



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

## Notice of Decision

Decision Date: August 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007757

[REDACTED]

Dear [REDACTED],

On August 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 4, 2016 eligibility determination 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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DEPARTMENT OF HEALTH  
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**Decision**

Decision Date: August 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007757

[REDACTED]

**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 enrollment in an Essential Plan was effective April 1, 2016, and not March 1, 2016?

**Procedural History**

According to your NY State of Health (NYSOH) account, your enrollment in a Medicaid Managed Care plan was due to end effective February 29, 2016.

On January 14, 2016, NYSOH issued a renewal notice stating 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 February 15, 2016, or you might lose the financial assistance you were currently receiving.

On January 22, 2016, you updated your NYSOH account application.

On January 23, 2016, NYSOH issued a notice stating that you may be eligible for health insurance but more information was needed to make a determination. This was because the income information you provided did not match what NYSOH had obtained from federal and state data sources and NYSOH was unable to make a determination until you submitted additional income documentation.

Also, on January 23, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan would end effective February 29, 2016.

On January 28, 2016, you uploaded a household member's proof of retirement income as NYSOH had requested ( [REDACTED] ).

On February 8, 2016, NYSOH verified that document as the required proof of income. However, NYSOH did not run an eligibility determination based on that updated income information.

On March 5, 2016, NYSOH issued a notice of eligibility determination, based on your March 4, 2016 updated application, stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016.

On March 8, 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 March 1, 2016.

On March 9, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 8, 2016, stating that you were enrolled in an Essential Plan, and that your plan would start April 1, 2016.

On August 24, 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 that you are appealing the enrollment start date of your Essential Plan.
- 2) Your NYSOH account indicates that you elected to receive all of your notices by electronic mail and you testified that is accurate.
- 3) You submitted an updated application to NYSOH for financial assistance on January 22, 2016.
- 4) You testified, and the record reflects, that you submitted additional proof of household income on January 28, 2016 regarding a household member's retirement income ( [REDACTED] ).

- 5) You testified that you assumed when you uploaded the income documentation regarding the household member that there was nothing further you needed to do.
- 6) The record reflects that NYSOH verified that proof of income document on February 8, 2016; however, NYSOH did not run an eligibility redetermination at that time.
- 7) You credibly testified that you never received the notification regarding the January 23, 2016 disenrollment notice.
- 8) You testified that you first learned you did not have health insurance in early March 2016 when you went to a doctor's appointment. The office staff there ran your health coverage information based on your Medicaid Managed Care plan card and they determined that you did not have coverage.
- 9) You testified and the record reflects that you contacted NYSOH on March 4, 2016 about the lapse in coverage. At that time, NYSOH ran an eligibility redetermination and you were found eligible for the Essential Plan with an effective date of April 1, 2016.
- 10) On March 8, 2016, you made an Essential Plan selection with a plan enrollment start date of April 1, 2016.
- 11) You testified that you wanted your enrollment in an Essential Plan to begin on March 1, 2016 because you have outstanding medical bills for services you received that month.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

### Verification Process

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

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 (45 CFR § 155.315(f)).

### Electronic Notices

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (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)).

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## Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan was effective April 1, 2016, and not March 1, 2016.

You testified, and the record indicates, that you updated your NYSOH application on January 22, 2016.

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 January 23, 2016, NYSOH issued a notice requesting you submit income documentation by February 7, 2016, to confirm your eligibility because the income information you provided did not match what NYSOH had obtained from federal and state data sources.

On January 28, 2016, in response to NYSOH's requests for additional information, you uploaded to your NYSOH account, documentation regarding a household member's retirement income [REDACTED]. On February 8, 2016, a NYSOH representative marked that document as valid proof of income. However, NYSOH did not make a preliminary eligibility determination based on that updated income information on that date.

In addition, you credibly testified that you did not receive the January 23, 2016 disenrollment notice that stated your Medicaid Managed Care plan would end effective February 29, 2016. You testified that you assumed when you uploaded the proof of income documentation regarding the household member at issue that there was nothing further you needed to do. You testified that you first learned at a doctor's appointment in early March that you had no coverage with your Medicaid Managed Care plan in March 2016. You further testified that NYSOH confirmed that your coverage in that plan ended on February 29, 2016

In this regard, the record reflects that you elected to receive email alerts regarding communications and information from NYSOH. There is no evidence in your account documenting that any email alert was sent to you regarding the January 23, 2016 disenrollment notice, nor is there any evidence that a notice was sent to you by regular mail. Therefore, it is concluded that NYSOH did not give you the proper notice that your insurance ended effective February 29, 2016.

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You contacted NYSOH on March 4, 2016, after learning you did not have health insurance from your doctor's office. At that time, NYSOH made a preliminary eligibility determination that you were eligible for the Essential Plan effective April 1, 2016. On March 5, 2016, NYSOH issued an eligibility redetermination notice, based on the March 4, 2016 application, that stated you were eligible for the Essential Plan effective April 1, 2016. The record reflects that you made your plan selection on March 8, 2016.

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

Strictly adhering to the regulation and rules regarding the start date for the Essential Plan, 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.

Ordinarily, this rule would result in an April 1, 2016 start date of your Essential Plan selection because it was made on March 8, 2016. However, in your case, NYSOH did not give you proper notice of the February 29, 2016 disenrollment notice so as to alert you to do anything further. Nor did NYSOH make a preliminary eligibility redetermination on or about February 8, 2016, when it verified your household member's income documentation. The record lacks any explanation as to why it did not on both counts.

Therefore, it is reasonable to conclude that, had NYSOH properly notified you to your Medicaid Managed Care plan ending on February 29, 2016, so as to alert you to take action in a timely manner; and made a redetermination on or about February 8, 2016 as to your Essential Plan eligibility, you would have taken appropriate and timely action and made a plan selection before February 15, 2016. A plan selection made on or before the February 15, 2016 would have resulted in an effective start date of March 1, 2106.

Therefore, the March 5, 2016 eligibility redetermination notice is MODIFIED to state that, effective March 1, 2016, you are eligible to enroll in the Essential Plan with a \$0.00 monthly premium; and the March 9, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan is effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.



## **Decision**

The March 5, 2016 eligibility redetermination notice is MODIFIED to state that effective March 1, 2016, you are eligible to enroll in the Essential Plan with a monthly premium of \$0.00.

The March 9, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment start date in your Essential Plan is effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

**Effective Date of this Decision:** August 30, 2016

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

Your enrollment in your Essential Plan should have begun as of March 1, 2016.

Your case is being sent back to NYSOH to change the effective date of eligibility for and enrollment in your Essential Plan to March 1, 2016, and to notify once this has been done.

## **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.

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## **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 March 5, 2016 eligibility redetermination notice is MODIFIED to state that effective March 1, 2016, you are eligible to enroll in the Essential Plan with a monthly premium of \$0.00.

The March 9, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment start date in your Essential Plan is effective March 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

Your enrollment in your Essential Plan should have begun as of March 1, 2016.

Your case is being sent back to NYSOH to change the effective date of eligibility for and enrollment in your Essential Plan to March 1, 2016, and to notify once this has been done.

## **Legal Authority**

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

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

