



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: AP000000022018

[REDACTED]

Dear [REDACTED],

On November 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 18, 2017 eligibility determination and August 24, 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 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022018



## Issues

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

Did NY State of Health properly determine that your eligibility for the Essential Plan was effective September 1, 2017?

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

## Procedural History

On August 31, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible to enroll for Medicaid, effective August 1, 2016.

Also on August 31, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in your Medicaid Managed Care plan, effective October 1, 2016.

On June 3, 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, 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 June 16, 2017 and July 15, 2017, or you might lose the financial assistance you were currently receiving.

No updates were received between June 16, 2017 and July 15, 2017.

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On July 17, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective August 1, 2017. The notice stated that you were not eligible because you did not respond to the renewal notice within the required time frame.

On July 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan terminated, effective July 31, 2017.

Also on July 17, 2017, NYSOH received your updated application for financial assistance with health insurance.

On July 18, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan, effective September 1, 2017.

On August 23, 2017, NYSOH received your application for financial assistance with health insurance.

On August 24, 2017, NYSOH issued an eligibility determination stating that you were eligible for the Essential Plan, effective October 1, 2017.

Also on August 24, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential Plan, effective October 1, 2017.

On August 31, 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 August 1, 2017.

On November 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for the Hearing Officer to listen to the NYSOH's Call Center recordings from July 17, 2017.

The Hearing Officer listened to the available phone recordings from July 17, 2017, after which the record was closed.

## **Findings of Fact**

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

- 1) You were determined eligible for Medicaid, effective August 1, 2016.
- 2) You testified that you receive your notices from NYSOH by regular mail.

- 3) You testified that you did receive the June 3, 2017 notice informing you that you needed to update your NYSOH account in order to renew your health insurance coverage through NYSOH.
- 4) You testified that you were under the impression that you had already renewed your coverage when you updated your account prior to receiving that notice.
- 5) There is no indication in the record that there were any updated applications submitted between June 16, 2017 and July 15, 2017.
- 6) According to your NYSOH account and your testimony, you contacted NYSOH and a new application was submitted on July 17, 2017.
- 7) You testified that you did not enroll into a plan on July 17, 2017 because you were never informed by the NYSOH representative that you had to when you completed your application.
- 8) NYSOH's Appeals Unit reviewed the phone calls you made to NYSOH on July 17, 2017 and determined that:
  - a. You called NYSOH because you received a renewal notice from NYSOH, but you were under the impression that you had already completed your renewal.
  - b. The NYSOH representative informed you that it looks like you did apply recently, but that it was outside of the renewal period.
  - c. As a result, the NYSOH representative submitted a new application for financial assistance.
  - d. The NYSOH representative informed you that you were newly eligible to enroll in the Essential Plan.
  - e. You asked the NYSOH representative if you could still have the same health insurance provider you had before and the NYSOH representative informed you that your current health insurance provider does not offer coverage through the Essential Plan, so you would have to pick a new plan.
  - f. The NYSOH representative also informed you that your current health insurance coverage would end.
  - g. You asked to be transferred to the Accounts Review Unit because you were unhappy with your eligibility.
  - h. The Accounts Review Unit explained the eligibility determination and you stated that you would like to speak with your application counselor before making any more decisions.
- 9) You testified that you thought that you did not have to enroll into an Essential Plan for your coverage to start.

- 10) You testified that you had to go to [REDACTED] in August 2017 and you were informed that you did not have health insurance.
- 11) The record indicates that you enrolled into an Essential Plan on August 23, 2017; which was effective October 1, 2017.
- 12) You testified that you need your Essential Plan coverage to start August 1, 2017, because you have unpaid medical bills 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)).

### Essential Plan, Start 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

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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 first issue under review is whether NYSOH properly determined that your eligibility for the Essential plan was effective September 1, 2017.

You 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 were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information between June 16, 2017 and July 15, 2017, or your financial assistance might end.

You testified that you received the June 3, 2017 renewal notice. You further testified that you contacted NYSOH prior to July 17, 2017 and you thought that you had submitted a renewal. However, the renewal notice issued on June 3, 2017, stated that you needed to update your account between June 16, 2017 and July 15, 2017 to renew your coverage for the upcoming year. There is no indication in the record that there were any updates made your account between June 16, 2017 and July 15, 2017.

As a result, NYSOH terminated your coverage in your Medicaid Managed Care plan, effective July 31, 2017.

The record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated between June 16, 2017 and July 15, 2017 to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

Therefore, NYSOH's July 18, 2017 eligibility determination is **AFFIRMED** because it properly began your Essential Plan eligibility on September 1, 2017.

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

The record shows that on July 17, 2017 you updated the information in your NYSOH account. That day, you were found eligible for to enroll in the Essential Plan, effective September 1, 2017.

The record indicates that you did not enroll into an Essential Plan that day. You testified that you were not aware that you needed to enroll into a plan in order for your coverage to start. However, a review of the telephone call made on July 17, 2017, indicates that the NYSOH representative informed you that the current health insurance provider you had did not participate in Essential Plan coverage, and that you would have to pick a new plan for enrollment. The telephone recording also indicates that you stated that you would like to speak with the application counselor who assisted you before you made any other decisions and then you disconnected the call without enrolling into an Essential Plan.

The record indicates that, on August 23, 2017, you contacted NYSOH and you selected an Essential Plan for enrollment.

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 August 23, 2017, it must take effect on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, NYSOH's August 24, 2017 plan enrollment notice is AFFIRMED because they properly began your enrollment in the Essential Plan on October 1, 2017.

## **Decision**

The July 18, 2017 eligibility determination notice is AFFIRMED.

The August 24, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision: November 21, 2017**



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

This decision does not change your eligibility.

The effective date of your Essential Plan is October 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:  
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):**

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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- By fax: 1-855-900-5557

## **Summary**

The July 18, 2017 eligibility determination notice is AFFIRMED.

The August 24, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is October 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 مجاناً.

### (Bengali)

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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. y&btumi ama wo obi a okyer& 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)**

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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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