



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

Notice of Decision

Decision Date: April 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015259

[REDACTED]

Dear [REDACTED]

On April 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 12, 2017 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).

This page intentionally left blank.



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

Decision

Decision Date: April 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015259



Issues

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

Did NY State of Health provide a timely determination of your children's Medicaid eligibility as of January 12, 2017?

Did NY State of Health properly determine that your children's Medicaid Managed Care plans began February 1, 2017?

Did NY State of Health provide a timely determination of your Essential Plan eligibility as of November 23, 2016?

Did NY State of Health properly determine that your Essential Plan began February 1, 2017?

Procedural History

On October 5, 2016, NY State of Health (NYSOH) received your household's application for financial assistance with your health insurance.

On October 6, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard to your and your children's eligibility. You were asked to submit income documentation for your household by October 20, 2016.

On October 14, 2016, income documentation was faxed to NYSOH, and on October 18, 2016 the faxed income documentation was uploaded to your NYSOH account.

On October 26, 2016, NYSOH reviewed the income documentation you faxed on October 14, 2016 and found it insufficient to resolve the inconsistency in your NYSOH account.

On October 27, 2016, NYSOH issued a notice advising you that the documentation you submitted did not confirm the information in your application. This same notice requested that you submit additional proof of income for yourself and your children by November 19, 2016.

On November 16, 2016, additional income documentation was uploaded to your NYSOH account.

On November 17, 2016, NYSOH reviewed the income documentation, you uploaded on November 16, 2016, and found that the income documentation was only partly sufficient to resolve the inconsistency on your account and that more documentation was still needed.

On November 18, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard your children's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit additional income documentation for your oldest son and your daughter by November 19, 2016, proof of income for your youngest son by December 2, 2016, and provide proof of your income by February 15, 2017.

Also on November 18, 2016, NYSOH issued a notice of eligibility determination, based on the November 17, 2016 redetermination, stating that you were eligible for the Essential Plan for a limited time, effective January 1, 2017. This notice advised you that you had to pick a plan for enrollment before your insurance coverage would begin. The notice further directed you to submit additional household income documentation for your oldest son and your daughter by November 19, 2016, proof of income for your youngest son by December 2, 2016, and provide proof of your income by February 15, 2017, to confirm your eligibility.

On November 22, 2016, NYSOH received your updated application.

On November 23, 2016, you uploaded additional documentation to your NYSOH account.

Also on November 23, 2016, NYSOH reviewed the income documentation uploaded on November 16, 2016 and found it insufficient to resolve the inconsistency in your NYSOH account.

On November 23, 2016, NYSOH also issued an eligibility determination, based on the November 22, 2016 application, stating that you were eligible for the Essential Plan, effective January 1, 2017. This notice also advised you that you needed to enroll in a plan in order for your insurance coverage to begin.

On November 23, 2016, NYSOH also issued a notice stating more information was needed to make a determination with regards to your children's eligibility. You were asked to submit additional income documentation for your daughter by December 4, 2016, and additional income documentation for your youngest son by December 7, 2016.

On November 23, 2016 and November 25, 2016, additional documentation was uploaded to your NYSOH account.

On December 1, 2016, NYSOH verified and validated the additional income documentation. However, NYSOH could not run a new application with the new income documentation because your NYSOH application was not complete.

On December 2, 2016, NYSOH issued a notice stating that you had submitted the necessary documentation, but that you needed to submit a completed application in order to process the changes.

On December 8, 2016, NYSOH received your updated application. Also on December 8, 2016, income documentation was uploaded to our account.

On December 9, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard your children's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit additional income documentation for your daughter by December 19, 2016, and additional income documentation for your youngest son and yourself by December 23, 2016.

On January 11, 2017, NYSOH received your updated application.

On January 12, 2017, NYSOH issued an eligibility determination finding you eligible for the Essential Plan, effective February 1, 2017 and your children eligible for Medicaid, effective October 1, 2016. The notice further directed you to enroll yourself and your children into a plan.

