Also on October 8, 2015, NYSOH issued an enrollment confirmation notice, confirming your selection of a Medicaid Managed Care plan, with an enrollment start date of November 1, 2015.

On August 2, 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 between August 16, 2016 and September 15, 2016 or you might lose the financial assistance you were currently receiving.

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On August 3, 2016, NYSOH received your updated application for financial assistance with health insurance.

On August 4, 2016, NYSOH issued an eligibility determination notice, based on your August 3, 2016 application, stating that you were no longer eligible for Medicaid, however, your Medicaid coverage would continue until September 30, 2016, effective August 1, 2016. This same notice directed you to return to your account between August 16, 2016 and September 15, 2016 to update the information in your account.

No updates were received between August 16, 2016 and September 15, 2016 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On September 17, 2016, NYSOH issued an eligibility determination notice stating that you are 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 September 30, 2016.

Also on September 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid and Medicaid Managed Care plan was terminated, effective September 30, 2016.

On September 17, 2016, you updated your application for financial assistance with health insurance through NYSOH.

On September 18, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective November 1, 2016.

Also on September 18, 2016, NYSOH issued an enrollment notice confirming your selection of your Essential Plan, with a plan enrollment start date of November 1, 2016.

On October 12, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan insofar as it did not begin on October 1, 2016.

On January 24, 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) You were determined eligible for the Essential Plan on September 18, 2016, with an effective date of November 1, 2016.
- 2) You testified that you receive your notices from NYSOH by electronic alert, however, your NYSOH account reflects that you have elected to receive all of your notices via regular mail.
- 3) You testified that you do not recall changing the preferences of how you receive your notices from NYSOH.
- 4) You testified that you do not recall receiving the August 2, 2016 renewal notice advising you to update your account between August 16, 2016 and September 15, 2016 or the August 4, 2016 eligibility determination notice advising you to update your account between August 16, 2016 and September 15, 2016, however, you testified that you believe you did receive these notices.
- 5) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.
- 6) You testified that you did not know that you needed to update your account by September 15, 2016.
- 7) You testified that you believe you began updating your application on September 14, 2016 or September 15, 2016, but you did not submit a completed application until several days later because you were gathering income information.
- 8) The record reflects that on September 17, 2016, NYSOH received your updated application for health insurance.
- 9) You enrolled into an Essential Plan on September 17, 2016.
- 10) You testified that you are seeking to have coverage in the Essential Plan for October 1, 2016 because you have outstanding medical bills for that month.

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 issue under review is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan was effective November 1, 2016.

You were originally found eligible for Medicaid effective October 1, 2015.

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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 August 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 between August 16, 2016 and September 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 September 30, 2016.

You testified that you are not sure if you received any notice from NYSOH telling you that you needed to update the information in your NYSOH account. Your NYSOH account indicates 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.

The record shows that on September 17, 2016 you updated the information in your NYSOH account and submitted a request to enroll in an Essential Plan.

The date on which the 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Essential Plan on September 17, 2016, it must take effect on the first day of the second month following September 2016; that is, on November 1, 2016.

Therefore, NYSOH's September 18, 2016 eligibility determination notice and enrollment confirmation notice are **AFFIRMED** because they properly began your eligibility for and enrollment in the Essential Plan on November 1, 2016.

Decision

The September 18, 2016 eligibility determination notice is AFFIRMED.

The September 18, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 30, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Plan is November 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

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Summary

The September 18, 2016 eligibility determination notice is AFFIRMED.

The September 18, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is November 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:

