



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

Notice of Decision

Decision Date: November 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021407

[REDACTED]

Dear [REDACTED],

On November 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 15, 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).

This page intentionally left blank.



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

Decision

Decision Date: November 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021407

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health provide a timely determination of your Essential Plan eligibility as of August 1, 2017?

Did NY State of Health properly determine that your enrollment in your Essential Plan was effective September 1, 2017?

Procedural History

On July 2, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid, effective August 1, 2016.

On May 4, 2017, NYSOH issued a renewal notice, stating 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, 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 June 15, 2017 or you might lose the financial assistance you were currently receiving.

On June 14, 2017, you updated your application for financial assistance.

On June 15, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was required in order to determine

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).

your eligibility for financial assistance. This notice directed you to submit proof of your household income by June 29, 2017.

On June 22, 2017, you uploaded income documentation to your NYSOH account.

Also on June 22, 2017, NYSOH reviewed the documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On June 23, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that additional income documentation was due by July 14, 2017.

On July 3, 2017, you uploaded income documentation to your NYSOH account.

Also on July 3, 2017, NYSOH verified the income documentation you submitted, recalculated your household income based on this application, and submitted an updated application on your behalf.

On July 4, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective August 1, 2017.

On August 14, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal insofar as you were not found eligible for and enrolled in your Essential Plan as of July 1, 2017.

On August 15, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of September 1, 2017.

On November 2, 2017, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On November 13, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. 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 2, 2016, with an effective date of July 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).

- 2) You testified, and the record confirms that you receive your notices from NYSOH by regular mail.
- 3) You testified that you did not receive the May 4, 2017 renewal notice telling you that you needed to update your application in order to renew your eligibility for financial assistance with health insurance.
- 4) The May 4, 2017 renewal notice was sent to you at [REDACTED]. This notice has not been returned as undeliverable.
- 5) You testified that you resided at [REDACTED] for two years until the last two to three months.
- 6) Your NYSOH account reflects that you updated your application for financial assistance on June 14, 2017.
- 7) You testified that when you completed your application, you were asked to upload documentation of your income.
- 8) On June 22, 2017, you uploaded your 2016 tax return to your NYSOH account.
- 9) On June 22, 2017, NYSOH reviewed the 2016 tax return you submitted and determined that this was insufficient proof of your income as four consecutive current weekly paystubs were required.
- 10) On July 3, 2017, you uploaded five of your paystubs.
- 11) Also on July 3, 2017, NYSOH reviewed the paystubs you submitted and determined that these were sufficient proof of your household income.
- 12) You testified that within a week of submission of your paystubs on July 3, 2017 you followed-up by calling NYSOH, at which time you were advised that you had been found eligible for the Essential Plan and that you would need to select a plan for enrollment. You testified that you logged in to your NYSOH account and selected a plan for enrollment that day.
- 13) You testified that your username to access your NYSOH account is [REDACTED].
- 14) The events tab within your NYSOH account reflects that on July 6, 2017 user [REDACTED] accessed your account.
- 15) The August 15, 2017 enrollment notice indicates that it concerns your health insurance through NYSOH as of July 6, 2017.

16) You testified that sometime in August 2017 you contacted NYSOH to find out why you had not yet received your insurance card, and it was at this time that you learned that there had been a problem with your plan enrollment going through.

17) You testified that you are seeking to have your Essential Plan begin as of July 1, 2017.

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)).

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

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).

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)).

Verification Process

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 (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).

Timely Notice of Essential Plan Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue under review is whether NYSOH provided you with a timely determination of your Essential Plan eligibility as of August 1, 2017.

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

Generally, NYSOH will redetermine a qualified individual's eligibility for the 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 there was not enough information to determine whether you were eligible to continue your financial assistance for health

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).

insurance, and that you needed to supply additional information by June 15, 2017, or your financial assistance might end.

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, there is no evidence in the record that the May 4, 2017 renewal notice was returned as undeliverable.

Furthermore, the record reflects that the May 4, 2017 renewal notice was sent to [REDACTED]. Based on your testimony, this was your address at the time the May 4, 2017 renewal notice was issued.

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 eligibility for financial assistance would continue.

You updated your NYSOH account on June 14, 2017. The income amount that was entered into this application did not match state and federal data sources. As a result, NYSOH asked that you submit documentation to confirm your income.

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 June 22, 2017, you uploaded your 2016 tax return to your NYSOH account. Also on June 22, 2017, NYOSH found this document to be insufficient proof of your income.

On July 3, 2017, you uploaded five of your recent paystubs.

Therefore, your application was considered complete as of July 3, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid and Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on July 4, 2017 that stated that you were eligible to enroll in the Essential Plan effective August 1, 2017. Since

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).

NYSOH issued an eligibility determination one day from the date your application was considered complete, the July 4, 2017 eligibility determination notice was timely.

The second issue is whether NYSOH properly determined that your enrollment in your Essential Plan was effective September 1, 2017.

The date on which enrollment in 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 from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since the July 4, 2017 eligibility determination notice was timely issued, you were able to select an Essential Plan as of July 4, 2017.

You credibly testified that following submitting your paystubs on July 3, 2017 you followed-up within a week by calling NYSOH, at which time you were advised that you had been found eligible for the Essential Plan and that you would need to select a plan for enrollment. You testified that you logged in to your NYSOH account and selected a plan for enrollment that day.

Your NYSOH account reflects that you accessed your account on July 6, 2017. Furthermore, the August 15, 2017 enrollment notice indicates that it concerns your health insurance through NYSOH as of July 6, 2017.

As the credible evidence in the record reflects that you selected an Essential Plan for enrollment on July 6, 2017, the August 15, 2017 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Essential Plan was effective August 1, 2017.

Your case is RETURNED to NYSOH to begin your enrollment in your Essential Plan as of August 1, 2017. You will be responsible for any premiums associated with this coverage.

Decision

The August 15, 2017 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Essential Plan was effective August 1, 2017.

Your case is RETURNED to NYSOH to begin your enrollment in your Essential Plan as of August 1, 2017.

You will be responsible for any premiums associated with this coverage.

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).

Effective Date of this Decision: November 21, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Essential Plan should have begun as of August 1, 2017.

Your case is being sent back to NYSOH to begin your enrollment in your Essential Plan as of August 1, 2017.

You will be responsible for any premiums associated with this coverage.

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:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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).

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 August 15, 2017 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Essential Plan was effective August 1, 2017.

Your case is RETURNED to NYSOH to begin your enrollment in your Essential Plan as of August 1, 2017.

Your enrollment in your Essential Plan should have begun as of August 1, 2017.

Your case is being sent back to NYSOH to begin your enrollment in your Essential Plan as of August 1, 2017.

You will be responsible for any premiums associated with this coverage.

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.

(Bengali)

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).

1-855-355-5777

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&btumi 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.

אַײַדיש (Yiddish)

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).

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.

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).