On January 12, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan with a start date of February 1, 2017, and

confirming your children's enrollment in their Medicaid Managed Care plans effective February 1, 2017.

On January 29, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Essential Plan and the start date of your children's Medicaid Managed Care plans, requesting that they began on November 1, 2016.

On April 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for the Hearing Officer to listen to your NYSOH's Call Center recordings made in the months of November 2016 and December 2016.

The Hearing Officer listened to the available recordings from the months of November 2016 and December 2016, after which the record was closed.

Findings of Fact

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

- 1) You and your children had Medicaid coverage with your local Department of Social Services until October 31, 2016.
- 2) NYSOH received your application for financial assistance on October 5, 2016.
- 3) Your October 5, 2016 application stated that you would be claiming your oldest son, your daughter, and your youngest son as dependents on your 2016 tax return.
- 4) Your October 5, 2016 application listed your expected annual income to be \$18,000.00 and your oldest son's expected annual earned income to be \$7,000.00.
- 5) On October 14, 2016, you faxed income documentation for your household to NYSOH. This consisted of your Social Security Award Benefit Statement, your youngest son's Social Security Award Benefit Statement, and two bi-weekly paystubs dated September 23, 2016, and October 7, 2016.
- 6) On October 26, 2016, NYSOH reviewed the income documentation you submitted and found it insufficient to resolve the inconsistency in your NYSOH account, as you only submitted two weeks of paystubs.
- 7) You testified that you only have one employer and are paid biweekly.

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).

- 8) On November 16, 2016, you uploaded income documentation for your household to NYSOH. This consisted of six biweekly paystubs for yourself dated August 26, 2016, September 9, 2016, September 23, 2016, October 7, 2016, October 21, 2016 and November 4, 2016.
- 9) On November 17, 2016, NYSOH reviewed the income documentation, you uploaded on November 16, 2016, and found that the income documentation was partly sufficient. NYSOH found it insufficient to completely resolve the inconsistency in your NYSOH account, as you stated on the application that your oldest son had income from a job, but you did not upload income documentation for him.
- 10) On November 22, 2016, your NYSOH account was updated to remove your oldest son from your household and a new application was submitted to NYSOH.
- 11) On November 23, 2016, you uploaded three letters signed by you stating that you provide financial support for you two minor children.
- 12) On November 25, 2016, you uploaded income documentation for your household to NYSOH. This consisted of your Social Security Benefit Letter, and two biweekly paystubs dated November 4, 2016 and November 18, 2016.
- 13) On December 1, 2016, NYSOH reviewed and validated the income documentation you uploaded on November 25, 2016; however, NYSOH could not update your application because you had not answered the "Absent Parent" questions on your application.
- 14) On December 8, 2016, you answered the "Absent Parent" questions and you completed your NYSOH application.
- 15) You testified that you receive all your correspondents from NYSOH in the regular mail.
- 16) You testified that you did not receive the November 18, 2016 eligibility determination stating that you were eligible for the Essential Plan for a limited time and to pick a plan for enrollment.
- 17) You testified that you did not receive the November 23, 2016 eligibility determinations stating that you were eligible for the Essential Plan and to pick a plan for enrollment.
- 18) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.

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).

19) NYSOH Appeals Unit reviewed the phone calls you made to NYSOH in the months of November 2016 and December 2016 and determined that:

- a. On November 4, 2016, you called to check on the income documentation that you submitted to NYSOH on October 26th. The NYSOH representative informed you that you needed to upload new paystubs within the 30 days from your October 5, 2016 application.
- b. On November 16, 2016, you called NYSOH and spoke with a representative about the income documentation that you submitted to NYSOH on November 11, 2016. The NYSOH representative stated that the income documentation had not been verified yet.
- c. On November 22, 2016, you called NYSOH to check in on the status of your income documentation that you submitted. During this phone call, the NYSOH representative informed you that your documents that were submitted were verified and validated. However, NYSOH needed you to submit additional income documentation for your oldest son because he was included on your NYSOH application. During this conversation, you requested that your oldest son be removed from your NYSOH account because he was an adult and you did not claim him on your tax return. The NYSOH representative removed your oldest son from your NYSOH account and updated your application. After updating your application, the NYSOH representative told you that you needed to submit additional income documentation to NYSOH in order to process your family's eligibility.
- d. On December 9, 2016, you called to check on the status of your NYSOH application. You stated that your application needed to be updated to include your son's "absent parent" information. You stated that you had answered this information on December 8, 2016. The NYSOH representative told you that your income documentation that you submitted was still in the process of being validated. You told the NYSOH representative that you found out on December 8, 2016, that you had insurance coverage with an Essential Plan but that no one else in your family did. The NYSOH representative informed you that while you had eligibility for the Essential Plan, you were not enrolled in any insurance plan; therefore, your insurance coverage had not started yet. He further informed you that if you enrolled in a plan that day, your insurance coverage would go into effect on January 1, 2017. During this call, you did not enroll in an Essential Plan.

20) The record reflects that you enrolled in Medicaid Managed Care plan for your children on January 12, 2017.

21) The record reflects that you enrolled in an Essential Plan for yourself on January 12, 2017.

22) You testified that you want your children's Medicaid Managed Care plan to begin on November 1, 2016 because your children have outstanding medical bills that are not covered under Fee-For Service Medicaid. You further testified that you would like your Essential Plan to begin on November 1, 2016 because you have outstanding medical bills for November 2016, December 2016, and January 2017.

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

Applicable Law and Regulations

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).

Modified Adjusted Gross Income

The Marketplace bases its eligibility determinations on modified adjusted gross income (MAGI) as defined in the federal tax code (45 CFR § 155.300(a), 42 CFR § 435.603(e), see 26 USC § 36B(d)(2)(B)).

With regard to eligibility for financial assistance through the Marketplace, a tax filer's household income includes the MAGI of all the individuals in the taxpayer's household who are required to file a federal tax return for the taxable year (26 CFR § 1.36B-1(e)(1); 42 CFR § 435.603(d)(1)). The MAGI-based income of a child who is not required to file a tax return is not included in household income (42 CFR § 435.603(d)(2)).

A dependent is not required to file a tax return if their gross income is less than the sum of the exemption amount plus the basic standard deduction allowable for that person (26 USC § 6012(a)(1)(A)). For the 2016 year, a dependent who had yearly gross earned income greater than \$6,300.00 or gross unearned income

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).

greater than \$1,050.00 would be required to file a tax return (see IRS Revenue Procedure 2014-61).

Unearned income is generally all income other than salaries, wages and other amounts received as pay for work actually performed, including the taxable part of Social Security and pension payments (IRS Publication 929, pg 15).

For the purposes of determining a person's eligibility for financial assistance for health insurance through the Marketplace, the term "MAGI" means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

Medicaid

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 2010,13ADM-03(III)(F)).

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; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants who are at least 19 years of age notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).

Timely Notice of Eligibility Determination, Essential Plan

The terms of 42 CFR § 435.912 (timely determination of eligibility under the Medicaid program) applies to eligibility determinations for enrollment in the state's standard health plan (42 CFR § 600.320)

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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 is whether NYSOH provided your children with a timely determination of your children's Medicaid eligibility as of January 12, 2017.

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.

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.

You updated your NYSOH account on October 5, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

On October 14, 2016, you faxed a copy of your and your child's Social Security Benefit Letter, and your two biweekly paystubs dated September 23, 2016 and October 7, 2016.

On October 26, 2016, NYSOH deemed these documents insufficient proof of income as you had not submitted four consecutive weeks of earnings within 30 days of your October 5, 2016 application.

The record reflects that you were paid on a biweekly basis, therefore, the two paystubs you submitted on October 14, 2016 represented four consecutive weeks of earnings within 30 days of your October 5, 2016 application.

However, this income documentation was insufficient to solve the inconsistency on your account because you had not submitted proof of income for your oldest son.

On October 5, 2016, your application states that you planned on claiming your oldest son, your daughter, and your youngest son on your 2016 tax return. Your October 5, 2016 application listed an annual household income of \$25,000.00. This amount consists of \$10,000 in income that you receive from a job, \$12,144.00 you receive from Social Security survivor benefits, and \$7,000.00 in income your oldest son receives from a job.

