



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

## Notice of Decision

Decision Date: April 03, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013992

[REDACTED]

Dear [REDACTED],

On March 16, 2017, you and your spouse, acting as your Authorized Representative, appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2016 disenrollment notice and December 16, 2016 enrollment 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.

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## Decision

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013992



## 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 enrollment in her Medicaid Managed Care plan was terminated effective November 30, 2016?

Did NYSOH properly determine that your spouse was eligible to enroll in the Essential Plan no earlier than January 1, 2017?

## Procedural History

On December 29, 2015, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for Medicaid effective December 1, 2015.

On December 30, 2015, NYSOH issued an enrollment notice confirming your selection of a Medicaid Managed Care (MMC) plan for your spouse as of December 29, 2015. The notice stated that your spouse's MMC plan coverage would begin effective February 1, 2016.

On June 28, 2016, NYSOH issued a Decision regarding your appeal request challenging the start date of your spouse's MMC plan. The result of this Decision was that your spouse's MMC plan coverage start date was backdated from February 1, 2016 to January 1, 2016.

On October 10, 2016, NYSOH issued a renewal and eligibility determination notice stating that your spouse had been found eligible to enroll in a qualified

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health plan (QHP) at full cost, effective December 1, 2016. The notice also stated that if you believed this notice was issued in error, to make changes to your account between October 16, 2016 and November 15, 2016 for your new plan to be effective December 1, 2016.

There is no record of an update being made to your account between October 16, 2016 and November 15, 2016.

On December 13, 2016, NYSOH received an updated application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination, stating that your spouse was eligible to enroll in the Essential Plan, effective January 1, 2017.

Also on December 13, 2016, you spoke to NYSOH's Account Review Unit and appealed (1) your spouse's disenrollment from her MMC plan as of November 30, 2016 and (2) the preliminary eligibility determination insofar as it began her Essential Plan coverage January 1, 2017, and not December 1, 2016.

On December 14, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in the Essential Plan, effective January 1, 2017.

On March 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your spouse also attended the hearing, and acted as your Authorized Representative. 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 wanted your spouse to act as your Authorized Representative during the hearing.
- 2) You testified, and your account reflects, that you receive your notices from NYSOH by electronic mail.
- 3) You testified that you received the electronic alerts regarding both the renewal and eligibility determination notice issued on October 10, 2016, and the disenrollment notice issued on October 17, 2016.
- 4) Your spouse was found eligible for Medicaid effective December 1, 2015.

- 5) Because of the decision issued on June 28, 2016, your spouse's MMC plan coverage began effective January 1, 2016.
- 6) Your spouse's MMC plan coverage terminated effective November 30, 2016.
- 7) You testified that since your spouse's MMC plan coverage began as of January 1, 2016, you believed that her MMC plan coverage would continue for a 12-month period, until December 31, 2016.
- 8) The record reflects that on December 13, 2016, NYSOH received your updated application for health insurance.
- 9) You selected an Essential Plan for your spouse's coverage on December 15, 2016.
- 10) You testified that you are seeking reinstatement of your spouse's MMC plan coverage during the month of December 2016 or, in the alternative, a backdate of your spouse's Essential Plan coverage from January 1, 2017 to December 1, 2016.

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

## **Applicable Law and Regulations**

### Medicaid

In general, NYSOH must review Medicaid eligibility once every 12 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 that may have been 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); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

### 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 your spouse's enrollment in her MMC plan was terminated effective November 30, 2016.

Your spouse was originally found eligible for Medicaid effective December 1, 2015. Your spouse's MMC plan coverage began effective January 1, 2016, because of a Decision issued by NYSOH on June 28, 2016.

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 October 10, 2016 renewal and eligibility determination notice stated that your spouse was eligible to enroll in a QHP at full cost, effective December 1, 2016. The notice also stated that if you believed this notice was issued in error, to make changes to your account between October 16, 2016 and November 15, 2016 for your new plan to be effective December 1, 2016.

Because there was no update to your account between October 16, 2016 and November 15, 2016, your spouse MMC plan coverage ended effective November 30, 2016.

You testified that you elected to receive alerts regarding notices from NYSOH electronically, and that you received the electronic alerts regarding both the renewal and eligibility determination notice issued on October 10, 2016, and the disenrollment notice issued on October 17, 2016.

Therefore, it is concluded that NYSOH provided you the required notice that you needed to update your account.

Since your spouse's Medicaid eligibility was not renewed during 2016, and her Medicaid coverage began December 1, 2015, her coverage would continue for a twelve-month period from the start of her Medicaid Fee-For-Service coverage, or until November 30, 2016.

Accordingly, the October 17, 2016 disenrollment notice is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your spouse's enrollment in her Essential Plan was effective no earlier than January 1, 2017.

You testified, and the record reflects, that you updated your NYSOH application on December 13, 2016, and your spouse was found eligible for the Essential

Plan as of that day. You selected an Essential Plan for your spouse on December 15, 2016.

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 December 15, 2016, you selected an Essential Plan for your spouse's coverage, so her enrollment properly took effect on the first day of the first month following December 2016; that is, on January 1, 2017.

Therefore, the December 16, 2016 enrollment notice stating that your spouse's enrollment in the Essential Plan was effective January 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The October 17, 2016 disenrollment notice is AFFIRMED.

The December 16, 2016 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 03, 2017

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

Your spouse's enrollment in her MMC plan terminated effective November 30, 2016.

Your spouse's enrollment in her Essential Plan was effective January 1, 2017.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

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

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## **Summary**

The October 17, 2016 disenrollment notice is AFFIRMED.

The December 16, 2016 enrollment notice is AFFIRMED.

Your spouse's enrollment in her MMC plan terminated effective November 30, 2016.

Your spouse's enrollment in her Essential Plan was effective January 1, 2017.

## **Legal Authority**

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

**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 bεtumi ama wo obi a okyerε 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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