



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

## Notice of Decision

Decision Date: January 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011507

[REDACTED]

On January 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 22, 2016 eligibility determination and enrollment confirmation notices.

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: January 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011507

[REDACTED]

## Issue

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

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

## Procedural History

On September 1, 2015, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective August 1, 2015.

On June 3, 2016, NYSOH issued a notice that it was time to renew your and your spouse's health insurance. 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 July 15, 2016, or you and your spouse might lose the financial assistance you were currently receiving.

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

On July 17, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were newly conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2016. The notice further stated that you and your spouse did not qualify for Medicaid, Child Health Plus, or to receive tax credits because you did not respond to the renewal notice, and did not complete your renewal within the required timeframe.

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On July 21, 2016, NYSOH received your updated application for health insurance.

On July 22, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan, effective September 1, 2016.

Also on July 22, 2016, NYSOH issued an enrollment confirmation notice confirming that you and your spouse had selected an Essential Plan, and the effective date of that plan was September 1, 2016.

On August 17, 2016 you spoke to NYSOH's Account Review Unit and appealed those eligibility and enrollment confirmation notices, insofar as they began your and your spouse's eligibility for, and enrollment in, an Essential Plan on September 1, 2016, and not August 1, 2016.

On January 12, 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 testified, and your NYSOH account reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did not recall whether you received any notices from NYSOH telling you that you needed to update your application in order to renew your, and your spouse's, eligibility for coverage.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable
- 4) You testified that you did not know that you needed to update your account until you received a letter from your Essential Plan, MetroPlus, sometime during June or July 2016.
- 5) You testified that you completed your renewal at [REDACTED] with the assistance of an application counselor.
- 6) Your NYSOH account reflects that on July 21, 2016, NYSOH received your updated application for health insurance, and that you selected an Essential Plan for yourself and your spouse on that same day.

- 7) You testified that the person who completed your renewal did not explain that you would not have coverage in the month of August 2016.
- 8) You testified that, at the time, you were undergoing radiation treatments, and continued your treatments in August 2016 because you believed that your coverage would be retroactive, and would cover your August medical expenses.
- 9) You testified that you are appealing to have your Essential Plan coverage backdated to August 1, 2016 because you have over \$6,000.00 in medical bills from August 2016, due to the fact that you were receiving radiation treatments in that month.

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 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>).

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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 you and your spouse's eligibility for, and enrollment in, your Essential Plan coverage was effective September 1, 2016.

You and your spouse were originally found eligible for Medicaid effective August 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve 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 June 3, 2016 renewal notice stated that there was not enough information to determine whether you and your spouse were eligible to continue your financial assistance for health insurance, and that you needed to update your application by July 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you and your spouse were disenrolled from your Essential Plan coverage.

You testified that you did not recall whether you received any notice from NYSOH telling you that you needed to update the information in your NYSOH account, and that you recall being notified of your renewal in a letter you received from your health plan in June or July. 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.

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.

You testified, and the record indicates, that you updated your NYSOH application on July 21, 2016. As a result, you and your spouse were found eligible for the Essential Plan as of September 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 July 21, 2016, you selected an Essential Plan, so your and your spouse's eligibility and enrollment properly took effect on the first day of the second month following July 2016; that is, on September 1, 2016.

Therefore, the July 22, 2016 eligibility determination and enrollment confirmation notices stating that your and your spouse's eligibility for, and enrollment in the Essential Plan, was effective September 1, 2016, are correct and must be AFFIRMED.

## **Decision**

The July 22, 2016 eligibility determination notice is AFFIRMED.

The July 22, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** January 19, 2017

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

This decision does not change your or your spouse's eligibility.

The effective date of your and your spouse's Essential Plan coverage was September 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.

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).

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 July 22, 2016 eligibility determination notice is AFFIRMED.

The July 22, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your or your spouse's eligibility.

The effective date of your Essential Plan coverage was September 1, 2016

### **Legal Authority**

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

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