Household income for the purposes of calculating a person's eligibility for financial assistance to help pay for the costs of health insurance through the Marketplace, consists of the Modified Adjusted Gross Income of all tax filers in a household who are required to file a tax return.

A dependent will be required to file a tax return in 2016 if their earned income is greater than \$6,300.00. According to the information on your October 5, 2016 application, your oldest son had an earned income in the amount of \$7,000.00 from their job. Since your oldest son has an earned income greater than \$6,300.00, he is required to file a tax return on the basis of their earned income. As a result, your oldest son's income is used to calculate your household income, and NYSOH would need proof of income for your oldest son.

The record reflects that your oldest son was removed from your household on your NYSOH account on November 22, 2016 and NYSOH received your updated application.

On November 23, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard your children's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit additional household income documentation for your daughter by December 4, 2016, and additional household income documentation for your youngest son by December 7, 2016.

Also on November 23, 2016, you uploaded three letters of attestation signed by you stating that you provide the financial support for your youngest son, and your daughter.

On November 25, 2016, you uploaded household income documentation to NYSOH. This consisted of your Social Security Benefit Letter, and two biweekly paystubs dated November 4, 2016 and November 18, 2016.

On December 1, 2016, NYSOH deemed these documents sufficient proof of income. However, NYSOH could not update your account to run a new application because you had not answered the "Absent Parent" on the application. As a result, NYSOH issued a notice on December 2, 2016 advising you that you had submitted sufficient documentation to resolve the inconsistency; however, you currently had an application change in progress that needs to be completed and submitted before NYSOH could complete the necessary confirmations.

On December 8, 2016, NYSOH received your completed application.

Therefore, your application was complete as of December 8, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on January 12, 2017 that stated your children were eligible for Medicaid effective December 1, 2016. Since NYSOH issued an eligibility determination 35 days from the date your application was considered complete, the January 12, 2017 eligibility determination was untimely.

The second issue is whether NYSOH properly determined that your children's enrollment in your Medicaid Managed Care plans was effective February 1, 2017.

The date on which a Medicaid Managed Care 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Your NYSOH application for financial assistance for your family's health insurance was considered complete on December 8, 2016.

Based on the credible evidence of record, it is reasonable to infer that had NYSOH issued an eligibility determination on December 8, 2016 informing you of your children's eligibility and directing you to select a plan for enrollment, you would have selected Medicaid Managed Care plans for your children that day. Were you able to select Medicaid Managed Care plans for your children as of December 8, 2016, your children's enrollment in their Medicaid Managed Care plans would have taken effect on the first day of the first month after December 2016; that is, on January 1, 2017.

Therefore, the January 12, 2017 plan enrollment confirmation notice is MODIFIED to state that your children's enrollment in their Medicaid Managed Care plans was effective as of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes to your account as noted above, and to notify you accordingly.

The third issue is whether NYSOH provided you with a timely determination of your Essential Plan eligibility as of November 23, 2016.

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).

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.

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.

You updated your NYSOH account on October 5, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

On October 14, 2016, you faxed a copy of your and your child's Social Security Benefit Letter, and your two biweekly paystubs dated September 23, 2016 and October 7, 2016.

On October 26, 2016, NYSOH deemed these documents insufficient proof of income as you had not submitted four consecutive weeks of earnings within 30 days of your October 5, 2016 application.

The record reflects that you were paid on a biweekly basis, therefore, the two paystubs you submitted on October 14, 2016 represented four consecutive weeks of earnings within 30 days of your October 5, 2016 application and should have been validated.

However, this income documentation was insufficient to solve the inconsistency on your account because you had not submitted proof of income for your oldest son. As stated above, since your oldest son has an earned income greater than \$6,300.00, he is required to file a tax return on the basis of their earned income. As a result, your oldest son's income is used to calculate your household income, and NYSOH would need proof of income for your oldest son.

