



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

Notice of Decision

Decision Date: February 08, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024958

[REDACTED]

On February 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 26, 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 NY State of Health 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: February 08, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024958

[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 your eligibility for and enrollment in your Essential Plan was effective December 1, 2017?

Procedural History

According to your NYSOH account, you were determined eligible for Medicaid, effective November 1, 2016, and were enrolled in a Medicaid Managed Care plan as of December 1, 2016.

On September 3, 2017, NYSOH issued a renewal notice informing you that you needed to update your NYSOH account by October 15, 2017, so that your eligibility for the upcoming coverage year could be determined.

On September 23, 2017, NY State of Health (NYSOH) issued a notice, based on your September 22, 2017 updated application, stating that the income information in your application did not match what NYSOH received from state and federal data sources. You were directed to provide proof of household income by October 7, 2017.

Also on September 23, 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.

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On October 3, 2017, you submitted proof of income, including a letter from your employer, dated October 3, 2017, and a letter of attestation that your child does not work, dated October 2, 2017 [REDACTED]. These documents were invalidated by NYSOH on October 4, 2017.

On October 5, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. The notice directed you to provide additional proof of income before October 22, 2017.

On October 18, 2017, you submitted additional proof of income [REDACTED].

These documents were validated by NYSOH on that same day.

On October 19, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a premium of \$20 per month, effective December 1, 2017.

On October 26, 2017, a plan enrollment notice was issued, based on your October 25, 2017 plan selection, confirming your enrollment in an Essential Plan, effective December 1, 2017.

On November 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan, insofar as your coverage began on December 1, 2017, and not November 1, 2017.

On February 5, 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, upon updating your application for financial assistance on September 22, 2017, you were placed in pending Medicaid status and directed to provide proof of income before October 7, 2017 to confirm your eligibility.
- 2) That same day, you were disenrolled from your Medicaid Managed Care Plan effective October 31, 2017, at the end of your twelve-month period of Medicaid coverage.
- 3) According to your NYSOH account and your testimony, you receive all your notices from NYSOH via regular mail.

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- 4) You testified that you never received any notice that you were disenrolled from your Medicaid Managed Care plan and, when you called your health plan, you were advised that you did have active health coverage.
- 5) On October 3, 2017, you submitted a letter from your employer, dated October 3, 2017, that stated you are a [REDACTED] and earn \$16.27 per hour for 7 ½ hours per day when [REDACTED] session. That letter further stated that you do not work in the months of July and August. You also submitted a letter of attestation that your child does not work dated October 2, 2017 [REDACTED]
[REDACTED]

These documents were invalidated by NYSOH on October 4, 2017, because the letter from your employer failed to state whether the income reported by your employer was “gross income.”

- 6) You testified that you were advised by a NYSOH representative that the October 3, 2017 submission was sufficient. You further testified that you were never notified that you needed to submit additional documentation before you were disenrolled from your previous health coverage.
- 7) According to your NYSOH account, on October 18, 2017, you updated your account and submitted additional proof of income, which was validated by NYSOH that day. You were found fully eligible for the Essential Plan, effective December 1, 2017.
- 8) According to your NYSOH account, you selected a health plan on October 25, 2017.
- 9) You testified that you are seeking enrollment in the Essential Plan to begin as of November 1, 2017, because you went to [REDACTED] in November 2017 and have unpaid medical bills.

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

Applicable Law and Regulations

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).

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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/downloads/ny-blueprint.pdf>).

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

Initially, it is noted that you testified that you did not receive notice telling you were being terminated from your Medicaid Managed Care plan or the notice that you needed to provide additional proof of income.

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 any of the notices that were sent to your mailing address were returned as undeliverable. Therefore, the disenrollment and renewal notices are deemed to have been sent and received.

As such, the record reflects that NYSOH properly notified you that you would be disenrolled from your Medicaid Managed Care plan, effective October 31, 2017, at the end of the 12-month Medicaid coverage period, and that information in your NYSOH account needed to be updated to ensure your enrollment in a health plan through NYSOH as of November 1, 2017.

