



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

## Notice of Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014323

[REDACTED]

Dear [REDACTED],

On March 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2016 eligibility determination notice, November 23, 2016 disenrollment notice, and December 10, 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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## Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014323

[REDACTED]

## 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 eligibility for and enrollment in your Essential Plan ended December 1, 2016?

Did NYSOH properly determine that your eligibility for and enrollment in your Essential Plan was effective January 1, 2017?

## Procedural History

NYSOH records reflect that you were deemed eligible for Medicaid fee-for-service coverage effective October 1, 2015.

On December 23, 2015, NYSOH issued an enrollment confirmation notice, confirming your selection of a Medicaid Managed Care plan starting February 1, 2016.

On October 9, 2016, NYSOH issued a notice 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 November 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were received by November 15, 2016 and NYSOH redetermined your eligibility for financial assistance with health insurance.

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On November 17, 2016, NYSOH issued an eligibility determination notice stating that you did not qualify for Medicaid, Child Health Plus, the Essential Plan, to receive premium tax credits or cost sharing reductions or to purchase a qualified health plan through NYSOH, effective December 1, 2016. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice.

On November 23, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan was terminated, effective November 30, 2016.

On December 2, 2016, NYSOH issued a notice stating that your address had been updated to [REDACTED].

On December 9, 2016, you updated your application for financial assistance with health insurance through NYSOH.

On December 10, 2016, NYSOH issued a notice stating that your address had been updated to [REDACTED].

Also on December 10, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017.

Also on December 10, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan, with a plan enrollment start date of January 1, 2017.

On December 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in an Essential Plan insofar as it did not begin on December 1, 2016.

On March 17, 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) NYSOH records reflect that you were determined eligible for Medicaid, effective October 1, 2015, and that you subsequently enrolled in a Medicaid Managed Care plan, effective February 1, 2016.

- 2) You testified, and NYSOH records confirm, that when you completed an application with NYSOH in October 2015 you listed your address as [REDACTED].
- 3) You testified that you receive your notices from NYSOH by regular mail.
- 4) You testified that you did not receive NYSOH's renewal notice dated October 9, 2016 telling you that you needed to update your application in order to renew your eligibility.
- 5) NYSOH records reflect that NYSOH's renewal notice dated October 9, 2016 was sent to you at [REDACTED].
- 6) NYSOH records reflect that NYSOH's renewal notice dated October 9, 2016 was returned as undeliverable stating "RETURN TO SENDER INSUFFICIENT ADDRESS UNABLE TO FORWARD".
- 7) You testified that NYSOH's renewal notice was not delivered to you because it did not contain your apartment number ([REDACTED]).
- 8) You testified that you did not know that you needed to update your account until November 28, 2016 when you received NYSOH's disenrollment notice stating that your coverage would end November 30, 2016. You testified that NYSOH's disenrollment notice also did not include your apartment number. You testified, however that the postal carrier who had been your carrier for several years was working on that date, knew that you resided in [REDACTED], and delivered the disenrollment notice to you.
- 9) You testified that you contacted NYSOH on two occasions in December 2016 to make sure that NYSOH had your correct address on file.
- 10) NYSOH records include an incident numbered December 9, 2016, that stated "Consumer is requesting a backdate of coverage to 12/1/16. System entered the address incorrectly on notices sent to the consumer, consumer has his notices sent via paper mail not electronically. Consumer did not receive his notices in a timely manner which resulted in his new enrollment not being processed timely which resulted in a gap in coverage. Per JA111 Address Incorrectly Invalidated and Re-enrollment is Required and New Enrollment Not Processed Timely or Correctly; consumer is able to request a backdate of coverage due to these errors. On the NYSOH application the address lists an apartment number however on the letters sent the apt number is missing."

- 11) NYSOH records reflect that on December 9, 2016 NYSOH received your updated application for health insurance and you were found eligible for the Essential Plan.
- 12) NYSOH records reflect that you enrolled into an Essential Plan on December 9, 2016 with an enrollment start date of January 1, 2017.
- 13) You testified that you incurred prescription drug costs and medical bills during the month of December 2016.
- 14) You testified that you are seeking coverage in the Essential Plan for December 2016 to avoid a gap in coverage.

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 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 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 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)).

### 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 eligibility for and enrollment in Medicaid and your Medicaid Managed Care plan ended effective November 30, 2016.

Generally, NYSOH will 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 9, 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 November 15, 2016 or your financial assistance might end.

You were originally found eligible for Medicaid fee-for-service effective October 1, 2015. Subsequently, you enrolled in a Medicaid Managed Care plan starting February 1, 2016.

Because there was no timely response to this notice, your coverage under your Medicaid Managed Care plan was terminated effective November 30, 2016.

You testified and NYSOH records confirm, that when you completed an application with NYSOH in October 2015 you listed your address as [REDACTED]

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[REDACTED]. You testified that you receive your notices from NYSOH by regular mail.

You testified that you did not receive NYSOH's renewal notice dated October 9, 2016 telling you that you needed to update your application in order to renew your eligibility. NYSOH records reflect that NYSOH's renewal notice dated October 9, 2016 was sent to you at [REDACTED]. NYSOH records reflect that NYSOH's renewal notice dated October 9, 2016 was returned as undeliverable stating "RETURN TO SENDER INSUFFICIENT ADDRESS UNABLE TO FORWARD". You testified that NYSOH's renewal notice was not delivered to you because it did not contain your apartment number ([REDACTED]).

Therefore, NYSOH did not properly notify you of your annual renewal or that information in your NYSOH account needed to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue, and your coverage was improperly ended, without the appropriate notice.

The second issue under review is whether NYSOH properly determined that your eligibility for and enrollment in your Essential Plan was effective January 1, 2017.

Had you been properly notified that you needed to update your application to renew your eligibility, you would have been able to choose an Essential Plan with an effective start date as early as December 1, 2016, and you would have been able to transition to new coverage with no gap in coverage between Medicaid and the Essential plan.

Because you have requested that your enrollment in the Essential Plan be backdated to December 1, 2016, as opposed to having your enrollment in your Medicaid Managed Care plan extended to December 31, 2016, the December 10, 2016 enrollment confirmation notice will be modified.

Therefore, NYSOH's December 10, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Essential Plan would be effective December 1, 2016.

## **Decision**

The December 10, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Essential Plan would be effective December 1, 2016.

Your case is RETURNED to NYSOH to ensure that you have active coverage in your Essential Plan for the month of December 2016.



**Effective Date of this Decision: April 04, 2017**

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

The effective date of your Essential Plan is December 1, 2016.

Your case is RETURNED to NYSOH to ensure that you have active coverage in your Essential Plan for the month of December 2016.

## **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 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 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).

## **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 December 10, 2016 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Essential Plan would be effective December 1, 2016.

Your case is RETURNED to NYSOH to ensure that you have active coverage in your Essential Plan for the month of December 2016.

The effective date of your Essential Plan is December 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:**



## 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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