



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

## Notice of Decision

Decision Date: March 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016144

[REDACTED]

Dear [REDACTED],

On March 6, 2017, you appeared, with the assistance of an authorized representative, by telephone at an expedited hearing on your appeal of NY State of Health's February 23, 2017 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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## Decision

Decision Date: March 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016144

[REDACTED]

## Issue

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

Did (New York State of Health) NYSOH properly determine that your Essential Plan should begin effective April 1, 2017?

## Procedural History

On January 14, 2016, NYSOH issued an eligibility determination stating that you were eligible for Medicaid effective as of February 1, 2016.

On January 21, 2016, NYSOH issued an enrollment notice confirming that as of January 20, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of March 1, 2016.

On December 3, 2016, NYSOH issued a renewal notice stating that, based on information from federal and state sources, you qualified for a tax credit up to \$155.12 per month and could not enroll in the same health plan for the next coverage year. The notice stated if anything has changed that would affect how you are covered or what you pay for health insurance, you need to make changes to your account between December 16, 2016 and January 15, 2017.

No updates were made to your account by January 15, 2017.

On December 17, 2016, NYSOH issued a notice stating that your MMC coverage would end effective January 31, 2017.

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On February 10, 2017, your NYSOH account was updated.

On February 11, 2017, NYSOH issued a notice stating that the income information in your February 11, 2017 did not match what NYSOH received from state and federal data sources. The notice directed you to provide additional proof of income by February 25, 2017 to confirm your eligibility.

On February 22, 2017, income documentation was uploaded to your NYSOH account (see Document [REDACTED]).

On February 23, 2017, NYSOH issued three notices:

- (1) An eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time effective as of April 1, 2017. The notice directed you to provide proof of income by May 23, 2017 to confirm your eligibility.
- (2) An enrollment notice confirming that, as of February 22, 2017, you enrolled in an Essential Plan with an enrollment start date of April 1, 2017. The notice directed you to provide proof of income by May 23, 2017 to confirm your eligibility.
- (3) A notice stating that, on February 22, 2017, your mailing address was changed to the address listed on the Notice of Decision and this Decision.

On February 23, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the start date of your Essential Plan was not until April 1, 2017.

On February 27, 2017, a letter from [REDACTED] was uploaded to NYSOH to support your request for an expedited hearing (see Document [REDACTED]).

On March 6, 2017, you had an expedited telephone hearing, with the assistance of your authorized representative, with a Hearing Officer from NYSOH Appeals Unit. You waived the 15-day notice of hearing requirement. Testimony was taken during the hearing, and the record closed at the end of the proceeding.

## **Findings of Fact**

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

- 1) According to your NYSOH account, you were found eligible for Medicaid coverage effective February 1, 2016.

- 2) According to your NYSOH account and testimony, you receive notices from NYSOH via regular mail.
- 3) You testified that you did not receive a notice from NYSOH to renew your health insurance coverage.
- 4) On December 14, 2016, the December 3, 2016 renewal notice was returned to NYSOH as "RETURN MAIL" (see Document [REDACTED]).
- 5) According to your NYSOH account and your testimony, your residence and mailing addresses listed in your NYSOH account were changed on February 22, 2017.
- 6) You testified that your residence and mailing addresses have been the address listed at the top of this Decision for approximately a year and a half.
- 7) According to your NYSOH account, you enrolled in an Essential Plan on February 22, 2017, with an April 1, 2017 enrollment start date.
- 8) You testified that are seeking to be enrolled in the Essential Plan immediately in order to continue your medical treatments.
- 9) You testified that you currently do not have any outstanding medical bills.

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 that may have been provided by the individual (45 CFR §155.335(h)).

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## 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)).

## Essential Plan – Income Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). 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 §600.345 (a)) See also New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan was effective April 1, 2017.

You were originally found eligible for Medicaid in 2016 effective February 1, 2016.

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 December 3, 2016 renewal notice stated that, based on information from federal and state sources, you could not enroll in the same health plan for the next coverage year.

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Furthermore, the notice stated if anything had changed that would affect how you are covered or what you would pay for health insurance, you needed to make changes to your account between December 16, 2016 and January 15, 2017.

Because there were no updates to your account by January 15, 2017, your Medicaid coverage was terminated effective January 31, 2017, at the end of the 12-month coverage period.

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, the record reflects that on December 14, 2016, the December 3, 2016 renewal notice was returned to NYSOH as undeliverable.

The December 3, 2016, renewal notice was sent to the mailing address as then listed on your NYSOH account. You testified that your mailing address had been the address listed at the top of this Decision for the last year and a half. However, the record reflects that you did not update your mailing address in your account until February 22, 2017.

Therefore, NYSOH properly notified you of your annual renewal, using the mailing address listed in your account.

Your NYSOH account was updated on February 10, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, on February 11, 2017, NYSOH issued a notice directing you submit additional income documentation to confirm your eligibility.

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.

On February 22, 2017, income documentation was uploaded to your NYSOH account, and you enrolled in an Essential Plan the same day.

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 enrolled in your Essential Plan on February 22, 2017, it properly took effect on the first day of the second month following February 2017; that is, on April 1, 2017.

Therefore, the February 23, 2017 enrollment notice is AFFIRMED.

## **Decision**

The February 23, 2017 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** March 7, 2017

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

NYSOH properly determined that the enrollment start date of your Essential Plan was April 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 after the date 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 date 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.

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## **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:  
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- By fax: 1-855-900-5557

## **Summary**

The February 23, 2017 enrollment notice is AFFIRMED.

NYSOH properly determined that the enrollment start date of your Essential Plan was April 1, 2017.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545(a).

**A Copy of this Decision Has Been Provided To:**

[REDACTED]

[REDACTED]