



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

Notice of Decision

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020276



Dear [REDACTED]

On September 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 6, 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).

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Decision

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020276



Issue

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

Did NY State of Health (NYSOH) properly determine that your enrollment in your Essential Plan coverage began on August 1, 2017?

Procedural History

On July 29, 2016, NYSOH received your updated application for financial assistance with health insurance.

On July 30, 2016, NYSOH issued an eligibility determination notice, based on your July 29, 2016 application, stating that you were eligible for Medicaid, effective July 1, 2016.

Also on July 30, 2016, NYSOH issued an enrollment confirmation notice, confirming your selection of a Medicaid Managed Care plan, with an enrollment start date of September 1, 2016.

On May 4, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, you now qualified for a tax credit of up to \$335.82 per month to help pay for your health coverage. The notice stated that, if you believed any of the information in the renewal notice was incorrect, or needed to report any changes in your life that might affect your eligibility for financial assistance and health coverage, then you needed to update your

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account by between May 16, 2017 and June 15, 2017, in order for your coverage to be effective July 1, 2017.

On May 17, 2017, NYSOH issued a disenrollment notice, stating that your coverage in your Medicaid Managed Care plan was ending, effective June 30, 2017, because you were no longer eligible to remain enrolled in that plan.

On May 30, 2017, you updated your application for financial assistance.

On May 31, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, for a limited time, with a \$20.00 monthly premium, effective July 1, 2017. The notice advised you that you needed to pick a plan to receive coverage. The notice also stated that you needed to provide documentation of your income by August 28, 2017.

On July 5, 2017, you selected an Essential Plan for enrollment.

On July 6, 2017, NYSOH issued an enrollment notice confirming your selection of your MVP Essential Plan, with a plan enrollment start date of August 1, 2017.

Also on July 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan, insofar as it did not begin on July 1, 2017.

On September 25, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. 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) You were determined eligible for Medicaid on July 29, 2016, with an effective date of July 1, 2016.
- 2) Your NYSOH account reflects that you are enrolled to receive email alerts regarding notices issued in your NYSOH account.
- 3) You testified that you did not receive any email alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility.
- 4) You testified that you received a notice in the mail saying that you needed to renew your coverage, so you called NYSOH and updated your application.

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- 5) Your NYSOH account reflects that on May 30, 2017, NYSOH received your updated application for health insurance.
- 6) Your NYSOH account reflects that you were found eligible for the Essential Plan with a \$20.00 monthly premium, for a limited time, effective July 1, 2017.
- 7) No plan selection was made on May 30, 2017.
- 8) You testified that you went through the whole application on May 30, 2017 and then picked an MVP plan at the end of the conversation, and were told by the NYSOH representative that you would receive new cards for your coverage.
- 9) You testified that you went to renew your medications and found out that you did not have coverage, so you called NYSOH to find out why.
- 10) You testified that you were told by NYSOH that your coverage did not begin because you did not pick a primary care provider, which you do not think is a valid reason for your coverage not to begin.
- 11) Your NYSOH account reflects that an Essential Plan was selected on your behalf on July 5, 2017, with coverage going into effect on August 1, 2017.
- 12) You testified that you requested that NYSOH begin mailing documents to you because you do not receive emails.
- 13) You testified that you are seeking to have coverage in the Essential Plan as of July 1, 2017 because you have two medical bills from July 2017.
- 14) After the hearing, the Hearing Officer listened to a recording of your phone call with NYSOH's Customer Service on May 30, 2017, during which you renewed your application for financial assistance with health insurance. The following findings of fact are based on this recording:
 - a. You told the NYSOH representative that you were calling because you had received a letter from NYSOH stating that emails they tried to send to you were returned as undeliverable;
 - b. The NYSOH representative informed you that a renewal notice had been sent to you on May 4, 2017, and that you were calling during your renewal period;
 - c. The NYSOH representative asked you if you have access to your NYSOH account online, and you responded that you are on probation and have very limited internet access;

- d. You informed the NYSOH representative that you believe your email account may have been shut down, which might be why the emails NYSOH sent to you were returned as undeliverable;
- e. The NYSOH representative offered to renew your application with you, and proceeded to do so;
- f. The NYSOH representative informed you that you would be eligible for the Essential Plan with a \$20.00 monthly premium;
- g. The NYSOH representative told you that you needed to pick a plan, and asked if you knew what plan you might want;
- h. You informed the NYSOH representative that you currently had an MVP plan, and would like to keep MVP because your providers accepted it;
- i. The NYSOH representative informed you that MVP had an Essential Plan, but that it only covered medical, not dental and vision services;
- j. The NYSOH representative explained to you how the Essential Plan differed from the Medicaid coverage you previously had, and provided you with information regarding your copays and premiums;
- k. The NYSOH representative advised you three separate times that you needed to select a plan by June 15, 2017 in order to have coverage as of July 1, 2017;
- l. You did not select a plan during the phone call, but instead accepted the phone numbers for the plans so that you could call them to find out if your doctors were in their network;
- m. At the end of the call, you asked if you would be receiving cards, and the NYSOH representative again advised you that you did not pick a plan yet, and that you needed to call back to do so.

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)).

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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)).

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)).

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)).

Legal Analysis

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

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

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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 May 4, 2017 renewal notice stated that you were newly eligible to receive a tax credit toward the cost of your health insurance, based on information available from state and federal data sources. However, it also stated that, if you believed the information in the notice was incorrect, or if you needed to report changes that could affect your eligibility, you needed to update your account by June 15, 2017 in order to make sure that your coverage went into effect on July 1, 2017.

Your NYSOH account reflects that you are enrolled to receive electronic alerts regarding notices issued in your NYSOH account. You testified that you did not receive any emails from NYSOH, and that you received a letter in the mail telling you it was time to renew. However, a review of your telephone call with NYSOH on May 30, 2017, indicates that you told NYSOH you received a letter informing you that emails NYSOH sent you were returned as undeliverable. Additionally, you informed the NYSOH representative that you had limited internet access because you were on probation, and that your email account may have been shut down.

Therefore, based on your testimony, it is concluded that you knew NYSOH was trying to send you emails, and that you were not receiving them. Moreover, since you called on May 30, 2017, which was within your renewal period, the issue of whether you received an email alert regarding the renewal notice was rendered irrelevant.

You renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on May 30, 2017 with a NYSOH representative. You testified that you selected an MVP plan on that day, and do not know why your coverage did not start as of July 1, 2017. You testified that, when you discovered you did not have coverage, you called NYSOH and were told that your coverage had not started because you had not yet selected a provider.

However, a review of your phone call with NYSOH from May 30, 2017 reveals that you did not select a health plan on that day. The NYSOH representative explained to you in detail the costs associated with the Essential Plan, and informed you that MVP did not offer a plan that would provide dental and vision coverage. You opted to take down the phone numbers for the other plans so that you could call them and find out if your doctor was in their network. The NYSOH representative told you three separate times that you had until June 15, 2017 to select a plan. Moreover, at the end of the call, when you asked if you would be receiving insurance cards, she again advised you that you had not yet picked a plan, and that you needed to call back to do so.

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On July 5, 2017, you selected an Essential Plan. 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 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 July 5, 2017, it must take effect on the first day of the following month: that is, on August 1, 2017. As there is no indication in the record that you selected a plan prior to July 5, 2017, there is no basis to backdate your enrollment.

Therefore, July 6, 2017 notice of enrollment stating that your enrollment in your Essential Plan began on August 1, 2017 is AFFIRMED.

PLEASE NOTE: Your NYSOH account indicates that you are still enrolled to receive email alerts regarding notices in your account. Should you wish to change your communication preferences so that you receive regular mail, please contact NYSOH's Customer Service line.

Decision

The July 6, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 5, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan coverage properly began on August 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

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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
- 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 July 6, 2017 enrollment confirmation notice is **AFFIRMED**.

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Your enrollment in your Essential Plan coverage properly began on August 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 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 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 אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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