



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

## Notice of Decision

Decision Date: June 30, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000016605

[REDACTED]

Dear [REDACTED]

On June 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 7, 2017 eligibility determination and March 7, 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  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: June 30, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000016605

[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 eligibility for and enrollment in an Essential Plan was effective April 1, 2017?

## Procedural History

On March 15, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid, effective March 1, 2016.

Also on March 15, 2016, NYSOH issued a plan enrollment notice confirming that you were enrolled in a Medicaid Managed Care plan, effective April 1, 2017.

On November 7, 2016, NYSOH received your updated application for health insurance.

On November 8, 2016, NYSOH issued an eligibility determination stating that you were no longer eligible for Medicaid; however, NYSOH would continue your Medicaid coverage until February 28, 2017. This notice further directed you to submit income documentation by November 22, 2016 in order to confirm the information in your application.

On November 15, 2016, you faxed a three-page document to NYSOH. This income documentation was uploaded to your account on November 18, 2016.

On December 6, 2016, NYSOH invalidated your income documentation.

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On December 7, 2016, NYSOH issued a notice stating that the income documentation you had submitted was insufficient to solve the inconsistency in your application. This notice further directed you to submit additional income documentation by December 21, 2016.

On December 21, 2016, you faxed a five-page document to NYSOH. This documentation was uploaded to your NYSOH account on December 30, 2016.

On January 5, 2017, NYSOH invalidated your income documentation.

On January 6, 2017, NYSOH issued a notice stating that the income documentation that you had submitted was insufficient to solve the inconsistency in your application. This notice further directed you to submit additional income documentation by January 20, 2017.

On January 16, 2017, NYSOH issued a notice that it was time to renew your health insurance for the next coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account between January 16, 2017 and February 15, 2017 or you might lose the financial assistance you were currently receiving.

On January 19, 2017, you faxed a six-page document to NYSOH. This documentation was uploaded to your NYSOH account on January 31, 2017.

On February 9, 2017, NYSOH invalidated your income documentation.

No updates were made to your application by February 15, 2017.

On February 17, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended March 1, 2017.

Also on February 17, 2017, NYSOH issued a plan disenrollment notice stating that your coverage with your Medicaid Managed Care plan ended, effective February 28, 2017.

On March 6, 2017, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan, effective April 1, 2017.

Also on March 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your Essential Plan on April 1, 2017, and not March 1, 2017.

On March 7, 2017, NYSOH issued an eligibility determination, based on your March 6, 2017 application, stating that you were eligible for the Essential Plan, for a limited time, effective April 1, 2017. This notice further directed you to submit income documentation by June 4, 2017 to confirm your eligibility.

Also on March 7, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan, effective April 1, 2017.

On June 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. held open for the Hearing Officer to listen to NYSOH's Call Center recording from January 6, 2017, February 22, 2017 and February 28, 2017.

The Hearing Officer listened to the available recordings from January 6, 2017, February 22, 2017 and February 28, 2017 after which the record was closed.

## **Findings of Fact**

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

- 1) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 3) You testified that you did receive the January 16, 2017 notice telling you that you needed to update your application, but that you thought you were already in the process of renewing your coverage.
- 4) The record reflects that NYSOH received an updated application for financial assistance with health insurance on November 7, 2016,
- 5) You faxed income documentation to NYSOH on November 15, 2016, December 21, 2016, and January 19, 2017. However, none of this income documentation was enough to solve the inconsistency in your November 7, 2016 application because you did not submit four weeks of consecutive paystubs from each of your employers.
- 6) A Hearing Officer reviewed the telephone recording from January 9, 2017, and determined that:

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- a. You called because you were confused as to what was going on with your account. You stated that you were receiving conflicting notices in the mail, and you wanted to make sure that your coverage would not end on February 28, 2017.
  - b. The NYSOH representative informed you that you were in “pending Medicaid” status, and that your income documentation needed to be verified. He further stated that once your income documentation is verified that your coverage should “pick back up.”
- 7) A Hearing Officer reviewed the telephone recording from February 22, 2017, and determined that:
  - a. You called because you were confused and wanted to make sure that your coverage would not end at the end of February.
  - b. The NYSOH representative checked the income documentation you had submitted and stated that it had not been verified yet.
  - c. During this call, the NYSOH representative submitted “an escalation” in order to have your income documentation verified, and she told you to call back around March 6, 2017 to check to see if the income documentation you submitted have been verified.
- 8) A Hearing Officer reviewed the telephone recording from February 28, 2017, and determined that:
  - a. You called to check on your documents because you were worried that your health insurance coverage was coming to end that day.
  - b. The NYSOH representative asked you when you completed your renewal, and told you that you just need to wait until your documentation is verified.
- 9) You testified that you did not know that you needed to submit a new application until March 6, 2017 when you contacted NYSOH.
- 10) The record reflects that on March 6, 2017 NYSOH received your updated application for health insurance.
- 11) You testified that you work [REDACTED] for [REDACTED], and get paid by one on a weekly basis, while the other pays you biweekly.
- 12) You testified, and the record reflects, that you selected your Essential Plan on March 6, 2017, and that your enrollment was effective on April 1, 2017.

- 13) You testified that you want your Essential Plan to begin on March 1, 2017, and not April 1, 2017 because you have unpaid medical bills from March 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 from state and federal data sources 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).

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve 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, 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

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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 enrollment in your Essential Plan started on April 1, 2017.

You were originally found eligible for Medicaid effective March 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 January 16, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by February 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective February 28, 2017.

You testified that you did receive the January 16, 2017 notice from NYSOH telling you that you needed to update the information in your NYSOH account. You further testified that you thought that you were in the process of renewing because you had submitted an application on November 7, 2016, and that you were in the process of sending in income documentation to verify the income amount in your application.

The January 16, 2017 renewal notice indicates that you needed to update your NYSOH account between January 16, 2017 and February 15, 2017. You updated your application on November 7, 2016; which was prior to your renewal period. In order for NYSOH to renew your eligibility for financial assistance with health insurance, a completed application must have been submitted within the time frame that was listed on the renewal notice; that is between January 16, 2017 and February 15, 2017.

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After submitting your November 7, 2016 application, NYSOH issued an eligibility determination stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until February 28, 2017. This notice further directed you to submit income documentation by November 22, 2016 in order for NYSOH to determine your eligibility for financial assistance with health insurance.

The record indicates that you contacted NYSOH on January 9, 2017, February 22, 2017, and February 28, 2017. You testified that you were never told that you had to renew your application during any of the phone calls you made to NYSOH. You further testified that you were told by the NYSOH representatives that all you had to do was wait to make sure that your income documentation was verified. A review of these phone recordings indicate that you were told to wait until your documents were verified and that your coverage should “pick right back up”.

The record indicates that you faxed income documentation on November 15, 2016, December 21, 2016, and January 19, 2017. However, none of the income documentation you submitted was sufficient to verify the income in your November 7, 2016 application because you never submitted four consecutive weeks of paystubs from both of your employers. As such, a complete and updated application was not submitted on your behalf until March 6, 2017; which was outside of the renewal period listed on the January 16, 2017 renewal notice.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue. However, you failed to renew your eligibility or submit a completed application within the required time frame that was listed on your renewal notice.

The record shows that on March 6, 2017 you updated the information in your NYSOH account and was found eligible for the Essential Plan, for a limited time. You also requested to be enrolled into coverage that 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 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 your Essential Plan on March 6, 2017, it must take effect on the first day of the following after March 2017; that is, on April 1, 2017.

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Therefore, NYSOH's March 7, 2017 eligibility determination and enrollment confirmation notice is **AFFIRMED** because it properly began your eligibility for and enrollment in your Essential Plan on April 1, 2017.

## **Decision**

The March 7, 2017 eligibility determination is **AFFIRMED**.

The March 7, 2017 enrollment confirmation notice is **AFFIRMED**.

**Effective Date of this Decision:** June 30, 2017

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

This decision does not change your eligibility.

The effective date of your Essential Plan is April 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:

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 March 7, 2017 eligibility determination is AFFIRMED.

The March 7, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

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

### **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)

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### 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।

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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&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.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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