



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

Notice of Decision

Decision Date: June 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015671

[REDACTED]

Dear [REDACTED],

On May 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2016 eligibility determination notice, and January 5, 2017 eligibility determination and enrollment notices.

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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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) properly find your spouse ineligible for health insurance through NYSOH effective December 1, 2016?

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

Procedural History

On December 4, 2015, NYSOH received an updated application for health insurance.

On December 5, 2015, NYSOH issued an eligibility determination notice stating that your spouse was eligible for Medicaid, effective December 1, 2015.

Also on December 5, 2015, NYSOH issued an enrollment notice confirming your selection of a Medicaid Managed Care (MMC) plan for your spouse's coverage as of December 4, 2015. The notice stated that his MMC plan coverage would begin effective January 1, 2016.

On October 10, 2016, NYSOH issued a notice that it was time to renew 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 determine whether your spouse would qualify for financial help paying for health

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coverage, and that you needed to update your account by November 15, 2016 or your spouse might lose the financial assistance he was currently receiving.

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

On November 17, 2016, NYSOH issued an eligibility determination notice stating that your spouse was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your spouse also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your spouse's eligibility ended December 1, 2016.

On November 22, 2016, NYSOH received an updated application for health insurance.

On November 23, 2016, NYSOH issued a notice stating that the information in the November 22, 2016 application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your spouse by December 7, 2016. The notice cautioned that if you missed the due date, NYSOH would not be able to determine your eligibility for health insurance.

Also on November 23, 2016, NYSOH issued a disenrollment notice stating that your spouse's enrollment in his MMC plan was terminated, effective November 30, 2016.

On December 14, 2016, NYSOH received a further updated application for health insurance.

Also on December 14, 2016, NYSOH received (1) one earnings statement issued to your spouse by his employer, [REDACTED], on December 2, 2016 and (2) signature authorization pages for filing the 2015 tax returns for you and your spouse.

On December 15, 2016, NYSOH issued a notice stating that the information in your December 14, 2016 application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for you by December 29, 2016, and for your spouse by December 22, 2016. The notice cautioned that if you missed these due dates, NYSOH may not be able to determine your spouse's eligibility for health insurance.

On December 26, 2016, NYSOH received (1) three earnings statements issued to your spouse by his employer between November 18, 2016 and December 16, 2016 and (2) copies of the 2015 tax returns filed by you and your spouse.

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On January 4, 2017, NYSOH redetermined your spouse's eligibility for health insurance.

On January 5, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective February 1, 2017.

Also on January 5, 2017, NYSOH issued an enrollment notice confirming your selection of an Essential Plan for your spouse, with a plan enrollment start date of February 1, 2017.

On January 11, 2017, NYSOH received a letter from you, dated November 26, 2016, stating, among other things, that you and your spouse were reapplying for health insurance for 2017. This documents appeared to have been sent by facsimile on November 29, 2016.

On February 8, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of the enrollment of your spouse in the Essential Plan insofar as it did not begin on December 1, 2016.

On May 5, 2017, NYSOH received (1) copies of New York State Benefit Identification cards issued to you and your spouse, reflecting a printed date of December 29, 2015, (2) copies of medical bills issued to your spouse during the month of December 2015, (3) copies of medical bills issued to you during December 2016 and February 2017, and (4) a screenshot of your home e-mail account address inbox reflecting e-mails received between October 10, 2016 and October 12, 2016.

On May 12, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed the record at the end of the hearing.

Findings of Fact

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

- 1) Your spouse was found eligible for Medicaid effective December 1, 2015, and his MMC plan coverage began effective January 1, 2016.
- 2) Your NYSOH account reflects that you elected to receive notices from NYSOH by electronic alert.
- 3) While you testified that you did not recall receiving any electronic alerts regarding any notice in your NYSOH account telling you that you needed

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to update your application to renew your eligibility, on May 5, 2016 you provided to NYSOH a screenshot of your home e-mail account address inbox reflecting e-mails received between October 10, 2016 and October 12, 2016. Among these e-mails was an e-mail sent by NYSOH on October 11, 2016 advising you to log into your account.

