



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

### Notice of Decision

Decision Date: March 5, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024953

[REDACTED]

Dear [REDACTED],

On January 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 14, 2017 eligibility determination and disenrollment notices, and the November 28, 2017 plan enrollment 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: March 5, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024953



## Issues

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

Did NY State of Health properly determine that your eligibility for and enrollment in your Medicaid Managed Care plan ended effective October 31, 2017?

Did NY State of Health properly determine that your enrollment in your Essential Plan did not begin until January 1, 2018?

## Procedural History

According to your NY State of Health (NYSOH) account, you were originally found eligible for Medicaid and enrolled in a Medicaid Managed Care plan, effective November 1, 2016.

On September 3, 2017, NYSOH issued a renewal notice for the upcoming coverage period, informing you to update your income information in your NYSOH by October 15, 2017, because your attested income did not match the data obtained from federal and state sources. At that time, NYSOH also received information from the United States Postal Service (USPS) that your address had changed, which resulted in a change of address notice being issued. The September 3, 2017 change of address notice instructed you to update your address in your NYSOH account and, if you did not, your coverage might be impacted.

According to your NYSOH account, on October 13, 2017, you updated your application and confirmed your [REDACTED] address.

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On October 14, 2017, NYSOH issued a notice, based on your October 13, 2017 updated application, stating that the income information in your application did not match what NY State of Health received from state and federal data sources. You were directed to provide proof of household income by October 28, 2017, to confirm your eligibility.

Also on October 14, 2017, a disenrollment notice was issued stating that your coverage with your Medicaid Managed Care plan would end on October 31, 2017, because you were no longer eligible for that program.

On October 23, 2017, pursuant to NYSOH's request, you submitted a copy of 2016 federal income tax return, which was validated by NYSOH on October 24, 2017 (see Document [REDACTED]).

On October 25, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 per month premium, effective December 1, 2017. The notice stated that you must pick a health plan.

On October 26, 2017, NYSOH issued an eligibility determination notice stating that, effective December 1, 2017, you did not qualify for health coverage through NYSOH because you are not a resident of New York State. This was because the October 14, 2017 notices mailed to the mailing address listed on your NYSOH account on the date of their issuance had been returned to NYSOH as undeliverable by USPS on October 25, 2017.

On November 28, 2017, NYSOH issued an eligibility determination notice, based on your November 27, 2017 updated application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 per month premium for a limited time, effective January 1, 2018. The notice stated that you must provide proof of income by February 25, 2017, to confirm your eligibility.

Also on November 28, 2017, a plan enrollment notice was issued confirming your selection of an Essential Plan with an effective start date of January 1, 2018.

Also on November 28, 2017, a notice was issued confirming that you have selected to get information from NYSOH via email.

Also on November 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the October 14, 2017 eligibility determination and disenrollment notices, as well as the November 28, 2017 eligibility determination notice, insofar as your eligibility for and enrollment in a Medicaid Managed Care plan ended October 31, 2017, and your enrollment in an Essential Plan began on January 1, 2018, and not November 1, 2017.

On January 25, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to February 9, 2018, to allow you time to submit supporting documents.

On February 8, 2018, you submitted an [REDACTED], dated [REDACTED], a receipt for [REDACTED], dated [REDACTED], an illegible envelope, and three receipts for [REDACTED] dated [REDACTED], [REDACTED] and [REDACTED], along with copies of various unpaid medical bills. These documents were made part of the record collectively as "Appellant's Exhibit A." No further documentation was received as of February 9, 2018, and the record closed that day.

## Findings of Fact

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

- 1) According to your NYSOH account, you updated your application and confirmed your [REDACTED] address on October 13, 2017. You were placed in pending Medicaid status and directed to provide proof of income because the income information you entered into this application did not match the information from federal and state data sources. That same day, you were disenrolled from your Medicaid Managed Care plan, effective October 31, 2017.
- 2) According to your NYSOH account and your testimony, you subsequently submitted income documents that NYSOH validated on October 24, 2017. Based on these documents, you were found eligible for the Essential Plan, effective December 1, 2017.
- 3) You testified that you did not receive any notice informing you that you were terminated from your Medicaid Managed Care plan as of October 31, 2017. You further testified that you were also not aware that your eligibility had been redetermined by NYSOH on October 24, 2017. You stated that you found out you had no insurance when you visited your doctor's office.
- 4) On October 14, 2017 and October 25, 2017, NYSOH issued three notices that were returned as undeliverable on October 23, 2017, and November 1, 2017 respectively. These notices were the October 14, 2017 request for additional income information notice and disenrollment notices, and the October 25, 2017 eligibility determination notice. These notices were addressed to your [REDACTED] [REDACTED] address and returned to NYSOH as "Return to Sender." The envelope listed your name and [REDACTED] address.

- 5) You testified that you moved from your [REDACTED] residence in June 2016, at which time you were unsettled and lived in your friend's home in [REDACTED] until November 30, 2017. You further testified that, during the time, you lived at your friend's home, you had your mail forwarded to [REDACTED] address because you wanted all your personal documents sent to [REDACTED] home address in [REDACTED].
- 6) You testified that you moved into your own apartment in [REDACTED], NY on [REDACTED].
- 7) According to your NYSOH account, on November 27, 2017, you updated your application and changed your residential and mailing address to a [REDACTED] address. That day, you were found eligible for and enrolled in the Essential Plan for a limited time, effective January 1, 2018.
- 8) According to your NYSOH account and your testimony, you also updated your preferences to receive notices via email as of November 27, 2017.
- 9) You testified that you want your health insurance reinstated for November 2017 and December 2017, because you have medical bills for both months because of not knowing you were terminated from coverage.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid Renewal

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

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

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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)).

