



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

Notice of Decision

Decision Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014891

[REDACTED]

Dear [REDACTED],

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 2017 eligibility determination and January 13, 2017 plan 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.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014891

[REDACTED]

Issue

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

Did NY State of Health properly determine that your spouse's eligibility for and enrollment in his Essential Plan was effective February 1, 2017?

Procedural History

On January 28, 2016, NYSOH issued an eligibility determination notice, based on your January 27, 2017 application, stating that you and your spouse were eligible for Medicaid, effective January 1, 2016.

On February 11, 2016, NYSOH issued a plan enrollment confirmation notice, confirming your and your spouse's selection of a Medicaid Managed Care plan, with an enrollment start date of March 1, 2016.

On October 14, 2016, NYSOH issued a notice that it was time to renew your and your spouse's 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 or your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

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No updates or documentation was received by December 15, 2016 and NYSOH redetermined your and your spouse's eligibility for financial assistance with health insurance.

On December 19, 2016, NYSOH issued a discontinuance notice stating that your spouse was no longer eligible for health insurance through NYSOH, effective January 1, 2017, because your spouse did not respond to the renewal notice and did not complete the renewal within the required timeframe. This notice further stated that you were no longer eligible for health insurance through NYSOH effective January 1, 2017, because federal and state data sources showed that you were receiving Medicare.

Also on December 19, 2016, NYSOH issued a disenrollment notice stating that your spouse's enrollment in his Medicaid Managed Care plan was terminated, effective December 31, 2016.

On January 2, 2017, NYSOH received your and your spouse's application for financial assistance with health insurance.

On January 3, 2017, NYSOH issued a notice stating that the income information in your spouse's application did not match what NYSOH received from state and federal data sources. This notice also stated that more information was needed to confirm the information in your spouse's application. It further directed you to submit proof of your spouse's household income by January 17, 2017. This notice also stated that you were no longer eligible to receive health insurance through NYSOH because federal and state data sources showed that you currently had coverage through Medicare.

On January 4, 2017, you uploaded income documentation to your NYOSH account.

On January 8, 2017, NYSOH verified and validated the income documentation you had submitted on January 4, 2017.

On January 9, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible to receive up to \$103.00 per month in advance payments of the premium tax credit, as well as cost-sharing reductions if your spouse enrolled in a silver-level qualified health plan, both effective February 1, 2017.

On January 12, 2017, NYSOH received your spouse's updated application for financial assistance with health insurance.

On January 13, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for the Essential Plan, effective February 1, 2017.

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This notice further directed you to submit documentation by April 12, 2017, so that NYSOH could confirm your spouse's eligibility.

Also on January 13, 2016, NYOSH issued a plan enrollment notice confirming your spouse's enrollment in his Essential Plan, effective February 1, 2017.

On January 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in the Essential Plan insofar as it did not begin on January 1, 2017.

On April 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you handle the health insurance matters in your home; including maintaining the NYSOH account.
- 2) You testified that you are only appealing your spouse's Essential Plan start date.
- 3) Your spouse was determined eligible for a Medicaid, effective January 1, 2016.
- 4) You testified that you receive your notices from NYSOH by regular mail.
- 5) You testified that you did not receive any notices in the mail telling you that you needed to update your application so that NYSOH could determine your and your spouse's eligibility for the upcoming health insurance coverage year.
- 6) No notices sent to you at the mailing address listed on your NYSOH account have been returned to NSYOH as undeliverable.
- 7) You testified that you did not know that you needed to update your account until you received the December 19, 2016 disenrollment notice.
- 8) The record reflects that on January 12, 2017 NYSOH received your spouse's updated application for health insurance.
- 9) You testified that you enrolled your spouse into an Essential Plan on January 13, 2017.

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10) You testified that you are seeking to have your spouse's coverage in his Essential Plan begin in January 2017 because your spouse has unpaid medical bills for 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 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)).

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 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 \$24,300.00 for a four-person household (81 Federal Register 4036.).

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A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(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 issue under review is whether NYSOH properly determined that your spouse's eligibility for and enrollment in his Essential Plan was effective February 1, 2017.

Your spouse was originally found eligible for Medicaid, effective January 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the 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.

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NYSOH's October 14, 2016 renewal notice stated that there was not enough information to determine whether your spouse was eligible to continue his financial assistance for health insurance, and that your spouse needed to supply additional information by December 15, 2016, or your spouse's financial assistance might end.

Because there was no timely response to this notice, your spouse was terminated from his Medicaid Managed Care plan, effective December 31, 2016.

You testified that you handle all the NYSOH matters for your spouse even though you are no longer eligible for health insurance through NYOSH because you receive Medicare.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. 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 and your spouse's annual renewal and that information in your NYSOH account needed to be updated to ensure enrollment in your spouse's health plan and eligibility for financial assistance would continue.

The record shows that on January 12, 2017, you updated the information in your NYSOH account and submitted a request to enroll your spouse 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 an Essential Plan for your spouse on January 12, 2017, it must take effect on the first day of the following month after January; that is, on February 1, 2017.

Therefore, NYSOH's January 13, 2017 eligibility determination notice and plan enrollment confirmation notice are AFFIRMED because they properly began your spouse's eligibility for and enrollment in the Essential Plan on February 1, 2017.

Decision

The January 13, 2017 eligibility determination notice is AFFIRMED.

The January 13, 2017 enrollment confirmation notice is AFFIRMED.

This Decision has no effect on any subsequent eligibility determinations made by NYSOH.

Effective Date of this Decision: May 9, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Plan is February 1, 2017.

This Decision has no effect on any subsequent eligibility determinations made by NYSOH.

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:

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).

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

Summary

The January 13, 2017 eligibility determination notice is AFFIRMED.

The January 13, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Essential Plan is February 1, 2017.

This Decision has no effect on any subsequent eligibility determinations made by NYSOH.

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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

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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&tumi 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.

שׂוּדִישׁ (Yiddish)

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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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