



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

Notice of Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013266

[REDACTED]

Dear [REDACTED]

On February 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 1, 2016 eligibility redetermination and enrollment 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.

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Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013266

[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 you and your spouse's eligibility for and enrollment in the Essential Plan was effective December 1, 2016?

Procedural History

According to your NYSOH account, on September 26, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse would receive continuous Medicaid coverage until October 31, 2016. The notice further stated that you must come back between September 16, 2016 and October 15, 2016 to update your account. That same day, your and your spouse's enrollment in a Medicaid Managed Care plan as of December 1, 2014 was confirmed.

On September 3, 2016, NYSOH issued a notice that it was time to renew your family's health insurance for the upcoming coverage year. That notice stated that NYSOH could not enroll you or your spouse in your current health plan for the next coverage year and that you needed to update your account between September 16, 2016 and October 15, 2016 to continue your coverage.

No updates to your NYSOH account were received by October 15, 2016.

On October 17, 2016, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Medicaid Managed Care plan was to end effective October 31, 2016.

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Also on October 17, 2016, NYSOH issued a plan enrollment notice stating that you and your spouse may be able to enroll in coverage. The notice stated that you must sign into your account and answer questions about the special enrollment period.

On November 1, 2016, NYSOH issued an eligibility redetermination notice, based on your October 31, 2016 updated application, stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective December 1, 2016.

Also on November 1, 2016, NYSOH issued an enrollment notice confirming your and your spouse's selection of an Essential Plan, with a plan enrollment start date of December 1, 2016.

On November 14, 2016, you spoke to NYSOH's 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 on November 1, 2016.

On February 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing closed at the end of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You and your spouse were determined eligible for Medicaid continuous coverage on September 26, 2015, with an effective date of November 1, 2015.
- 2) Per your NYSOH account and your testimony, you receive all your notices from NYSOH by electronic mail.
- 3) You testified that you did receive the September 3, 2016 notice telling you that you needed to update your and your spouse's application to renew your health insurance.
- 4) You testified that when you called to renew your health insurance in September 2016, you were told by a NYSOH representative that it was too early and that you should not update your application until November 15, 2016.
- 5) Per NYSOH call records, NYSOH did not receive any telephone calls from you between September 1, 2016 and October 15, 2016. The first

telephone record of your call to NYSOH, closest to that time frame, was made on October 17, 2016 at 2:48 p.m. (Call Record: [REDACTED]).

- 6) According to your NYSOH account, on October 31, 2016, NYSOH received your updated application for health insurance and you selected and enrolled into an Essential Plan that same day.
- 7) You testified that you are seeking coverage in the Essential Plan for November 1, 2016 because you would like to be reimbursed for a doctor's appointment and a lab test in November 2016.

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)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Essential Plan Start Date

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

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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 your eligibility for and enrollment in your Essential Plan was effective December 1, 2016.

You were originally found eligible for Medicaid continuous coverage effective November 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 September 3, 2016 renewal notice stated that NYSOH could not enroll you in your current health plan for the next coverage year, and that you needed to update your account between September 16, 2016 and October 15, 2016, to continue your coverage for the upcoming policy period. This was because your 12 months of continuous coverage with Medicaid was due to end October 31, 2016.

Because there was no timely response to this notice, you and your spouse were terminated from your Medicaid Managed Care plan effective October 31, 2016.

You testified that you did receive the notice telling you that you needed to update your application to renew your and your spouse's health insurance. You further testified that when you called to renew your health insurance in September 2016, you were told by a NYSOH representative that it was too early and that you should not update your application until November 15, 2016.

However, the record reflects that no telephone calls to NYSOH were received between September 1, 2016 and October 15, 2016. In fact, your first telephone call to NYSOH, closest to that time frame, was made on October 17, 2016 at 2:48 p.m. according to the call record, which is after the last day to renew of October 15, 2016 for a November 1, 2016 start date of eligibility and enrollment, as stated in the September 3, 2016 notice.

Therefore, it is reasonable to conclude that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated by October 15, 2016 to ensure your and your spouse's eligibility for health coverage and enrollment in a health plan would continue as of November 1, 2016.

The credible evidence of record shows that on October 31, 2016, you updated the information in your NYSOH account and selected and enrolled in an Essential Plan.

The date on which the 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Essential Plan on October 31, 2016, it must take effect on the first day of the second month following October 2016; that is, on December 1, 2016.

Therefore, NYSOH's November 1, 2016 eligibility redetermination and enrollment confirmation notices are **AFFIRMED** because they properly began your and your spouse's eligibility for and enrollment in the Essential Plan on December 1, 2016.

Decision

The November 1, 2016 eligibility redetermination and enrollment confirmation notices are **AFFIRMED**.

Effective Date of this Decision: April 05, 2017

How this Decision Affects Your Eligibility

This decision does not change your or your spouse's eligibility for or enrollment in the Essential Plan.

The effective date of your and your spouse's Essential Plan is December 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

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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 November 1, 2016 eligibility redetermination and enrollment confirmation notices are AFFIRMED.

This decision does not change your or your spouse's eligibility for or enrollment in the Essential Plan.

The effective date of your and your spouse's Essential Plan is December 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:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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