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

Notice of Decision

Decision Date: December 27, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025302

[redacted]

Dear [redacted],

On December 27, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 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.

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

Decision

Decision Date: December 27, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025302

[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 your and your child's enrollment in a qualified health plan, as well as the application of advance premium tax credits, was effective January 1, 2018?

Procedural History

On December 15, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you and your child were eligible for Medicaid, effective December 1, 2016.

Also on December 15, 2016, NYSOH issued a plan enrollment notice confirming your and your child's enrollment in a Medicaid Managed Care plan, effective January 1, 2017.

On September 21, 2017, NYSOH issued a notice stating that it was time to renew your health insurance through NYSOH. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you or your child 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. The notice further stated that, if you missed this deadline, you and your child might lose the coverage and financial assistance you were both currently receiving.

No updates were made to your account by November 15, 2017.

On November 17, 2017, NYSOH issued a discontinuance notice stating that you and your child were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, and you or your child also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your and your child's renewal within the required time frame. Your and your child's eligibility ended December 1, 2017.

Also on November 17, 2017, NYSOH issued a plan disenrollment notice confirming that you and your child's Medicaid Managed Care plan coverage terminated effective November 30, 2017.

On December 4, 2017, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you and your child were eligible to receive up to $748.00 per month in advanced premium tax credit (APTC) and, if a silver-level qualified health plan was selected, you were both eligible for cost-sharing reductions, effective January 1, 2018. You enrolled yourself and your child into a plan that day.

Also on December 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your and your child's eligibility for financial assistance and plan enrollment as of January 1, 2018 and not December 1, 2017.

On December 5, 2017, NYSOH issued an eligibility determination notice stating that you and your child were eligible to receive up to $748.00 per month in APTC and, if you selected a silver-level qualified health plan, eligible for cost-sharing reductions. This eligibility was effective January 1, 2018.

Also on December 5, 2017, NYSOH issued a plan enrollment notice confirming your and your child's enrollment in a gold-level qualified health plan with a monthly premium responsibility of $324.59, after your APTC of $748.00 was applied, effective January 1, 2018.

On December 27, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Since you were granted an expedited telephone hearing, during the hearing and under oath, you waived your right to formal notice of telephone hearing. You and your spouse, [redacted], both were sworn in and testified under oath during the telephone 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) Your NYSOH account indicates that you and your child were found eligible for Medicaid through NYSOH on December 15, 2016, and that coverage was effective December 1, 2016.

2) Your NYSOH account indicates that you and your child were enrolled into a Medicaid Managed Care plan, effective January 1, 2017.

3) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.

4) Your spouse testified that you did not receive any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your and your child's coverage would not be interrupted and that your and your child's financial assistance would continue.

5) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

6) Your spouse testified that you did not know you needed to renew your application until you went to pick up a prescription for your child and you were informed that there was a problem with his insurance.

7) Your spouse testified that neither you nor your child have ever had to renew your coverage prior to the end of the year and that your spouse was unsure as to why this year was different.

8) Your spouse testified that you updated the information in your NYSOH account on December 5, 2017. That day you also enrolled yourself and your child into a qualified health plan.

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

Applicable Law and Regulations

<u>Medicaid Renewal</u>

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)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health 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)). 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 NYSOH properly determined that your and your child’s enrollment in a qualified health plan, as well as your and your child’s eligibility for advance premium tax credits, was effective January 1, 2018.

You and your child 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's September 21, 2017 renewal notice stated that there was not enough information to determine whether you or your child were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by November 15, 2017, or your and your child’s financial assistance might end.

Because there was no timely response to this notice, you and your child were terminated from your Medicaid Managed Care plan effective November 30, 2017.

Your spouse testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account in order to renew your and your child's health insurance. Your spouse 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 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 child's eligibility for financial assistance and enrollment in your health plans would continue.

The record shows that on December 4, 2017, you updated the information in your NYSOH account and submitted a request to enroll yourself and your child into a qualified health plan.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day up to and including the fifteenth day of a month goes into effect on the first day of the following month.

Since you selected a qualified health plan for your and your child's enrollment on December 4, 2017, it must take effect on the first day of the following month after December 2017; that is, on January 1, 2018.

Therefore, NYSOH's December 5, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your and your child's eligibility for and enrollment in your qualified health plan, as well as your and your child's advance premium tax credits, on January 1, 2018.

Decision

The December 5, 2017 eligibility determination notice is AFFIRMED.

The December 5, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: December 27, 2017

How this Decision Affects Your Eligibility

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 decision does not change your nor your child's eligibility.
Your and your child's enrollment in your qualified health plan, and your and your child's eligibility for APTC properly began as of 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:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The December 5, 2017 eligibility determination notice is AFFIRMED.

The December 5, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your nor your child's eligibility.

Your and your child's enrollment in your qualified health plan, and your and your child's eligibility for APTC properly began as of 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:

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).

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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