



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

## Notice of Decision

Decision Date: January 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024553

[REDACTED]

[REDACTED]

On January 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 20, 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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## Decision

Decision Date: January 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024553

[REDACTED]

## Issue

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

Did NY State of Health properly determine that you and your spouse's eligibility for and enrollment in your Essential Plans were effective as of January 1, 2018?

## Procedural History

On December 6, 2016, NYSOH issued a notice of eligibility determination stating, in part, that you and your spouse were eligible for Medicaid, effective December 1, 2016.

On September 21, 2017, NYSOH issued a notice that it was time to renew your family'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 your family would qualify for financial help paying for your health coverage, and that you needed to update your account between October 16, 2017 and November 15, 2017, or you and your spouse might lose the financial assistance you both were currently receiving.

On October 7, 2017, NYSOH received your updated application for health insurance.

On October 8, 2017, NYSOH issued an eligibility determination notice stating, in part, that you and your spouse were no longer qualified for Medicaid, but that you

and your spouse would continue to receive Medicaid coverage through November 30, 2017. This eligibility was effective as of October 1, 2017.

Also on October 8, 2017, NYSOH issued a plan enrollment notice confirming, in part, your and your spouse's enrollment in your Medicaid Managed Care (MMC) plan, with an enrollment start date of January 1, 2017.

On November 17, 2017, NYSOH issued a discontinuance notice stating that you and your spouse were not qualified to enroll in health insurance through NYSOH because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. The notice also stated that your and your spouse's eligibility would end effective December 1, 2017.

Also on November 17, 2017, NYSOH issued a plan disenrollment notice confirming your and your spouse's disenrollment from your MMC plan, effective November 30, 2017.

On November 19, 2017, NYSOH received your application for financial assistance with health insurance.

On November 20, 2017, NYSOH issued an eligibility determination notice stating, in part, that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, effective January 1, 2018.

On November 20, 2017, NYSOH also issued a plan enrollment notice confirming your and your spouse's enrollment in your Essential Plans with \$20.00 monthly premiums, effective January 1, 2018.

Also on November 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the November 20, 2017 eligibility determination and plan enrollment notices insofar as they began your and your spouse's eligibility for and enrollment in Essential Plan coverage on January 1, 2018, and not December 1, 2017.

On January 9, 2018, 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) According to your NYSOH account and your testimony, you and your spouse were originally found eligible for Medicaid, effective December 1, 2016.

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- 2) Your NYSOH account indicates that you receive notices from NYSOH by electronic mail.
- 3) You testified that you believe you did receive the September 23, 2017 renewal notice, and that that was why you updated your NYSOH account on October 7, 2017.
- 4) You testified that you were inundated with notices from both NYSOH and your MMC plan informing you that you needed to renew your family's health insurance coverage.
- 5) You testified that you were not aware that there was a specific time frame that you had to renew between; rather, you thought you could renew any time after receiving the notices.
- 6) According to your NYSOH account and your testimony, you renewed your family's coverage online via the NYSOH website and did not receive any assistance.
- 7) You testified that you were not aware that you and your spouse had been disenrolled from your Medicaid coverage until you received the disenrollment notice, which prompted you to update your account on November 19, 2017.
- 8) You testified that you are seeking to have your and your spouse's Essential Plan coverage start as of December 1, 2017.
- 9) You testified that neither you nor your spouse have any unpaid medical bills from the month of December 2017, but you do not think it is fair that, just because you renewed too early, you and your spouse would have a gap in coverage.

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

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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 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 NY State of Health properly determined that you and your spouse's eligibility for and enrollment in your Essential Plan coverage was effective January 1, 2018.

The record indicates that you and your spouse were originally found eligible for Medicaid, effective December 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 issued an annual renewal notice on September 23, 2017. That notice stated that based on information from federal and state sources, NYSOH could

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not make a decision about whether your family would qualify for financial help with paying for your health coverage for the upcoming coverage year. This notice further directed you to update your account between October 16, 2017 and November 15, 2017 to complete your family's renewal for the upcoming coverage year

However, the record indicates and you testified that you updated your application on October 7, 2017; which was prior to your renewal period. In order for NYSOH to renew your and your spouse's eligibility for financial assistance with health insurance for the upcoming coverage year, a completed application must have been submitted within the required time frame which was listed on the renewal notice; that is, between October 16, 2017 and November 15, 2017.

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 and your spouse's eligibility for and enrollment in your health plans would continue. However, you renewed in advance of this date and, therefore, failed to renew your family's eligibility within the required time frame.

The record shows that on November 19, 2017, you updated the information in your NYSOH account and you and your spouse were found eligible for the Essential Plan with \$20.00 monthly premiums. You also requested that you and your spouse be enrolled into coverage that day.

The date on which 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected an Essential Plan for your and your spouse's enrollment on November 19, 2017, the plans must take effect on the first day of the second following month after November 2017; that is, on January 1, 2018.

Therefore, the November 20, 2017 eligibility determination and plan enrollment notices are AFFIRMED because the notices properly began your and your spouse's eligibility for and enrollment in your Essential Plans as of January 1, 2018.

## **Decision**

The November 20, 2017 eligibility determination is AFFIRMED.

The November 20, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 12, 2018

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

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

The effective dates of your and your spouse's Essential Plans are January 1, 2018.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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

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## **Summary**

The November 20, 2017 eligibility determination is AFFIRMED.

The November 20, 2017 plan enrollment notice is AFFIRMED.

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

The effective dates of your and your spouse's Essential Plans are January 1, 2018.

## **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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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