



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

Notice of Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027974

[REDACTED]

[REDACTED]

On March 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 2018 enrollment confirmation 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: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027974



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 oldest child's enrollment in her Essential Plan was effective March 1, 2018?

Procedural History

On January 14, 2017, NYSOH issued a notice of eligibility determination stating that your oldest child was eligible for Medicaid effective January 1, 2017.

On October 24, 2017, NYSOH issued a notice that it was time to renew your oldest child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your oldest child would qualify for financial help paying for her health coverage, and that you needed to update your account between November 16, 2017 and December 15, 2017 or she was at risk of losing her health insurance coverage and, if applicable, any financial assistance.

No updates were made to your account between November 16, 2017 and December 15, 2017.

On December 20, 2017, NYSOH issued an eligibility determination notice stating that your oldest child was not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. She 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

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completed her renewal within the required time frame. Her eligibility ended December 31, 2018.

On January 10, 2018, NYSOH received your oldest child's updated application for health insurance.

On January 11, 2018, NYSOH issued an eligibility redetermination notice stating that your oldest child was eligible to enroll in the Essential Plan, effective February 1, 2018.

On January 29, 2018, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that your oldest child was eligible for the Essential Plan and you selected a plan for enrollment for your oldest child.

Also on January 29, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your oldest child's Essential Plan, insofar as it did not begin on January 1, 2018.

On January 30, 2018, NYSOH issued a notice of eligibility determination, stating that your oldest child was eligible to enroll in the Essential Plan, effective March 1, 2018.

Also on January 30, 2018, NYSOH issued an enrollment notice confirming your selection of your oldest child's Essential Plan, with a plan enrollment start date of March 1, 2018.

On March 22, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing closed at the end of the hearing.

Findings of Fact

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

- 1) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you are not sure if you received any notices telling you that you needed to update your application in order to renew your oldest child's coverage.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

- 4) You testified that you did not know that you needed to update your account until you received a letter advising you that your oldest child's coverage had ended as of January 1, 2018. You could not recall when you received this letter.
- 5) The record reflects that on January 10, 2018, NYSOH received your updated application for health insurance for your oldest child, however, no Essential Plan was selected for enrollment at that time.
- 6) You testified that you could not recall when you had selected an Essential Plan for enrollment for your oldest child.
- 7) During the hearing, you gave your permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 8) On November 6, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reflects that you were calling to renew your family's coverage. The NYSOH representative advised you that it was too soon to update your coverage for 2018, and that you must call NYSOH on November 16, 2017.
- 9) On January 10, 2018, you placed two phone calls to NYSOH. A review of those phone calls reflects that you were calling to find out why your family did not have coverage. During the first phone call, the NYSOH representative advised you that you would need to update your application. The NYSOH representative began the process of updating your application, but the call was disconnected.

During the second phone call, the NYSOH representative assisted you in completing your application. The NYSOH representative placed you on a brief hold while the system determined your family's eligibility. When the NYSOH representative came back to the call, you were no longer on the line.

- 10) The record reflects that you did not contact NYSOH again until January 29, 2018, at which time, you selected an Essential Plan for enrollment for your oldest child.
- 11) You testified that you are seeking to have your oldest child's enrollment in her Essential Plan begin as of January 1, 2018 as she has outstanding medical bills.

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 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 oldest child’s enrollment in her Essential plan was effective March 1, 2018.

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

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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 your oldest child was eligible to continue her financial assistance for health insurance, and that you needed to update your account between November 16, 2017 and December 15, 2017, or your oldest child was at risk of losing her health insurance coverage and, if applicable, any financial assistance.

Because there was no timely response to this notice, your oldest child was terminated from her coverage effective December 31, 2017.

You testified that you did not know if you received any notice from NYSOH telling you that you needed to update the information in your NYSOH account. 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 between November 16, 2017 and December 15, 2017 in order to ensure your oldest child's enrollment in her health plan and eligibility for financial assistance would continue.

The record shows that on January 10, 2018 you updated the information in your NYSOH account. As a result, your oldest child was found eligible for the Essential Plan effective February 1, 2018. However, the record reflects that you did not select an Essential Plan for enrollment for your oldest child until January 29, 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 oldest child's Essential Plan on January 29, 2018, it must take effect on the first day of the second month following after January 29, 2018; that is, on March 1, 2018.

Therefore, NYSOH's January 30, 2018 enrollment confirmation notice is **AFFIRMED** because it properly began your oldest child's enrollment in her Essential Plan on March 1, 2018.

Decision

The January 30, 2018 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: April 18, 2018

How this Decision Affects Your Eligibility

This decision does not change your oldest child's eligibility.

The effective date of your oldest child's Essential Plan is March 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.

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).

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 January 30, 2018 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your oldest child's eligibility.

The effective date of your oldest child's Essential Plan is March 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 مجانًا.

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 मदद 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.

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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