



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

Notice of Decision

Decision Date: February 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010319

[REDACTED]

Dear [REDACTED],

On December 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 17, 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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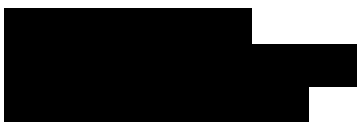


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Decision

Decision Date: February 15, 2017

NY State of Health Account ID: [REDACTED]
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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 (NYSOH) properly determine that your enrollment in your Medicaid Managed Care plan was terminated effective February 29, 2016?

Did NYSOH properly determine that your enrollment in the Essential Plan was effective August 1, 2016?

Procedural History

On February 10, 2015, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid effective March 1, 2015.

Also on February 10, 2015, NYSOH issued an enrollment notice confirming that you continued to be enrolled in a Medicaid Managed Care (MMC) plan.

On January 12, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming policy period. 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.

No updates were made to your account by February 15, 2016.

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On February 17, 2016, NYSOH issued an eligibility determination notice stating that, effective February 29, 2016, you were 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.

Also on February 17, 2016, NYSOH issued a disenrollment notice confirming that your MMC plan coverage would terminate as of February 29, 2016.

On March 2, 2016, NYSOH received your updated application for health insurance.

On March 3, 2016, NYSOH issued a notice stating that you may be eligible for health insurance, but more information was needed to make a determination. The notice further requested that you provide income documentation before March 18, 2016 to confirm the information you provided in your application was accurate.

On April 1, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to purchase a qualified health plan at full cost effective May 1, 2016. This was because you did not provide proof of income within the required time frame.

On April 2, 2016, NYSOH received your updated application for health insurance.

On April 3, 2016, NYSOH issued a notice stating that you may be eligible for health insurance, but more information was needed to make a determination. The notice further requested that you provide income documentation before April 18, 2016 to confirm the information you provided in your application was accurate.

On April 22, 2016, NYSOH issued a notice stating the documents you submitted were insufficient to resolve the inconsistency in your account. You were asked to provide additional documentation proving your income. The notice did not specify what was lacking in the documentation you had already submitted, nor did it provide the deadline by which such documentation was to be provided. The notice requested you review the attachment titled "Request for Additional Information – Documentation List" to identify what type(s) of documents could be used to confirm the information on your application.

On June 5, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to purchase a qualified health plan at full cost effective July 1, 2016. This was because you did not provide proof of income within the required time frame. The notice stated NYSOH could not determine if you were eligible for help paying for health coverage without proof of income documentation.

On June 16, 2016, NYSOH received your updated application for health insurance.

Also on June 16, 2016, NYSOH prepared a preliminary eligibility redetermination, finding you were eligible to enroll in the Essential Plan, effective August 1, 2016.

Also, on June 16, 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 June 17, 2016, NYSOH issued an eligibility redetermination notice, based on the June 16, 2016 updated application, stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium effective August 1, 2016.

Also on June 17, 2016, NYSOH issued an enrollment notice, based on your plan selection on June 16, 2016, confirming that you were enrolled in an Essential Plan and that your plan would start August 1, 2016.

On December 27, 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 supports the following findings of fact:

- 1) According to your NYSOH account and your testimony, you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your MMC plan coverage for the next year.
- 3) You testified that in October 2015 you moved from one address on your street to a different address on that same street. You testified that you had a standing order at the Post Office to forward your mail.
- 4) According to your NYSOH account, you changed your mailing address in your account on March 2, 2016.
- 5) According to your NYSOH account no mail that was sent to any address listed in your account was returned as undeliverable.

- 6) You testified that you first learned you were without health insurance when you went to the pharmacy to pick up a prescription and were told that your MMC plan was no longer in effect.
- 7) You submitted an updated application to NYSOH for financial assistance on March 2, 2016 and listed your expected annual household income as \$13,194.00. Based on the information contained in this application, NYSOH requested additional documentation by March 18, 2016 so it could make an eligibility determination.
- 8) No income documents were provided by March 18, 2016.
- 9) You submitted an updated application to NYSOH for financial assistance on April 2, 2016 and listed your expected annual household income as \$13,337.00. Based on the information contained in this application, NYSOH requested additional documentation by April 18, 2016 so as to make an eligibility determination.
- 10) According to your NYSOH account and your testimony, on April 5, 2016, you submitted 4 recent pay stubs from your current employer. (see Document [REDACTED]). Those pay stubs reflect the following;
 - a. Pay date 02/18/16, period 01/23/16 to 02/05/16, gross pay \$849.75
 - b. Pay date 03/03/16, period 02/06/16 to 02/19/16, gross pay \$885.50
 - c. Pay date 03/17/16, period 02/20/16 to 03/04/16, gross pay \$925.38
 - d. Pay date 03/31/16, period 03/05/16 to 03/18/16, gross pay \$803.00
- 11) According to your NYSOH account, on April 22, 2016, a notice was sent stating that the documentation you provided was insufficient to resolve the inconsistencies in your application. You were requested to provide proof of income of your adult child who was listed as a member of your household.
- 12) You submitted an updated application to NYSOH for financial assistance on June 16, 2016 and listed your expected annual income as \$22,880.00. Based on the information contained in this application, NYSOH prepared a preliminary eligibility redetermination finding you eligible for the Essential Plan with \$0.00 monthly premium effective August 1, 2016.
- 13) You testified, and the record reflects, that you enrolled in an Essential Plan on June 16, 2016.
- 14) You testified that you want your enrollment in an Essential Plan to begin on March 1, 2016 because you were not notified of the need to update your application and because you have out of pocket medical expenses during the period you were without health insurance.