### 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).

### 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 day 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 enrollment in your Medicaid Managed Care Plan ended effective October 31, 2017.

You were initially determined eligible for Medicaid as of November 1, 2016, and enrolled in an Medicaid Managed Care plan with an end date 12 months later; that is, as of October 31, 2017.

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.

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.

According to your NYSOH account, you were sent a renewal notice and a change of address notice on September 3, 2017, indicating you needed to update the information in your NYSOH account, especially your income information and current mailing address. The record reflects that you updated your application and confirmed your [REDACTED] address on October 13, 2017, but did not provide income information until October 23, 2017.

As a result, as of October 13, 2017, you were placed in pending Medicaid status and directed to provide proof of income because the income information you entered into this application did not match the income federal and state data sources were showing, as stated in the October 14, 2017 request for additional information notice. Therefore, NYSOH was unable to confirm your eligibility for financial assistance and you were disenrolled from your Medicaid Managed Care plan effective October 31, 2017, at the end of the twelve-month period, as stated in the October 14, 2017 disenrollment notice.

Once NYSOH validated your income information on October 24, 2017, you were redetermined eligible for the Essential Plan, effective December 1, 2017.

You testified that you did not receive any notice informing you that you were terminated from your Medicaid Managed Care plan as of October 31, 2017, or that your eligibility had been redetermined for the Essential Plan as of December



1, 2017. You stated that you found out you had no insurance when you visited your doctor's office.

The record reflects that, on October 14, 2017 and October 25, 2017, NYSOH issued three notices that were returned as undeliverable on October 23, 2017, and November 1, 2017, respectively. These notices were the October 14, 2017 request for additional income information and disenrollment notices, and the October 25, 2017 eligibility determination notice. These notices were addressed to your [REDACTED] address. The envelope listed your name and a [REDACTED] as a forwarding address. All three notices were returned to NYSOH as "Return to Sender."

You also testified that you moved from your [REDACTED] residence in June 2016, and that you lived at your friend's home in [REDACTED] until November 30, 2017. You further testified that, during the time you resided at your friend's home, you had your mail forwarded to your [REDACTED] address because you wanted all your personal documents sent to them.

Notwithstanding the fact that this testimony conflicts with the evidence in the record that shows you updated your mailing address to the [REDACTED] address as late as October 13, 2017, your failure to extend your forwarding address with the USPS or to update your mailing address in your NYSOH account in a timely manner, is not an error or mistake attributable to NYSOH, its entities or instrumentalities. Based on these facts, it is concluded that NYSOH properly notified you of your disenrollment from your Medicaid Managed Care plan as of October 31, 2017, and that your account needed to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue. Therefore, the October 14, 2017 disenrollment notice was correct and must be AFFIRMED.

Following your mail being returned to NYSOH as undeliverable on October 25, 2017, your residence within this State could not be determined although it is a prerequisite to qualifying for financial assistance through NYSOH. As a result, NYSOH issued an eligibility determination notice on October 26, 2017, stating that you were no longer eligible for financial assistance through NYSOH, and your eligibility for the Essential Plan was rescinded. Since NYSOH's action was proper and supported by the record at the time, the October 25, 2017 eligibility determination notice finding you eligible for the Essential Plan, effective December 1, 2017, is rendered MOOT as it was superseded (replaced) by the October 26, 2017 eligibility determination finding you were no longer eligible for financial assistance through NYSOH, which is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan did not begin until January 1, 2018.

According to your NYSOH account, you updated your application for financial assistance and enrolled in an Essential Plan on November 27, 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 you first selected an Essential Plan on November 27, 2017, your enrollment in that plan properly took effect on the first day of the second month following November 2017; that is, on January 1, 2018.

Therefore, the November 28, 2017 plan enrollment notice confirming that your enrollment in the Essential Plan was effective January 1, 2018, is correct and must be AFFIRMED.

## **Decision**

The October 14, 2017 disenrollment notice is AFFIRMED.

The October 25, 2017 eligibility determination notice is rendered MOOT.

The October 26, 2017 eligibility determination is AFFIRMED.

The November 28, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** March 5, 2018

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

This Decision does not change your eligibility or health insurance coverage through NYSOH.

You were properly disenrolled from your Medicaid Managed Care plan as of October 31, 2017.

Your eligibility for the Essential Plan, effective December 1, 2017, was properly rescinded.

You did not have health insurance through NYSOH during the months of November 2017 and December 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).

The effective date of your Essential Plan is January 1, 2018.

## **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):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777

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- By mail at:  
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- By fax: 1-855-900-5557

## **Summary**

The October 14, 2017 disenrollment notice is AFFIRMED.

The October 25, 2017 eligibility determination notice is rendered MOOT.

The October 26, 2017 eligibility determination is AFFIRMED.

The November 28, 2017 plan enrollment notice is AFFIRMED.

This Decision does not change your eligibility or health insurance coverage through NYSOH.

You were properly disenrolled from your Medicaid Managed Care plan as of October 31, 2017.

Your eligibility for the Essential Plan, effective December 1, 2017, was properly rescinded.

You did not have health insurance through NYSOH during the months of November 2017 and December 2017.

The effective date of your Essential Plan is 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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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&etumi 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)**

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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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