The issue under review turns to whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective December 1, 2017.

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The record reflects that at NYSOH's request for proof of income, on October 3, 2017, you submitted two documents, which were invalidated by NYSOH on October 4, 2017. On October 18, 2017, you submitted additional proof of income, which NYSOH validated that same day. Also on October 18, 2017, your eligibility was updated and you were found eligible for the Essential Plan for a limited time, effective December 1, 2017. You enrolled into an Essential Plan on October 25, 2017, with an effective date of December 1, 2017.

You first submitted proof of your income on October 3, 2017, before the October 15, 2017 deadline. These documents were invalidated on October 4, 2017, on the basis that the letter from your employer failed to state whether the income reported by your employer was "gross income."

Although your letter from your employer did fail to specifically state that your hourly rate of pay was "gross income," the document was sufficient to ascertain that it was in fact "gross income" as it is a generally accepted standard to report an employee's gross rate of pay and it is impractical to assume the employer would report your net pay. Thus, the employer's October 3, 2017 letter was sufficient to ascertain your income for eligibility purposes. As such, NYSOH improperly invalidate your proof of income as of October 4, 2017, and for purposes of an eligibility determination, the application is considered complete as of October 3, 2017.

Therefore, your income documentation should have been validated on October 3, 2017, such that your eligibility could be determined that day so you could select a health plan.

The date on which enrollment in a health plan can take effect depends on the day a person selects the plans for enrollment. An Essential 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 should have been able to select an Essential Plan on October 3, 2017, which is before the sixteenth day of the month, your enrollment in that plan could have taken effect on the first day of the month following October 2017; that is, on November 1, 2017.

Therefore, the October 19, 2017 eligibility determination and October 26, 2017 plan enrollment notices stating that your eligibility for and enrollment in the Essential Plan is effective December 1, 2017, are MODIFIED to state that your eligibility for and enrollment in your Essential Plan is effective November 1, 2017.

Your case is RETURNED to NYSOH to effectuate your enrollment in the Essential Plan, effective November 1, 2017, and to notify you accordingly.

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).

Decision

The October 19, 2017 eligibility determination and October 26, 2017 plan enrollment notices stating that your eligibility for and enrollment in the Essential Plan is effective December 1, 2017 are MODIFIED to state that your eligibility for and enrollment in your Essential Plan is effective November 1, 2017

Your case is RETURNED to NYSOH to effectuate your enrollment in the Essential Plan, effective November 1, 2017, and to notify you accordingly.

Effective Date of this Decision: February 08, 2018

How this Decision Affects Your Eligibility

You submitted sufficient income your family as of October 3, 2017, such that had your household's eligibility been properly determined on October 4, 2017, you would have been able to select and be enrolled in a health plan with a November 1, 2017 start date.

Your case is being sent back to NYSOH to change your enrollment start date in the Essential Plan to November 1, 2017. NYSOH will notify you once this has been completed.

If applicable, you will be responsible to pay any premium due for the month of November 2017, directly to the health plan.

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)).

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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):

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- 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 October 19, 2017 eligibility determination and October 26, 2017 plan enrollment notices stating that your eligibility for and enrollment in the Essential Plan is effective December 1, 2017 are MODIFIED to state that your eligibility for and enrollment in your Essential Plan is effective November 1, 2017

Your case is RETURNED to NYSOH to effectuate your enrollment in the Essential Plan, effective November 1, 2017, and to notify you accordingly.

You submitted sufficient income your family as of October 3, 2017, such that had your household's eligibility been properly determined on October 4, 2017, you

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would have been able to select and be enrolled in a health plan with a November 1, 2017 start date.

Your case is being sent back to NYSOH to change your enrollment start date in the Essential Plan to November 1, 2017. NYSOH will notify you once this has been completed.

If applicable, you will be responsible to pay any premium due for the month of November 2017, directly to the health plan.

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)

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।

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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&btumi 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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