- 4) You testified that you did not know that you needed to update your account since you believe that your spouse's Medicaid coverage would continue until at least December 31, 2016.
- 5) Your spouse's Medicaid coverage was terminated effective November 30, 2016.
- 6) Your NYSOH account reflects that on November 22, 2016 and December 13, 2016, you updated your application. However, in each case, NYSOH requested that you send additional income documentation to confirm your spouse's eligibility.
- 7) Your NYSOH account reflects that on November 29, 2016, you faxed a letter to NYSOH reflecting that that you and your spouse were reapplying for health insurance for 2017.
- 8) Your NYSOH account reflects that on December 26, 2016, you provided to NYSOH three earnings statements issued to your spouse by his employer between November 18, 2016 and December 16, 2016 and copies of the 2015 tax returns filed by you and your spouse.
- 9) Your NYSOH account reflects that your spouse's eligibility was redetermined on January 4, 2017, and he was found eligible for the Essential Plan, effective February 1, 2017.
- 10) Your spouse was enrolled into an Essential Plan on January 4, 2017.
- 11) You testified that you are seeking to have your spouse's coverage in the Essential Plan begin no later than December 1, 2016, since he incurred significant medical bills during the month of December 2016 due to an [REDACTED].

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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).

Essential Plan Start Date

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your spouse's enrollment in his MMC plan was terminated effective November 30, 2016.

Your spouse was originally found eligible for Medicaid effective December 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's October 10, 2016 renewal 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 you needed to supply additional information by November 15, 2016, or his financial assistance might end.

Because there was no timely response to this notice, your spouse was terminated from his MMC plan effective November 30, 2016.

You testified that you did not recall receiving any electronic alerts to your home e-mail address at the time regarding any notice in your NYSOH account telling you that you needed to update your application to renew your eligibility. However, you testified, and provided documentation on May 5, 2017, that you were sent an e-mail by NYSOH on October 11, 2016 advising you to log into your account.

Therefore, the record reflects that NYSOH properly notified you of your spouse's annual renewal and that information in your NYSOH account needed to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

Since NYSOH was unable to redetermine your spouse's eligibility for financial assistance with health insurance, his Medicaid coverage was properly terminated effective November 30, 2016.

Accordingly, NYSOH's November 17, 2016 eligibility determination notice stating that your spouse was no longer eligible for Medicaid as of November 30, 2016 was correct, and must be AFFIRMED.

The second 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.

The record reflects that after your spouse was disenrolled from his MMC plan, you updated your NYSOH application on November 22, 2016 and December 13, 2016. In each case, however, additional income documentation was required to confirm your spouse's eligibility.

The record also reflects that you faxed a letter to NYSOH on November 29, 2016 stating that you and your spouse were reapplying for health insurance for 2017. This letter also stated that your income would not be changing for 2017, and that you had provided two of your spouse's earnings statements for NYSOH's review. The record does not contain any attached earnings statements regarding your spouse's employment.

Indeed, it does not appear that you provided to NYSOH three earnings statements issued to your spouse by his employer between November 18, 2016 and December 16, 2016 and copies of the 2015 tax returns filed by you and your spouse until December 26, 2016.

The documents provided to NYSOH on December 26, 2016 were clearly the basis for the redetermination by NYSOH of your spouse's eligibility on January 4, 2017. We may, therefore, find that these documents should have been reviewed and approved by NYSOH representative on the date they were sent for review, which is December 26, 2016.

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 after the fifteenth day to the final day of a month goes into effect on the first day of the second following month.

Based on the now developed record, we may reasonably infer that your spouse would have been found eligible for and selected an Essential Plan on December 26, 2016, his start date of coverage would still have been no earlier than February 1, 2017. Accordingly, the January 5, 2017 eligibility determination and enrollment notices remain correct, and must be AFFIRMED.

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).

Decision

The November 17, 2016 eligibility determination notice is AFFIRMED.

The January 5, 2017 eligibility determination and enrollment notices are AFFIRMED.

Effective Date of this Decision: June 29, 2017

How this Decision Affects Your Eligibility

Your spouse's MMC plan enrollment ended effective November 30, 2016.

Your spouse's eligibility for and enrollment in the Essential Plan began effective February 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This 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

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- 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 November 17, 2016 eligibility determination notice is AFFIRMED.

The January 5, 2017 eligibility determination and enrollment notices are AFFIRMED.

Your spouse's MMC plan enrollment ended effective November 30, 2016.

Your spouse's eligibility for and enrollment in the Essential Plan began effective 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 مجاناً.

বাংলা (Bengali)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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