



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

Notice of Decision

Decision Date: June 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014426/AP000000016457

[REDACTED]

Dear [REDACTED],

On May 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to issue a notice of eligibility determination regarding your September 26, 2016 application, November 17, 2016 eligibility redetermination notice, November 23, 2016 disenrollment notice, January 4, 2017 eligibility determination, and denial of a special enrollment period.

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).

This page intentionally left blank.



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

Decision

Decision Date: June 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014426/AP000000016457



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) improperly fail to issue a written notice of eligibility determination in response to your September 26, 2016 application?

Did NYSOH properly determine that your eligibility and enrollment in Medicaid coverage ended effective November 30, 2016 because you had failed to produce the appropriate income documentation?

Did NYSOH properly determine that your eligibility for and enrollment in an Essential Plan was effective no earlier than February 1, 2017?

Did NYSOH properly determine that you were not entitled to a special enrollment period effective March 1, 2017?

Procedural History

On December 9, 2015, NYSOH issued an eligibility redetermination notice stating that you remained eligible for Medicaid, effective December 1, 2015.

Also on December 9, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan, effective December 1, 2015.

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).

On September 26, 2016, you updated your NYSOH application. No written notice of eligibility determination was ever issued regarding this application; however, the fact that you made the application is documented in NYSOH's records.

Although no written determination was issued, on September 28, 2016 NYSOH issued a notice confirming your continuing enrollment in Medicaid coverage and a Medicaid Managed Care plan as of September 26, 2016, which had been effective December 1, 2015. On the fifth page of six, the notice stated, "As we previously notified you, we need more information from you," and directed you to provide proof of your household income by October 11, 2016.

On October 3, 2016, NYSOH received income documentation from you.

On October 9, 2016, NYSOH issued a renewal notice stating 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 determine 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 the financial assistance you were receiving might end.

On October 21, 2016, NYSOH issued a notice stating that you had previously been advised that additional information was required to confirm your eligibility for health insurance through NYSOH and that you had submitted documentation to resolve the inconsistency. The notice further stated that, however, you had an application change in progress that needs to be completed. There was no indication in the letter that the income documentation you submitted was in any way deficient.

On November 16, 2016 NYSOH redetermined your eligibility.

On November 17, 2016, NYSOH issued an eligibility redetermination notice stating that you were not eligible for Medicaid, Child Health Plus, the Essential Plan, advance premium tax credits, or to purchase a qualified health plan with NYSOH because you did not provide income information, effective December 1, 2016.

On November 23, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan coverage would end effective November 30, 2016.

On December 9, 2016, you submitted additional income documentation.

On December 29, 2016, you spoke to NYSOH's Account Review Unit and appealed your eligibility insofar as your Medicaid coverage ended effective December 1, 2016 and your Essential Plan coverage would not begin until February 1, 2017.

On February 10, 2017, you increased the income information in your NYSOH account from \$21,957.00 to \$63,180.00.

Also, on February 10, 2017, NYSOH made a preliminary determination that you were eligible for a qualified health plan, at full cost. Also on this date you selected a plan.

On February 11, 2016, NYSOH issued an eligibility redetermination stating that you were newly eligible to purchase a qualified health plan at full cost, effective March 1, 2017. It directed you to select a plan by April 11, 2017.

On February 17, 2017, NYSOH issued a notice of enrollment stating that you were enrolled in a qualified health plan, effective March 1, 2017.

On March 2, 2017, you were verbally denied a special enrollment period.

Also on March 2, 2017, you spoke to NYSOH's Account Review Unit and appealed your denial of a special enrollment period, effective March 1, 2017.

On March 3, 2017, NYSOH issued a notice to confirm your appeal request from the previous day. That notice stated that the reason for your appeal was "denial of SEP."

On March 14, 2017, NYSOH issued a notice stating that pursuant to your request on March 13, 2016, NYSOH ended your coverage in your qualified health plan, effective March 31, 2017.

On May 8, 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 were enrolled in Medicaid coverage and a Medicaid Managed Care plan effective December 1, 2015.
- 2) You applied for health insurance and financial assistance on September 26, 2016; however, no written notice of eligibility determination was issued, even though NYSOH's records indicate that your eligibility was in fact redetermined. In that application, you listed your expected annual earnings as -\$3,580.00, based on earnings of \$420.00, less a \$4,000 deduction.

- 3) On September 28, 2016, NYSOH requested proof of your household income by October 11, 2016.
- 4) You testified that you mailed the income documentation to NYSOH on September 26, 2016. NYSOH received and uploaded the income documentation to your account on October 3, 2016.
- 5) NYSOH records reflect that on October 7, 2016 NYSOH received a letter from you dated September 26, 2016 stating that pursuant to a conversation with a NYSOH representative that you were submitting two biweekly paystubs ([REDACTED]). The pay dates and pay amounts for the pay stubs were September 9, 2016 for \$1,029.00 and September 23, 2016 for \$846.00 [REDACTED] .
- 6) NYSOH records do not reflect that the paystubs dated September 9, 2016 and September 23, 2016 ([REDACTED]) were verified at that time. On October 9, 2016, NYSOH issued a renewal notice, stating that you needed to update your account by November 15, 2016 or the financial assistance you were receiving might end.
- 7) On October 21, 2016, NYSOH issued a notice stating that you submitted documentation that resolved the inconsistency regarding your eligibility however that you had an application change that needed to be completed. It did not say that the income documentation you had submitted was in any way deficient.
- 8) You testified that you called NYSOH several times in late October 2016 about the status of your eligibility and that you were advised by NYSOH representatives that that delay regarding your eligibility was that the documentation you submitted on October 3, 2016 had not been verified. You were not advised of any issue regarding the completion of an application.
- 9) On November 17, 2016, NYSOH issued a notice stating that you were no longer eligible for Medicaid because you had not provided income information.
- 10) You testified that you contacted NYSOH after receiving the November 17, 2016 notice and was advised by a representative that you were determined ineligible for Medicaid because your income information was received after the October 11, 2016 deadline, notwithstanding the income documentation received by NYSOH on October 3, 2016.
- 11) On November 23, 2016, NYSOH issued a disenrollment notice stating that coverage in Medicaid was ending November 30, 2016.

- 12) In your November 29, 2016 application, you indicated that your annual earnings were \$11,760.00.
- 13) On December 9, 2016, you submitted additional income documentation, which was not verified until December 17, 2016. Those records indicated that your year-to-date earnings as of your November 25, 2016 pay date were \$9,241.10. Your earnings for the month of November 2016 were \$1,689.00. NYSOH estimated that these figures equated to an annual income of \$21,957.00, which qualified you to enroll in the Essential Plan.
- 14) You testified that you wanted your Medicaid coverage reinstated to December 1, 2016.
- 15) On February 10, 2017, you updated the income information in your NYSOH account to \$63,180.00.
- 16) You testified that on February 10, 2017 you were advised by a NYSOH representative that you were newly eligible for a full cost qualified health plan.
- 17) You testified that on February 10, 2017 you selected a qualified health plan.
- 18) You testified that on February 10, 2017, the NYSOH representative advised you that if you canceled your qualified health plan, that you would be entitled to a special enrollment period.
- 19) The telephone recordings with NYSOH from February 2017 were reviewed and there was no evidence that you were informed that you would be granted a special enrollment period.
- 20) On February 11, 2017, NYSOH issued an eligibility determination stating that you were eligible for a qualified health plan at full cost, effective March 1, 2017, and giving you until April 11, 2017 to select a plan.
- 21) On February 17, 2017, NYSOH confirmed your enrollment in a qualified health plan, effective March 1, 2017, with a monthly premium of \$657.77 per month.
- 22) You testified that you contacted NYSOH on February 28, 2017 and that you were denied a special enrollment period.
- 23) You testified that you found a less expensive health plan and that you therefore canceled your enrollment in your qualified health plan, effective March 31, 2017.

- 24) You testified that you were unable to select a new qualified health plan.
- 25) You testified that since filing your application on February 10, 2017 there have been no other major changes to your household.
- 26) You testified that you are seeking a special enrollment period effective March 1, 2017.

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 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

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the pertinent dates, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Federal Register 4036).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Valid Appeal Requests

An applicant has the right to appeal to the Appeals Unit of NYSOH: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by the Exchange to provide timely notice of an eligibility determination; and (4) the denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

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), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

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).

De Novo Review

NYSOH Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR § 155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the relevant FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan, if one of several triggering events occur (45 CFR § 155.420(d)).

