



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019131

[REDACTED]

[REDACTED]

On October 27, 2017, your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's May 20, 2017 eligibility determination and August 3, 2017 plan 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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Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019131



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 the Essential Plan was effective July 1, 2017 and that your enrollment in your Essential Plan was effective September 1, 2017?

Procedural History

On May 13, 2016, NY State of Health (NYSOH) issued an eligibility determination stating that you were eligible for Medicaid, effective May 1, 2016.

On March 3, 2017, NYSOH issued a notice that it was time to renew your health insurance for 2017. 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 by April 15, 2017 or the financial assistance you were getting might end.

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

On April 17, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective May 1, 2017. This notice stated that this was because you did not respond to the renewal notice and did not complete your renewal in the required timeframe.

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Also on April 17, 2017, NYSOH issued a plan disenrollment notice stating that you were no longer enrolled into your Medicaid Managed Care plan as of April 30, 2017. This notice stated that this was because you were no longer eligible to enroll in health insurance through NYSOH.

On May 19, 2017, NYSOH received your updated application for health insurance. A preliminary eligibility determination was prepared that day finding you eligible to enroll in the Essential Plan, effective July 1, 2017.

Also on May 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan eligibility insofar as you were not eligible to enroll in an Essential Plan as of May 1, 2017.

On May 20, 2017, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective July 1, 2017. This notice also advised you to select a plan for your enrollment to begin.

On August 3, 2017, NYSOH issued a plan enrollment notice, based on your August 2, 2017 plan selection, stating that you were enrolled in an Essential Plan effective September 1, 2017.

On October 24, 2017, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that this appeal be adjourned since your authorized representative was unavailable, which was granted.

On October 27, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your authorized representative, [REDACTED] appeared on your behalf. During this hearing, the Hearing Officer agreed to amend your appeal to include the August 3, 2017 plan enrollment notice, which stated that your Essential Plan was effective as of September 1, 2017. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account and your authorized representative's testimony, you receive all your notices from NYSOH by regular mail.
- 2) Your authorized representative testified that you did not receive any notices telling you that you needed to update your application in order

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to renew your health insurance coverage through NYSOH for the upcoming coverage year.

- 3) Your authorized representative testified that you regularly have issues with the United States Postal Service in your area, and that it's common to not receive mail addressed to you.
- 4) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 5) Your authorized representative testified that you did not know that you needed to update your account until you started having issues with your doctor's offices rejecting your insurance card.
- 6) Your authorized representative testified that this occurred sometime in the summer of 2017.
- 7) According to your NYSOH account, on May 19, 2017, NYSOH received your updated application for health insurance.
- 8) According to your NYSOH account, you were found eligible to enroll into an Essential Plan, effective July 1, 2017.
- 9) Your authorized representative testified that you did not enroll into a plan on May 19, 2017, because you were unsure what Essential Plan would be accepted by your doctors.
- 10) Your authorized representative testified that you were having a difficult time finding out what Essential Plan was accepted by your doctors and that figuring out what Essential Plan would be best for enrollment took a long time.
- 11) According to your NYSOH account and your authorized representative's testimony, you selected your Essential Plan for enrollment on August 2, 2017, and your enrollment was effective on September 1, 2017.
- 12) Your authorized representative testified that you are seeking to have your Essential Plan coverage backdated to May 1, 2017 because you incurred medical bills from that time due to a series of medical conditions.

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 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 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 was effective September 1, 2017.

You were originally found eligible for Medicaid effective May 1, 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).

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 March 3, 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 April 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 April 30, 2017.

Your authorized representative testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. Your authorized representative testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. Your authorized representative further testified that the United States Postal Service is very unreliable in your area, and you often have trouble receiving your 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 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.

The record shows that, on May 19, 2017, you updated the information in your NYSOH account and you were found eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective July 1, 2017. This notice also stated that you need to select a plan for enrollment for your coverage to begin.

The date on which an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

Your authorized representative testified that you did not enroll into a plan on May 19, 2017, because you were unsure what plan your doctors would accept. Your authorized representative testified that you were having a difficult time finding out what Essential Plan was accepted by your doctors and that figuring out what Essential Plan would be best for enrollment took a long time. Your authorized representative further testified that you were unable to select a plan for enrollment until August 2, 2017.

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.

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Since you selected your Essential Plan on August 2, 2017, it must take effect on the first day of the following after August 2017; that is, on September 1, 2017.

Therefore, NYSOH's May 20, 2017 eligibility determination and August 3, 2017 plan enrollment notices are AFFIRMED because it properly began your eligibility for the Essential Plan on July 1, 2017 and your enrollment in your Essential Plan on September 1, 2017, respectively.

Decision

The May 20, 2017 eligibility determination notice is AFFIRMED.

The August 3, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: November 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Essential Plan is September 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:

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).

- 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
- 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 May 20, 2017 eligibility determination notice is AFFIRMED.

The August 3, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is September 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:

[REDACTED]

[REDACTED]

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

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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 b e tumi ama wo obi a okyer e 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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