On November 18, 2016, NYSOH issued a notice of eligibility determination, based on the November 17, 2016 redetermination, stating that you were eligible for the Essential Plan for a limited time, effective January 1, 2017. The notice further directed you to submit additional household income documentation for your oldest son and you daughter by November 19, 2016, proof of income for your youngest son by December 2, 2016, and provide proof of your income by February 15, 2017, to confirm your eligibility.

The record reflects that your oldest son was removed from your household on your NYSOH account on November 22, 2016 and NYSOH received your updated application.

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).

Therefore, your application was complete as of November 22, 2016 for purposes of issuing your eligibility determination.

On November 23, 2016, NYSOH also issued an eligibility determination, based on the November 22, 2016 application, stating that you were eligible for the Essential Plan, effective January 1, 2017. This notice also advised you to pick a plan for enrollment in order for your insurance coverage to begin.

NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on November 23, 2016 that stated you were fully eligible for an Essential Plan effective January 1, 2017. Since NYSOH issued an eligibility determination one day from the date your application was considered complete, the November 23, 2016 eligibility determination was timely.

The fourth issue is whether NYSOH properly determined that your Essential Plan would begin as of February 1, 2017.

On November 23, 2016, NYSOH issued an eligibility determination notice finding you eligible for an Essential Plan, effective January 1, 2016.

However, you testified that you did not receive the eligibility determination notice telling you that you were eligible for an Essential Plan, and that you needed to select a plan for enrollment. 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 eligibility in an Essential Plan and the need to enroll into a plan in order for your insurance coverage to begin.

The record also indicates that you contacted NYSOH on December 9, 2016. During that phone call, you told the NYSOH representative that you just found out yesterday that you had insurance coverage, but that no one else in your family did. The NYSOH representative informed you that while you were found eligible for the Essential Plan, he could not find that you had ever selected and enrolled into an insurance plan. He further informed you that in order for your insurance coverage to start under an Essential Plan that you would have to enroll into a plan and that if you completed that enrollment that day, on December 9,

2016, that your insurance coverage would have started on January 1, 2017. You did not enroll into a plan that day.

The record indicates that you selected an Essential Plan for enrollment on January 11, 2017.

The date on which 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since you selected an Essential Plan on January 11, 2017, it must take effect the first day of the following month after January 2017; that is, on February 1, 2017.

Therefore, NYSOH's January 12, 2017 plan enrollment confirmation pertaining to your Essential Plan start date is AFFIRMED because it properly began your enrollment in your Essential Plan on February 1, 2017.

Decision

The January 12, 2017 plan enrollment confirmation notice is MODIFIED to state that your children's enrollment in their Medicaid Managed Care plans was effective as of January 1, 2017.

The January 12, 2017 plan enrollment confirmation, as it pertains to your Essential Plan start date, is AFFIRMED.

Your case is RETURNED to NYSOH to enroll your children into their Medicaid Managed Care plan for the month of January 2017.

Effective Date of this Decision: April 26, 2017

How this Decision Affects Your Eligibility

The effective date of your children's Medicaid Managed Care plans is January 1, 2017.

Your case is being sent back to NYSOH to change the start date of your children's Medicaid Managed Care plans from February 1, 2017 to January 1, 2017. NYSOH will notify you once this change has been completed.

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).

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

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

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).

The January 12, 2017 plan enrollment confirmation notice is MODIFIED to state that your children's enrollment in their Medicaid Managed Care plans was effective as of January 1, 2017.

The January 12, 2017 plan enrollment confirmation, as it pertains to your Essential Plan start date, is AFFIRMED.

Your case is RETURNED to NYSOH to enroll your children into their Medicaid Managed Care plan for the month of January 2017.

The effective date of your children's Medicaid Managed Care plans is January 1, 2017.

Your case is being sent back to NYSOH to change the start date of your children's Medicaid Managed Care plans from February 1, 2017 to January 1, 2017. NYSOH will notify you once this change has been completed.

The effective date of your Essential Plan is February 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।

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 मददत चाहन्छि 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.

אײַדיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אײך 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).