Generally, if such a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select or to change a qualified health plan (45 CFR § 155.420(c)(1); 45 CFR § 410(a)(2)).

Legal Analysis

The first issue under review is whether NYSOH improperly failed to issue a written notice of eligibility determination in response to your September 26, 2016 application.

NYSOH is required to issue a notice of eligibility determination in response to applications, and its failure to do so is a basis for an appeal. Although your account indicates that your eligibility was redetermined and your enrollment updated on September 26, 2016, no notice of eligibility determination was ever issued.

Therefore, the Appeals Unit finds that NYSOH improperly failed to issue the appropriate notice. Moreover, because such a notice was never issued, the 60-day period in which to file an appeal never began. Your appeal of that findings that went into effect because of the September 26, 2016 application is therefore timely.

The second issue under review is whether NYSOH properly determined that your eligibility and enrollment Medicaid coverage ended effective November 30, 2016 because you had failed to produce the appropriate income documentation.

NYSOH records reflect that you were determined eligible for Medicaid and that you were enrolled in a Medicaid Managed Care plan, effective December 1, 2015.

On September 26, 2016, you updated your NYSOH application. In that application, you listed your expected annual earnings as -\$3,580.00, based on earnings of \$420.00, less a \$4,000 deduction.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

On September 28, 2016, NYSOH's enrollment notice requested proof of your household income by October 11, 2016.

NYSOH records reflect that on October 3, 2016, NYSOH received two biweekly pay stubs from you pursuant to the request for income documentation. However, this documentation was never verified by NYSOH.

On October 21, 2016, NYSOH issued a notice stating that you submitted documentation that resolved the inconsistency regarding your eligibility, but that you had an application change that needed to be completed.

On November 17, 2016, NYSOH issued a notice stating that you were no longer eligible for Medicaid, effective December 1, 2016, because you had not provided income information. On November 23, 2016, NYSOH issued a disenrollment notice stating that coverage in your Medicaid Managed Care plan was ending November 30, 2016.

You credibly testified and NYSOH records reflect that you did comply with the October 11, 2016 deadline to provide income documentation. NYSOH's records reflect that your income documentation was received on October 3, 2016.

The Appeals Unit finds that the income documentation was sufficient for your eligibility to have been determined at that time, and NYSOH improperly failed to do so. The Appeals Unit will therefore redetermine your eligibility for Medicaid now, de novo, based on that income documentation.

With total earnings of \$1,875.00 in September 2016, the month you applied, you would not be eligible for Medicaid based on your September 2016 monthly earnings, because that amount would be over the allowable income limit for Medicaid. Your eligibility based on annual earnings cannot be determined, as the amount listed on your September 26, 2016 application (-\$3,580.00, based on earnings of \$420.00, less a \$4,000 deduction), clearly cannot be correct, since you earned far more than that in September 2016 alone.

Therefore, although the NYSOH records and your credible testimony establish that you timely complied with NYSOH's October 11, 2016 deadline, a review of the only income documentation available indicates that your monthly income would disqualify you to remain enrolled in Medicaid coverage, that there is no evidence regarding your annual income, and that your coverage appropriately ended on November 30, 2016, at the end of the 12-month continuous coverage period.

The third issue under review is whether NYSOH properly determined that your eligibility for and enrollment in an Essential Plan was effective no earlier than February 1, 2017.

You submitted income documentation on October 3, 2016. Based on that submission, NYSOH should have redetermined your eligibility based on that income; however, it did not.

Therefore, this case is returned to NYSOH to determine your eligibility as of October 3, 2016, based on the income documentation you submitted. If you would have been found eligible for the Essential Plan based on the October 3,

2016 submission, you will be eligible to enroll in the Essential Plan as of the end of your eligibility for and enroll in Medicaid coverage, that is, December 1, 2016.

The fourth issue under review is whether NYSOH properly determined that you were not entitled to a special enrollment period, effective March 1, 2017.

You testified that you are appealing having been denied a special enrollment period to enroll into a health plan through NYSOH. However, the record does not contain a notice of eligibility determination or redetermination on the issue of special enrollment period.

