



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

Notice of Decision

Decision Date: August 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007730

[REDACTED]

Dear [REDACTED],

On August 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 8, 2016 eligibility determination notice and the March 8, 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 NY State of Health 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that you and your spouse's eligibility for and enrollment in Medicaid ended effective February 29, 2016?

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 October 22, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you and your spouse were conditionally eligible for Medicaid, effective October 1, 2015. The notice further requested that you provide documentation confirming your citizenship status before January 19, 2016.

On October 22, 2015 NYSOH issued a notice confirming your and your spouse's enrollment in a Medicaid Managed Care plan, effective December 1, 2015.

On February 3, 2016, NYSOH issued an eligibility redetermination notice stating that you were not eligible for Medicaid, Child Health Plus, 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 because you had not confirmed your citizenship status within the required timeframe. Your eligibility for coverage was to end effective February 29, 2016.

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Also on February 3, 2016, NYSOH issued a disenrollment notice stating that you would be disenrolled from your Medicaid Managed Care plan effective February 29, 2016.

On March 7, 2016, you provided NYSOH with documentation regarding your and your spouse's citizenship.

Also on March 7, 2016, NYSOH made a preliminary determination based on your updated account information that you and your spouse were eligible to enroll in the Essential Plan effective April 1, 2016.

Also on March 7, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin March 1, 2016.

On March 8, 2016, NYSOH issued a notice of eligibility redetermination, based on your March 7, 2016, application, stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016.

Also on March 8, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 7, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On August 17, 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 receive all of your notices from NYSOH via regular mail.
- 2) You testified that you did not receive any notices stating that your and your spouse's eligibility was only conditional and that you needed to provide documentation of your citizenship status.
- 3) You testified you did not know your Medicaid coverage was terminated because you did not receive a disenrollment notice.
- 4) You testified that during the time frame in question your mailbox was broken and snow covered. You testified the U. S. Post Office was holding your mail, but you think a lot of your mail was lost.

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- 5) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 6) You testified that you did not know that you needed to submit documentation regarding your and your spouse's citizenship or that you and your spouse had no health insurance until around early March when you received a bill for medical services from your doctor and that bill indicated you had no insurance.
- 7) You testified and the record reflects that you contacted NYSOH on March 7, 2016 and provided the required citizenship documentation. Also on that date you selected health insurance under the Essential Plan for you and your spouse.
- 8) You testified that you have outstanding medical treatment bills for March 2016.
- 9) You testified that you are seeking to have the Essential Plan health coverage begin March 1, 2016 so there is no gap in your or your spouse's coverage.

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

Applicable Law and Regulations

Citizenship and Immigration Status

To enroll in a qualified health plan through NYSOH, an applicant must be a citizen or national of the United States, or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

NYSOH must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days

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after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5 day period. (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

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 you and your spouse were no longer eligible for Medicaid, Child Health Plus, Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, and could not enroll in a qualified health plan at full cost because you and your spouse had not confirmed your citizenship status within the required timeframe. Your eligibility for coverage ended effective February 29, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship status is satisfactory.

If NYSOH cannot verify an individual's citizenship status, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency. For purposes of verifying citizenship, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on October 22, 2016, you and your spouse were advised that your Medicaid eligibility was only conditional, and that you and your spouse needed to confirm your citizenship status before January 19, 2016. Ninety days from October 21, 2016, the preliminary determination date, is January 19, 2016, so you were afforded the proper timeframe within which to submit the required decimation.

The record reflects that NYSOH did not receive the requested citizenship documentation before the deadline.

You testified that you did not receive any notice from NYSOH telling you that you needed to submit citizenship documentation for 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. As such, those notices are deemed to have been sent.

Therefore, NYSOH properly notified you of an inconsistency in your account and you did not submit the requested citizenship documentation before the deadline.

If NYSOH remains unable to verify the inconsistency after the 90 day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Since the requested citizenship documentation was not received within the 90 day period, NYSOH was required to redetermine your eligibility without verification of your citizenship status. As a result, NYSOH properly determined that you were not eligible for Medicaid, Child Health Plus, Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance and could not enroll in a qualified health plan at full cost effective February 29, 2016 because you did not provide the information requested by NYSOH.

Therefore, NYSOH's February 3, 2016 eligibility redetermination notice is correct and is AFFIRMED.

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

You testified, and the record indicates, that you updated your NYSOH application on March 7, 2016. As a result, you were found eligible for the Essential Plan as of March 7, 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 March 7, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following March 2016; that is, on April 1, 2016.

Therefore, the March 8, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective April 1, 2016, is correct and must be AFFIRMED.

Decision

The February 3, 2016 notice of eligibility redetermination is AFFIRMED.

The March 8, 2016 notice of enrollment is AFFIRMED.

Effective Date of this Decision: August 22, 2016

How this Decision Affects Your Eligibility

NYSOH properly found you and your spouse not eligible for Medicaid effective February 29, 2016 because you did not submit proof of citizenship.

Your and your spouse's enrollment in the Essential Plan properly began as of April 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 after 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

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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

The February 3, 2016 notice of eligibility redetermination is AFFIRMED.

The March 8, 2016 notice of enrollment is AFFIRMED.

NYSOH properly found you and your spouse were not eligible for Medicaid effective February 29, 2016 because you did not submit proof of citizenship.

Your and your spouse's enrollment in the Essential Plan properly began as of April 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:

