



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

## Notice of Decision

Decision Date: February 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012952

[REDACTED]

Dear [REDACTED],

On February 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 18, 2016 eligibility determination notice and the November 3, 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

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012952



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your Medicaid Managed Care plan coverage ended effective October 31, 2016?

Did NY State of Health (NYSOH) properly determine that your eligibility for and enrollment in your Essential Plan was effective December 1, 2016?

## Procedural History

On December 6, 2015, NYSOH issued an eligibility determination notice, stating that you were eligible for Medicaid, effective November 1, 2016.

Also on December 6, 2015, NYSOH issued an enrollment notice, confirming your selection of a Medicaid Managed Care (MMC) plan, with an enrollment start date of January 1, 2016.

On September 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 by October 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were received by October 15, 2016 and NYSOH redetermined your eligibility for financial assistance with health insurance.

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Also on October 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan would be terminated, effective October 31, 2016.

On October 18, 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 effective November 1, 2016.

On October 26, 2016, you updated your application for financial assistance with health insurance through NYSOH.

On October 27, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective December 1, 2016.

On October 31, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your MMC plan coverage as of October 31, 2016 and enrollment in an Essential Plan effective December 1, 2016.

On November 2, 2016, NYSOH received an update to your application for health insurance.

On November 3, 2016, NYSOH issued an eligibility determination notice stating that you were found eligible for the Essential Plan effective December 1, 2016.

Also on November 3, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan for your coverage as of November 3, 2016. The notice stated that your Essential Plan coverage would begin effective December 1, 2016.

On February 1, 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 Medicaid, with an effective date of November 1, 2015. You enrolled in an MMC plan with such coverage to begin effective January 1, 2016

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- 2) You testified that you received the September 2, 2016 renewal notice requesting that you update your account by October 15, 2016, but that the information contained in the notice was insufficient insofar as it did not contain instructions or a form for which to update your account.
- 3) You testified that after reading the September 2, 2016 renewal notice, you made no attempt to contact NYSOH by phone or otherwise.
- 4) The September 2, 2016 renewal notice states that you “must return to your account between September 16, 2016 and October 15, 2016 at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) to complete your renewal.” The notice also provides a phone number and an address to contact NYSOH if you had any questions about the letter.
- 5) You testified that you did not realize the gravity of not having updated your account until on or about October 17, 2016 when you received the disenrollment notice stating that your MMC plan coverage ended effective October 31, 2016.
- 6) The record reflects that on October 26, 2016, NYSOH received your updated application for health insurance.
- 7) You were found eligible to enroll in an Essential Plan, effective December 1, 2016. The record reflects that you enrolled in an Essential Plan on November 2, 2016.
- 8) You testified that you are seeking to have coverage in the MMC plan continue effective November 1, 2016, because you incurred substantial out-of-pocket costs during the months of November and December 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 Start 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 December 1, 2016.

You were originally found eligible for Medicaid effective November 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 September 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 October 15, 2016, or your financial assistance might end.

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Because there was no timely response to this notice, you were terminated from your MMC plan effective October 31, 2016.

You testified that you received the September 2, 2016 renewal notice requesting that you update your account by October 15, 2016, but that the information contained in the notice was insufficient insofar as it did not contain instructions or a form for which to update your account. However, the record reflects that the September 2, 2016 renewal notice clearly instructed you to update your account at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) or contact NYSOH at the phone number or address provided within that notice if you had any questions.

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 October 26, 2016, you updated the information in your NYSOH account and were found eligible to enroll in the Essential Plan, effective December 1, 2016. The record also reflects that on November 2, 2016 you 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 November 2, 2016, it must take effect on the first day of the following after November 2016; that is, on December 1, 2016.

Therefore, NYSOH's October 18, 2016 eligibility determination notice and November 3, 2016 enrollment notice are AFFIRMED because they properly began your eligibility for and enrollment in the Essential Plan on December 1, 2016.

This Decision will not address and does not affect any determinations issued by NYSOH on or after November 3, 2016.

## **Decision**

The October 18, 2016 eligibility determination notice is AFFIRMED.

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The November 3, 2016 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** February 3, 2017

### **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

Your MMC plan coverage ended effective October 31, 2016.

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

This Decision will not address and does not affect any determinations issued by NYSOH on or after November 3, 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:

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## **Summary**

The October 18, 2016 eligibility determination notice is AFFIRMED.

The November 3, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your MMC plan coverage ended effective October 31, 2016.

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

This Decision will not address and does not affect any determinations issued by NYSOH on or after November 3, 2016.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