Here, the lack of a notice of eligibility determination on the issue of special enrollment periods does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are entitled to appeal NYSOH failure to timely issue a notice of eligibility determination as to appeal an adverse notice of eligibility determination, and the Appeals Unit will consider this request now.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On February 10, 2017, you applied for health insurance and were found eligible for a qualified health plan at full cost, effective March 1, 2017. You testified that on or about February 10, 2016 you selected a qualified health plan and that you subsequently enrolled in a plan, effective March 1, 2017. You testified that on February 10, 2016, the NYSOH representative advised you that if you canceled your qualified health plan, you would be entitled to a special enrollment period. The telephone recordings with NYSOH from February 2017 have been reviewed and do not corroborate this statement.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to enroll in or change to another health plan offered in NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

You testified that after you were enrolled in your qualified health plan, you found a less expensive plan for which you wanted to enroll. You contacted NYSOH and were verbally denied a special enrollment period on February 28, 2017. Because you were unhappy with the cost of the health plan, you terminated your coverage on March 13, 2017, effective March 31, 2017.

In this case, you had already implicitly been found eligible for a special enrollment period by the February 11, 2017 notice of eligibility determination, in which it directed you to select a plan by April 11, 2017. You did select a plan, which you later canceled. However, you are entitled to change your plan any time in the 60-day special enrollment period, just as you are entitled to change your plan selection during the open enrollment period.

Therefore, NYSOH improperly denied your request to change your plan, and the actions of NYSOH in denying you the change to enroll in a different plan any time before April 11, 2017 is RESCINDED.

Decision

NSYOH improperly failed to timely issue the appropriate notice of eligibility determination in response to your September 26, 2016 application, and your appeal of the findings that went into effect because of the September 26, 2016 application was timely.

NYSOH properly determined that you were no longer eligible for Medicaid and that your coverage would end effective November 30, 2016; the November 17, 2016 and November 23, 2016 notices are MODIFIED to state only that you were no longer eligible for Medicaid, and to remove the reference to other eligibility findings and your alleged failure to produce the appropriate income documentation.

Your case will be returned to NYSOH to redetermine your eligibility as of October 3, 2016.

If it is determined that you should have been found eligible for the Essential Plan based on the October 3, 2016 document submission, you will be eligible to enroll in the Essential Plan as of the end of your eligibility for and enroll in Medicaid coverage, that is, December 1, 2016. Any other eligibility determination based on that documentation would also be effective December 1, 2016.

NYSOH's verbal denial of your request for a special enrollment period to select a health plan outside of the open enrollment period for 2017 was improper and is therefore RESCINDED.

Effective Date of this Decision: June 12, 2017

How this Decision Affects Your Eligibility

Your eligibility for and enrollment in Medicaid properly ended November 30, 2016, but your case is returned to NYSOH to redetermine your eligibility based on the income documentation you submitted on October 3, 2016.

You will receive a new notice of eligibility determination.

You will also be given a special enrollment period in which to change your enrollment through NYSOH, if you so choose.

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 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 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

NSYOH improperly failed to timely issue the appropriate notice of eligibility determination in response to your September 26, 2016 application, and your appeal of the findings that went into effect because of the September 26, 2016 application was timely.

NYSOH properly determined that you were no longer eligible for Medicaid and that your coverage would end effective November 30, 2016; the November 17, 2016 and November 23, 2016 notices are MODIFIED to state only that you were no longer eligible for Medicaid, and to remove the reference to other eligibility findings and your alleged failure to produce the appropriate income documentation.

Your case will be returned to NYSOH to redetermine your eligibility as of October 3, 2016.

If it is determined that you should have been found eligible for the Essential Plan based on the October 3, 2016 document submission, you will be eligible to enroll in the Essential Plan as of the end of your eligibility for and enroll in Medicaid coverage, that is, December 1, 2016. Any other eligibility determination based on that documentation would also be effective December 1, 2016.

NYSOH's verbal denial of your request for a special enrollment period to select a health plan outside of the open enrollment period for 2017 was improper and is therefore RESCINDED.

Your eligibility for and enrollment in Medicaid properly ended November 30, 2016, but your case is returned to NYSOH to redetermine your eligibility based on the income documentation you submitted on October 3, 2016.

You will receive a new notice of eligibility determination.

You will also be given a special enrollment period in which to change your enrollment through NYSOH, if you so choose.

Legal Authority

We are issuing this determination in accordance with 45 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).

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।

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).

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&btumi 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.

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).