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)).

Verification Process

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 (45 CFR § 155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility through data sources, they must also attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f)).

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

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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 your enrollment in your MMC plan was terminated effective February 29, 2016.

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

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 January 12, 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 February 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your MMC plan effective February 29, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in 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 addresses were returned as undeliverable.

You testified that you moved from one address on your street to a different address on the same street in October 2015. You testified that you had a standing order at the Post Office to forward your mail.

According to your NYSOH account you did not update your mailing address until March 2, 2016.

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.

Since you were properly notified of the annual renewal, and NYSOH was not able to determine your eligibility based on the available information absent an update to your account by the February 15, 2016 deadline, NYSOH's February

17, 2016 eligibility determination notice stating that your MMC plan coverage was terminated effective February 29, 2016 is AFFIRMED.

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

According to your NYSOH account and your testimony, on March 2, 2016 you updated your NYSOH application. That application for financial assistance shows an expected household annual income of \$13,194.00. On March 3, 2016, NYSOH issued a notice, based on this application which stated more information was needed to make a determination. The deadline for submission of proof of household income was March 18, 2016.

Since you did not provide income documentation prior to the March 18, 2016 deadline, NYSOH redetermined your eligibility on March 31, 2016, based on the information available to it. Since there was insufficient information to redetermine your eligibility for financial assistance at that time, you were found eligible to purchase a qualified health plan at full cost, effective May 1, 2016.

According to your NYSOH account and your testimony, on April 2, 2016 you updated your NYSOH application. That application for financial assistance shows an expected household annual income of \$13,337.00. On April 3, 2016, NYSOH issued a notice, based on this application which stated more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by April 18, 2016.

The record reflects that you uploaded income documentation on April 5, 2016. This documentation consisted of four separate pay statements from your employer (see Document [REDACTED]). Those pay stubs reflect pay you received as follows;

- a. Pay date 02/18/16, period 01/23/16 to 02/05/16, gross pay \$849.75
- b. Pay date 03/03/16, period 02/06/16 to 02/19/16, gross pay \$885.50
- c. Pay date 03/17/16, period 02/20/16 to 03/04/16, gross pay \$925.38
- d. Pay date 03/31/16, period 03/05/16 to 03/18/16, gross pay \$803.00

On April 22, 2016, NYSOH issued a notice acknowledging receipt of the documentation you submitted to resolve the inconsistency in your account, but stated that the documentation provided was insufficient. It requested that you provide additional documentation proving income of your adult child who was listed as a member of the household. The notice did not provide the deadline by which such documentation was to be provided.

Since you did not provide income documentation for your adult child prior to the April 18, 2016 deadline, NYSOH redetermined your eligibility on June 4, 2016, based on the information available to it. Since there was insufficient information to redetermine your eligibility for financial assistance at that time, you were found eligible to purchase a qualified health plan at full cost, effective July 1, 2016.

According to your NYSOH account and your testimony, on June 16, 2016, you updated your NYSOH application. On that application for financial assistance you listed annual income of \$22,880.00. As a result, you were found eligible for the Essential Plan as of August 1, 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 June 16, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the second month following June 2016; that is, on August 1, 2016.

Therefore, the June 17, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective August 1, 2016, is correct and must be AFFIRMED.

Decision

The February 17, 2016 eligibility determination is AFFIRMED.

The June 17, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: February 15, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your MMC plan coverage ended effective February 29, 2016.

The effective date of your Essential Health Plan is August 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 17, 2016 eligibility determination is AFFIRMED.

The June 17, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

Your MMC plan coverage ended effective February 29, 2016.

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The effective date of your Essential Health Plan is August 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:

