



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

## Notice of Decision

Decision Date: October 18, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021241

[REDACTED]

Dear [REDACTED],

On October 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 18, 2017 eligibility determination and 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: October 18, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021241

[REDACTED]

## 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 you and your spouse's eligibility for and enrollment in an Essential Plan was effective September 1, 2017?

## Procedural History

According to your NYSOH account, on August 18, 2016, you and your spouse were determined eligible for Medicaid, effective August 1, 2016, and were enrolled in a Medicaid Managed Care plan, effective October 1, 2016.

On June 3, 2017, NYSOH issued a notice that it was time to renew your and 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 make a decision about whether you and your spouse would qualify for financial help paying for your and your spouse's health coverage, and that you needed to update your and your spouse's account between June 16, 2017 and July 15, 2017, or you both might lose the financial assistance you and your spouse were currently receiving.

No updates were received by July 15, 2017 and NYSOH systematically redetermined your and your spouse's eligibility for financial assistance with health insurance.

On July 17, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You and 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 and your spouse's renewal within the required time frame. Your and your spouse's eligibility ended August 1, 2017.

Also on July 17, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Medicaid Managed Care plan was terminated, effective July 31, 2017.

On July 18, 2017, NYSOH issued an eligibility determination notice, based on your and your spouse's July 17, 2017 updated application, stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective September 1, 2017.

Also on July 18, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's selection of your Essential Plan, with a plan enrollment start date of September 1, 2017.

On August 7, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's enrollment in the Essential Plan insofar as it did not begin on August 1, 2017.

On October 13, 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 testified that you did receive the June 3, 2017 renewal notice stating that you and your spouse needed to update your account before July 15, 2017. You further testified that you misjudged the date and missed the deadline by two days to renew your and your spouse's eligibility.
- 2) According to your NYSOH account, on July 17, 2017, NYSOH received your and your spouse's updated application for health insurance. You enrolled yourself and your spouse in an Essential Plan that day.
- 3) You testified that you also received the July 17, 2017 notices but had already renewed your and your spouse's eligibility and, therefore, did not read them very well.

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- 4) You testified that you were never advised by a NYSOH representative that you and your spouse would have a gap in coverage for the month of August 2017. You realized you and your spouse did not have coverage when you attempted to renew your spouse's prescriptions at the pharmacy.
- 5) You testified that, although your spouse had to go without her very important prescriptions for the month of August 2017, you are still seeking coverage for yourself and your spouse in the Essential Plan for August 2017, because you have a medical bill from that month.

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)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

### Essential Plan Effective 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

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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 you and your spouse's eligibility for and enrollment in your and your spouse's Essential Plan was effective September 1, 2017.

You and your spouse were originally found eligible for Medicaid effective August 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 June 3, 2017 renewal notice stated that there was not enough information to determine whether you and your spouse were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by July 15, 2017, or your and your spouse's financial assistance might end.

Because there was no timely response to this notice, you and your spouse were terminated from your Medicaid Managed Care plan effective July 31, 2017, when 12 months of Medicaid coverage from August 1, 2016 ended.

You testified that you did receive the June 3, 2017 renewal notice stating that you and your spouse needed to update your account before July 15, 2017. You further testified that you misjudged the date and missed the deadline by two days to renew your and your spouse's eligibility.

Therefore, the record reflects that NYSOH properly notified you of your and your spouse's annual renewal and that information in your NYSOH account needed to be updated to ensure your and your spouse's eligibility for financial assistance and enrollment in a health plan and would continue without interruption.

The record shows that, on July 17, 2017, you updated the information in your and your spouse's NYSOH account and submitted a request to enroll in 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

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

Since you selected your and your spouse's Essential Plan on July 17, 2017, it must take effect on the first day of the second month following July 2017; that is, on September 1, 2017.

Therefore, NYSOH's July 18, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your and your spouse's eligibility for and enrollment in the Essential Plan on September 1, 2017.

## **Decision**

The July 18, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

**Effective Date of this Decision:** October 18, 2017

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

This decision does not change your or your spouse's eligibility.

The effective date of your and your spouse's Essential Plan is September 1, 2017.

You and your spouse did not have health insurance coverage through NYSOH for the month of August 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

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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 18, 2017 eligibility determination and plan enrollment notices are **AFFIRMED**.

This decision does not change your or your spouse's eligibility.

The effective date of your and your spouse's Essential Plan is September 1, 2017.

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).



## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

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**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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## **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 bεtumi ama wo obi a okyerε 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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