



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

Notice of Decision

Decision Date: May 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028330



Dear [REDACTED]

On April 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 2018 eligibility determination notice and the February 3, 2018 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 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028330



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 you and your child's eligibility for and enrollment in your Essential Plan was effective March 1, 2018?

Procedural History

On January 15, 2017, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid, effective February 1, 2017, and you both were enrolled in a Medicaid Managed Care plan.

On December 2, 2017, NYSOH issued a notice that it was time to renew your and your child's health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you and your child would qualify for financial help paying for your health coverage, and that you needed to update your account between December 16, 2017 and January 18, 2018, or you would both be at risk of losing the financial assistance you were both currently receiving.

No updates were received by between December 16, 2017 and January 18, 2018, and NYSOH redetermined your eligibility for financial assistance with health insurance.

On January 20, 2018, NYSOH issued a discontinuance notice stating that you and your child were no longer eligible for health insurance through NYSOH, effective February 1, 2018.

Also on January 20, 2018, NYSOH issued a disenrollment notice stating that your and your child's enrollment in your Medicaid Managed Care plan ended, effective January 31, 2018.

On January 29, 2018, you contacted NYSOH and updated your household's application for financial assistance for health insurance.

On January 30, 2018, NYSOH issued an eligibility determination notice stating that you and your child were eligible, for a limited time, to enroll in the Essential Plan with a \$20.00 monthly premium.

On February 2, 2018, you selected an Essential Plan for your and your child's enrollment beginning March 1, 2018.

Also on February 2, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your child's enrollment in the Essential Plan insofar as it did not begin on February 1, 2018.

On February 3, 2018, NYSOH issued a plan enrollment notice confirming your and your child's enrollment in an Essential Plan, effective March 1, 2018.

On February 6, 2018, NYSOH issued a notice stating that you and your child were eligible for Medicaid for a limited time, effective February 1, 2018. This was because you and your child had been granted Aid to Continue pending the outcome of your appeal.

Also on February 6, 2018, NYSOH issued a plan enrollment confirmation notice stating that you and your child were enrolled in a Medicaid Managed Care plan effective February 1, 2018.

On April 25, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave permission for the Hearing Officer to listen to recordings of telephone calls you had with NYSOH. The record was developed during the hearing and closed after the telephone recording was reviewed.

Findings of Fact

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

- 1) You testified that you received the December 2, 2017 renewal notice.

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- 2) The December 2, 2017 renewal notice states that the timeframe for you to renew your health insurance for your household was between December 16, 2017 and January 18, 2018.
- 3) You testified that you contacted NYSOH several times throughout December 2017 and January 2018, to renew your household's health insurance but the NYSOH representatives refused to assist you and, as a result, you were unable to renew your application during the renewal period.
- 4) The telephone records indicate that only one telephone call was made between the December 16, 2017 and January 18, 2018 renewal timeframe, and that call was made on January 3, 2018.
- 5) The NYSOH Appeals Unit reviewed the recording of the January 3, 2018 telephone call between you and a NYSOH representative and note the following:
 - a. During the call, you stated that you wished to renew your insurance for 2018, and the NYSOH offered to transfer you to another representative to assist you with renewing your application.
 - b. You declined assistance with your renewal at that time because you were at work and stated that you would call back later when you had more time.
- 6) According to your NYSOH account and your testimony, you first updated your household's request for financial assistance on January 29, 2018.
- 7) According to your NYSOH account, you and your child selected a plan for enrollment on February 2, 2018.

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,

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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 you and your child’s eligibility for and enrollment in your Essential Plan was effective March 1, 2018.

You were originally found eligible for Medicaid effective February 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 December 2, 2017 renewal notice stated that there was not enough information to determine whether you and your child were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information between December 16, 2017 and January 18, 2018, or both of your financial assistance might end.

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Because there was no response to this notice between December 16, 2017 and January 18, 2018, you and your child were no longer eligible to enroll in health insurance through NYSOH, and you were both disenrolled from your Medicaid Managed Care plan, effective January 31, 2018.

You testified that you received the December 2, 2017 renewal notice. That notice states that you needed to update your account between December 16, 2017 and January 18, 2018, or you and your child would be at risk of losing the financial assistance you were both currently receiving.

You testified that you contacted NYSOH by telephone several times in December 2017 and January 2018, to renew your and your child's application for financial assistance with health insurance, but the NYSOH representatives refused to assist you and, as a result, you were unable to renew your application during the renewal period.

However, the audio recordings reflect that only one telephone call was placed to NYSOH during the December 16, 2018 and January 18, 2018 renewal timeframe. That telephone call occurred on January 3, 2018. The audio recording reflects that the representative offered to transfer you to a representative to assist you with renewing your application, but you declined because you were at work, and stated that you would call at back later time.

The record shows that you updated your household's application for financial assistance with health insurance on January 29, 2018, after the January 18, 2018 deadline. On January 30, 2018, NYSOH issued an eligibility determination notice stating that you and your child were eligible for the Essential Plan, effective March 1, 2018.

When an individual changes information in their application from the first day to and including the fifteenth day of a month, NYSOH must make the determination that results from the change effective the first day of the following month. Changes made 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 updated your application for financial assistance on January 29, 2018, your and your child's eligibility in the Essential Plan must take effect on the first day of the second following January 2018; that is, on March 1, 2018.

The record shows that you enrolled yourself and your child into an Essential Plan on February 2, 2018.

The date on which the Essential Plan can take effect depends on the day a person 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 February 2, 2018, it must take effect on the first day of the first month following February 2018; that is, on March 1, 2018.

Therefore, NYSOH's January 30, 2018 eligibility determination notice and February 3, 2018 plan enrollment notice are AFFIRMED because they properly began your and your child's eligibility for and enrollment in the Essential Plan on March 1, 2018.

Decision

The January 30, 2018 eligibility determination notice is AFFIRMED.

The February 3, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 1, 2018

How this Decision Affects Your Eligibility

This decision does not change your or your child's eligibility or enrollment.

The effective date of your and your child's eligibility for and enrollment in the Essential Plan was properly determined to be 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

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

Summary

The January 30, 2018 eligibility determination notice is **AFFIRMED**.

The February 3, 2018 plan enrollment notice is **AFFIRMED**.

This decision does not change your or your child's eligibility or enrollment in the Essential Plan.

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).

The effective date of your and your child's eligibility for and enrollment in the Essential Plan was properly determined to be 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 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 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. y&b&tumi ama wo obi a okyer& 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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