

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

Notice of Decision

Decision Date: April 04, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027032

[REDACTED]

[REDACTED]

On March 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 2017 eligibility determination and enrollment confirmation 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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Decision

Decision Date: April 04, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027032

[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 February 1, 2018?

Procedural History

On December 8, 2016, NYSOH received your updated application for financial assistance with health insurance.

On December 9, 2016, NYSOH issued an eligibility determination notice, based on your December 8, 2016 application, stating that you were eligible to enroll in Medicaid, effective January 1, 2017. You were subsequently enrolled into a Medicaid Managed Care plan.

On October 24, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2017, or you might lose your health insurance coverage, as well as any financial assistance you were currently receiving.

No updates were received by December 15, 2017, and NYSOH redetermined your eligibility for financial assistance with health insurance.

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On December 17, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible 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.

Also on December 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed care plan was terminated, effective December 31, 2017.

On December 27, 2017, you updated your application for financial assistance with health insurance through NYSOH.

On December 28, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective February 1, 2018.

Also on December 28, 2017, NYSOH issued an enrollment notice confirming your selection of your Essential Plan, with a plan enrollment start date of February 1, 2018.

On January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan, insofar as it did not begin on January 1, 2018.

On March 27, 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) You were determined eligible for Medicaid on December 8, 2016, with an effective date of January 1, 2017.
- 2) You testified that you receive your notices from NYSOH by regular mail, and your NYSOH account confirms this.
- 3) You testified that you did not receive any notices in the mail telling you that you needed to update your application to renew your eligibility for health insurance through NYSOH.
- 4) You testified that the only notice you received was a notice from your Medicaid Managed Care plan informing you that your coverage was going to end, and that you would receive a renewal notice.

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- 5) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.
- 6) You testified that you contacted NYSOH in September and October 2017, and were told that you could not renew your coverage at that time because it was too early.
- 7) You testified that you called NYSOH in November 2017 and updated your application, and were told that you were enrolled for coverage for January 1, 2018.
- 8) You testified that the person you spoke to did not tell you anything about what you were eligible for or what your premium would be, but told you that you had the option to select dental coverage.
- 9) Your NYSOH account does not reflect any activity, or any updates, in your NYSOH account during the month of November 2017.
- 10) You testified that you did not receive the December 17, 2017 notices informing you that you were not eligible for health insurance through NYSOH because you failed to renew your application, and that you were being disenrolled from your Medicaid Managed Care plan as of December 31, 2017.
- 11) You testified that you called NYSOH on December 27, 2017 because you wanted to add dental coverage to your insurance.
- 12) Your NYSOH account reflects that you updated your application on December 27, 2017, and were found eligible for the Essential Plan, effective February 1, 2018.
- 13) The record also reflects that you selected an Essential Plan for enrollment on December 27, 2017, and that this plan does not include dental or vision coverage.
- 14) The record reflects that, on January 10, 2018, you changed your plan selection and chose an Essential Plan with dental and vision coverage, which became effective February 1, 2018.
- 15) You testified that you did not incur any medical bills in the month of January 2018 because you knew you did not have coverage.
- 16) You testified that you had to pay \$75.00 out of pocket for a doctor's appointment on [REDACTED] because your insurance was not active, and you also had to pay out of pocket for medication in February 2018.

- 17) You testified that you are looking to be reimbursed for the out of pocket expenses you incurred in February 2018.
- 18) After the hearing, the Hearing Officer requested a list of all phone calls you had with NYSOH between October 15, 2017 and December 1, 2017.
- 19) There is no record of any phone calls between you and NYSOH between the dates of December 8, 2016 and December 27, 2017.

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 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/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

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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 NYSOH properly determined that your eligibility for, and enrollment in, your Essential Plan was effective February 1, 2018.

You were found eligible for Medicaid effective January 1, 2017.

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 October 24, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by December 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan, effective December 31, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account, and that the only notice you received was from your Medicaid Managed Care plan. 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 record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

You testified that you contacted NYSOH in November 2017 and updated your application. You testified that you were told that your coverage would begin January 1, 2018, but that you were not told what that coverage would be, or how much it would cost; only that you could add dental coverage if you wanted to. You testified that you then contacted NYSOH on December 27, 2017 to add dental coverage.

A review of the record of your phone calls with NYSOH reveals that there is no record of any phone conversations between you and NYSOH in the months of October or November 2017 during which your account was accessed or updated. Furthermore, there is no record of any updates or other activity in your NYSOH account during the month of November 2017. As such, there is no evidence to support your testimony that you updated your account in November 2017.

Moreover, you testified that you called NYSOH on December 27, 2017 to add dental coverage to your plan, and that you were originally told you could select dental coverage when you updated your application in November 2017. However, the record reflects that, when you updated your application on December 27, 2017, you were found eligible for the Essential Plan, and you enrolled into a plan with no dental or vision coverage. The record further reflects that, on January 10, 2018, the same day you filed your appeal, you updated your plan selection to include dental and vision. As such, it is concluded that the events and actions you testified to did occur, but they occurred on December 27, 2017 and January 10, 2018, and that none of the actions you testified to occurred in November 2017.

The record shows that on December 27, 2017, you updated the information in your NYSOH account and submitted a request to enroll in an Essential Plan. You then updated your plan selection on January 10, 2018.

The date on which the 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 your Essential Plan on January 10, 2018, it must take effect on the first day of the following after January; that is, on February 1, 2018.

Therefore, NYSOH's December 28, 2017 eligibility determination notice and January 11, 2018 enrollment confirmation notice are AFFIRMED because they properly began your eligibility for and enrollment in the Essential Plan on February 1, 2018.

With regard to your testimony that you incurred medical bills in February 2018 that were not covered by your plan, the Appeals Unit does not have jurisdiction over a decision by your health insurance company to pay, or not pay, a claim. However, because NYSOH's system shows that you had coverage during the month of February 2018, your case is RETURNED to NYSOH's Plan Management to assist you in submitting your medical bills from February 2018 to your Essential Plan for possible payment.

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 December 28, 2017 eligibility determination notice is AFFIRMED.

The January 11, 2018 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to assist you in submitting your medical bills from February 2018 to your Essential Plan for potential payment.

Effective Date of this Decision: April 04, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

Your case is being sent back to NYSOH to help you with submitting your medical bills from February 2018 to your Essential Plan for potential payment.

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:

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).

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 28, 2017 eligibility determination notice is AFFIRMED.

The January 11, 2018 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to assist you in submitting your medical bills from February 2018 to your Essential Plan for potential payment.

This decision does not change your eligibility.

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

Your case is being sent back to NYSOH to help you with submitting your medical bills from February 2018 to your Essential Plan for potential payment.

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 Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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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