



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

## Notice of Decision

Decision Date: July 21, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007200



Dear [REDACTED]

On July 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 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

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: July 21, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007200



## Issue

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

Did NY State of Health properly determine that you and your spouse's enrollment in an Essential Plan was effective April 1, 2016?

## Procedural History

On December 16, 2014, NY State of Health (NYSOH) issued a renewal notice stating that you and your spouse qualified to get health care coverage under Medicaid, effective February 1, 2015.

On December 21, 2015, NYSOH issued a renewal notice stating that it was time to renew your and your spouse's health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by January 15, 2016, or you and your spouse might lose the financial assistance you were currently receiving.

On December 24, 2015, you updated your NYSOH account application. That day, you also uploaded a document [REDACTED] regarding your income.

On December 25, 2015, NYSOH issued a notice stating that you and your spouse may be eligible for health insurance but more information was needed to make a determination. This was because the income information you provided

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did not match what NYSOH had obtained from State and Federal data sources and NYSOH was unable to make a determination until you submitted additional income documentation.

Also, on December 25, 2015, NYSOH issued a disenrollment notice stating that your and your spouse's Medicaid Managed Care Plan would end effective January 31, 2016.

On January 7, 2016, NYSOH uploaded a notice dated January 5, 2016 to your account stating that the documentation you submitted was insufficient and that additional information was required regarding proof of income.

On January 14, 2016, you uploaded additional proof of income  
[REDACTED]

On January 26, 2016, NYSOH uploaded a notice to your account stating that the documentation you submitted was insufficient and that additional information was required regarding proof of income.

On February 2, 2016, you uploaded additional proof of income  
[REDACTED]

Proof on income documents were verified by NYSOH on February 11, 2016. Based on those documents NYSOH made a preliminary eligibility determination on that date.

On February 12, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on the updated February 11, 2016 application, stating that you and your spouse were eligible to enroll in the Essential Plan, effective March 1, 2016.

On February 18, 2016, you contacted the NYSOH and selected an Essential Plan for yourself and your spouse.

Also on February 18, 2016 you contacted NYSOH Account Review Unit and appealed the start date of your and your spouse's enrollment in the Essential Plan insofar as it did not begin until April 1, 2016.

On February 19, 2016 NYSOH issued a notice of enrollment, based on your February 18, 2016 plan selection, stating that you and your spouse were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On July 14, 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 the record reflects, that you are appealing the enrollment start date of your and your spouse's Essential Plan.
- 2) You submitted an updated application to NYSOH for financial assistance on December 24, 2015.
- 3) Your NYSOH account indicates that you elected to receive all of your notices by electronic mail, and you testified that this is accurate.
- 4) You testified that your electronic notices would go to your "junk" mail folder and that you did check the "junk" mail folder frequently once you figured out that your NYSOH notifications were being put in there.
- 5) You testified and the record reflects that at various dates over the months of December 2015, January 2016 and February 2016 you uploaded documentation regarding your income in response to NYSOH's request for additional proof of income. The necessary documentation regarding your income was verified by NYSOH on February 11, 2016.
- 6) You testified that you never received the email alert regarding the eligibility determination notice dated February 12, 2016 which stated you and your spouse were eligible for the Essential Plan effective March 1, 2016 and that you needed to pick a plan.
- 7) You testified that on February 18, 2016, you spoke with someone outside of NYSOH and this conversation reminded you to contact NYSOH regarding your application. You testified you called NYSOH on that day to check on the status of your application. At that time, you learned of your and your spouse's eligibility for the Essential Plan and the need to pick a plan.
- 8) You testified, and the record reflects, that you enrolled you and your spouse into an Essential Plan on February 18, 2016.
- 9) You testified that you wanted your and your spouse's enrollment in an Essential Plan to begin on March 1, 2016 because you did not want a gap in coverage.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)).

If the Marketplace cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

### Medicaid Renewal

In general, the Marketplace 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)). The Marketplace 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)).

The Marketplace 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, the Marketplace must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR §155.230(d); 42 CFR §435.918(b)(4)).

### 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

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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 is whether NYSOH properly determined that your and your spouse's enrollment in the Essential Plan was effective April 1, 2016.

You testified, and the record indicates, that you submitted your updated NYSOH application for 2016 health insurance coverage on December 24, 2015.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

On December 25, 2015, NYSOH issued a notice requesting you submit income documentation by January 9, 2016, to confirm your and your spouse's eligibility because the income information you provided did not match what NYSOH had obtained from State and Federal data sources.

During January and February 2016, in response to NYSOH's requests for additional information, you uploaded to your NYSOH account, documentation regarding your income. On February 11, 2016, a NYSOH representative marked those documents as valid proofs of income. On that date, NYSOH made a preliminary determination regarding your eligibility.

On February 12, 2016 NYSOH issued a notice of eligibility stating that you and your spouse were eligible for the Essential Plan effective March 1, 2016 and that you needed to pick a plan.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

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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.

You testified that you were not aware of the February 12, 2016 eligibility determination until you contacted NYSOH on February 18, 2016 to check on the status of your account. At that time you learned of the eligibility determination and you selected an Essential Plan for you and your spouse.

The record reflects, and your testimony confirms, that you have elected to receive notices from NYSOH electronically. You credibly testified that you never received an electronic alert regarding the February 12, 2016 eligibility determination notice and the record contains no evidence that an electronic alert was sent.

Since there is no supporting evidence in the record that NYSOH sent an electronic notification to alert you of the eligibility determination and the need to pick a plan, it is concluded that NYSOH did not give you proper notice.

We must assume that had you been timely informed of your eligibility determination and the need to select a plan, you would have done so before February 15, 2016.

Therefore, the February 12, 2016 eligibility redetermination is **AFFIRMED** to state that, effective March 1, 2016, you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium. The February 19, 2016 enrollment confirmation notice is **MODIFIED** to state that you and your spouse's enrollment in the Essential Plan is effective March 1, 2016.

## **Decision**

The February 12, 2016 eligibility determination is **AFFIRMED**.

The February 19, 2016 enrollment confirmation is **MODIFIED** to state that your and your spouse's enrollment in the Essential Plan is effective March 1, 2016.

Your case is **RETURNED** to NYSOH to facilitate the change in the effective date of your and your spouse's Essential Plan coverage.

**Effective Date of this Decision:** July 21, 2016



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

The effective date of you and your spouse's Essential Health Plan is March 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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- By fax: 1-855-900-5557

## **Summary**

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The February 12, 2016 eligibility determination is AFFIRMED.

The February 19, 2016 enrollment confirmation is MODIFIED to state that you and your spouse's enrollment in the Essential Plan is effective March 1, 2016.

Your case is RETURNED to NYSOH to facilitate the change in the effective date of your and your spouse's Essential Plan coverage.

### **Legal Authority**

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

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

