



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

Notice of Decision

Decision Date: February 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Numbers: AP000000025368



On February 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 2, 2017 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 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).

This page intentionally left blank.



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

Decision

Decision Date: February 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Numbers: AP000000025368



Issue

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

Did NY State of Health (NYSOH) properly enroll you and your spouse in an Essential Plan with an enrollment start date of January 1, 2018?

Procedural History

On December 5, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible for Medicaid, effective as of December 1, 2016.

On December 10, 2016, NYSOH issued a plan enrollment notice confirming, in relevant part, that as of December 9, 2016, you and your spouse were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of January 1, 2017.

On September 21, 2017, NYSOH issued a renewal notice stating, in relevant part, that based on federal and state data sources, you and your spouse qualified for a tax credit up to \$460.78 per month and cost-sharing reductions, effective December 1, 2017. The notice instructed you and your spouse to select a health plan between October 16, 2017 and November 15, 2017. The notice further stated that if anything had changed in your household that you would affect how your household is covered or what you pay for health insurance, you had to make changes to your NYSOH account between October 16, 2017 and November 15, 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).

On October 17, 2017, NYSOH issued a disenrollment notice stating, in relevant part, that your and your spouse's MMC coverage would end as of November 30, 2017.

Also on October 17, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that your and your spouse's qualified health plan coverage would not begin until you selected a plan.

On November 18, 2017, NYSOH issued a renewal notice stating, in relevant part, that based on federal and state data sources, you and your spouse qualified for a tax credit up to \$718.00 per month and cost-sharing reductions, effective January 1, 2018. The notice instructed you and your spouse to select a health plan between November 16, 2017 and December 15, 2017. The notice further stated that if anything had changed in your household that you would affect how your household is covered or what you pay for health insurance, you must make changes to your NYSOH account between November 16, 2017 and December 15, 2017.

Also on November 18, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that your and your spouse's qualified health plan coverage would not begin until you selected a plan.

On November 28, 2017, your NYSOH account was updated.

On November 29, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective January 1, 2018. The notice instructed you to submit proof of your household's income by February 26, 2018, to confirm your and your spouse's eligibility for financial assistance.

On December 2, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that as of November 30, 2017, you and your spouse were enrolled in an Essential Plan with an enrollment start date of January 1, 2018.

On December 5, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you and your spouse were not enrolled in health insurance coverage for the month of December 2017.

On February 8, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of your October 25, 2017 conversation with NYSOH's Customer Service Center.

On February 12, 2018, the Hearing Officer received the recording of your October 25, 2017 conversation with NYSOH's Customer Service Center. That

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).

recording has been made part of the record as “Appellant Exhibit A.” The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you requested the appeal because you and your spouse were not enrolled in health insurance during the month of December 2017.
- 2) According to your NYSOH account, you and your spouse were determined eligible for Medicaid as of December 1, 2016, and enrolled in a MMC plan with a start date of January 1, 2017.
- 3) You testified that you were confused because you received conflicting notices from NYSOH regarding the continuance of your family’s health insurance coverage.
- 4) You testified that you contacted NYSOH’s Customer Service Center during October 2017, to inquire about the inconsistency of the notices that were issued.
- 5) According to a telephone recording from October 25, 2017, you were informed by the NYSOH agent that you and your spouse would receive a renewal notice on November 16, 2017, and would have to renew your health insurance coverage after receiving that notice (Appellant Exhibit A).
- 6) You confirmed your user name on NYSOH is one word and is correct.
- 7) According to your NYSOH account, on November 28, 2017, you accessed your account and submitted a financial assistance application.
- 8) According to your NYSOH account, on November 30, 2017, you and your spouse were enrolled in an Essential Plan, with an enrollment start date of January 1, 2018.
- 9) You testified that you want any medical expenses that were incurred during December 2017, to be covered by the Essential Plan.

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 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 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)).

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).

Legal Analysis

The issue under review is whether NYSOH properly enrolled you and your spouse in an Essential Plan with an enrollment start date of January 1, 2018.

You and your spouse were initially determined eligible for Medicaid as of December 1, 2016, and enrolled in an MMC plan with an end date 12 months later, or as of November 30, 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.

On September 21, 2017, NYSOH issued a renewal notice stating that based on federal and state data sources, you and your spouse qualified for a tax credit up to \$460.78 per month and cost-sharing reductions, effective December 1, 2017. The notice instructed you to select a health plan or to update your NYSOH account between October 16, 2017, and November 15, 2017, to reflect any changes that would affect how your household was covered or what you pay for health insurance.

The record reflects that your NYSOH account was not updated by November 15, 2017, and your and your spouse's MMC coverage was discontinued as of November 30, 2017.

You credibly testified that you were confused because you received conflicting notices from NYSOH regarding the continuance of your family's health insurance coverage. Therefore, you contacted NYSOH's Customer Service Center during October 2017 to inquire about the inconsistency of the notices that were issued.

The record reflects that on October 25, 2017, you contacted NYSOH's Customer Service Center. You were informed by the NYSOH agent that you and your spouse would receive a renewal notice on November 16, 2017, and would have to renew your health insurance coverage after receiving that notice (Appellant Exhibit A).

The record reflects that on November 28, 2017, you accessed your account and submitted a financial assistance application. Based on that application, you and your spouse were determined eligible to enroll in an Essential Plan, and on November 30, 2017, were enrolled in an Essential Plan.

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 will go into effect on the first

day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

The record reflects that you were misinformed by a NYSOH agent regarding your and your spouse's renewal period starting November 16, 2017, when it actually started October 16, 2017 and ended November 15, 2017, for you and your spouse to have uninterrupted health insurance coverage. If you had been properly informed of your renewal period, it is assumed that you would have renewed your account within the required timeframe to avoid a gap in coverage.

Therefore, the December 2, 2017 plan enrollment notice is MODIFIED to state that you and your spouse were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse in an Essential Plan for the month of December 2017, and to notify you accordingly.

Decision

The December 2, 2017 plan enrollment notice is MODIFIED to state that you and your spouse were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse in an Essential Plan for the month of December 2017, and to notify you accordingly.

Effective Date of this Decision: February 16, 2018

How this Decision Affects Your Eligibility

You and your spouse should have been enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is being sent back to NYSOH to effectuate the change in your and your spouse's enrollment start date to December 1, 2017. NYSOH will notify you once this change is made.

You will be responsible to pay the monthly premiums to the health insurance company to effectuate this coverage.

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
- By mail at:

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).

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

- By fax: 1-855-900-5557

Summary

The December 2, 2017 plan enrollment notice is MODIFIED to state that you and your spouse were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse in an Essential Plan for the month of December 2017, and to notify you accordingly.

You and your spouse should have been enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

Your case is being sent back to NYSOH to effectuate the change in your and your spouse's enrollment start date to December 1, 2017. NYSOH will notify you once this change is made.

You will responsible to pay the monthly premiums to the health insurance company to effectuate this coverage.

Legal Authority

We are sending you this notice 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)

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).

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)

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).

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.

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).