



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

Notice of Decision

Decision Date: April 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028374

[REDACTED]

[REDACTED]

On April 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2018 eligibility redetermination 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.

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Decision

Decision Date: April 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028374

[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 eligibility for and enrollment in the Essential Plan was effective March 1, 2018?

Procedural History

On December 3, 2016, NY State of Health (NYSOH) issued a renewal notice, in account number [REDACTED] stating you were still qualified to get health care coverage under Medicaid, and that you were re-enrolled into your current Medicaid Managed Care plan, effective February 1, 2017.

On December 2, 2017, NYSOH issued a renewal notice, in account number [REDACTED], stating that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for health insurance coverage, and that you needed to update your account by January 18, 2018 or you might lose the health insurance coverage and if applicable, any financial assistance you were currently receiving.

No updates were made to your account [REDACTED] by January 18, 2018.

On January 20, 2018, NYSOH issued a discontinuance notice, in account number [REDACTED] stating that you did not qualify for health coverage through NYSOH, effective February 1, 2018, because you did not respond to the renewal notice and did not complete the renewal within the required timeframe.

Also on January 20, 2018, NYSOH issued a disenrollment notice, in account number [REDACTED], stating that your coverage with your Medicaid Managed Care plan would end on January 31, 2018 because you were no longer eligible to enroll in health insurance through NYSOH.

On February 3, 2018, NYSOH received your updated application for health insurance via a new account, [REDACTED]. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan and you selected a plan for enrollment.

Also on February 3, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as your enrollment was effective no earlier than March 1, 2018.

On February 4, 2018, NYSOH issued an eligibility redetermination notice, based on the February 3, 2018 application in account number [REDACTED], stating that you were eligible to enroll in the Essential Plan, effective March 1, 2018.

Also on February 4, 2018, NYSOH issued an enrollment confirmation notice, based on a plan selection made February 3, 2018 in account number [REDACTED], stating your Essential Plan coverage would start March 1, 2018.

On April 4, 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) The record reflects that you receive your notices from NYSOH by electronic alert.
- 2) You testified that you do not [REDACTED] but you regularly check your email. You further testified that you generally choose to have things delivered by regular mail, but it was possible you had overlooked the selection in your account.
- 3) You confirmed that your account screenname is [REDACTED]
- 4) You confirmed that your email on the accounts, [REDACTED], is your email but stated that you also regularly use [REDACTED] email address.
- 5) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH [REDACTED] account telling you that you

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needed to update your application in order to renew your eligibility. You also testified that did not receive any renewal notice by regular mail.

- 6) You testified that you received an email alert from NYSOH at some time to update your account, but that when you clicked on the link, it took you to an inactive webpage. You further testified that you did not follow-up with NYSOH after receiving the email alert.
- 7) You testified that you did not know that you needed to update your account until February 1, 2018.
- 8) You testified that you are seeking to have coverage in the Essential Plan effective January 1, 2018.
- 9) NYSOH uploaded an evidence packet to your NYSOH account. Contained within that evidence packet under the heading of “electronic notice requirement” is a three-page memorandum dated August 21, 2017. The memorandum sets forth the federal requirements regarding use of electronic communications and asserts that NYSOH is in compliance with federal regulation and guidance on the use of electronic notices. The memorandum asserts that “the electronic notification rules do not require that exchanges track and monitor consumers actual receipt of electronic notices.”
- 10) NYSOH has submitted no evidence that an electronic alert was sent to you regarding the December 2, 2017 renewal notice.

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 12 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

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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 that may have been provided by the individual (45 CFR §155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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

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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 the Essential Plan was effective March 1, 2018.

You were originally found eligible for Medicaid effective February 1, 2017.

Generally, NYSOH will 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 were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by January 18, 2018 or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from Medicaid effective February 1, 2018.

The record reflects that you elected to receive alerts regarding notices from NYSOH electronically. There is no evidence in your account documenting that any email alert was sent to you regarding the notice, that any such electronic alert failed, or that the notice was later sent to you by regular mail. Although there is no evidence in the file that NYSOH sent you an electronic alert notifying you of a new notice available in your account on December 2, 2017, NYSOH contends that it complied with federal mandates regarding electronic notices. Additionally, you testified that you received an email alert from NYSOH at some point and that the link in the email led to a blank webpage. You further testified that you did not follow up with NYSOH regarding the alert or information that had been uploaded to your account.

NYSOH is required to send applicants proper notice in order for applicants to take appropriate action. Although there is no evidence in your account that NYSOH sent you an email alert, NYSOH's contention that it complied with federal mandates, the absence of credible testimony establishing that you did not receive the renewal notice, and your testimony that you received an email alert from NYSOH regarding your account but failed to follow-up, establishes sufficient evidence in the record to conclude that NYSOH alerted you with proper notice by electronic means that you needed to update your NYSOH account in order to continue to receive financial assistance and health insurance through NYSOH.

For individuals who are eligible for enrollment in an Essential Plan, 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.

You first submitted your updated application for financial assistance through NYSOH for the upcoming coverage year on February 3, 2018. Because that is between the first and fifteenth of the month, your eligibility for and enrollment in the Essential Plan would have begun on the first day of the following month, that is March 1, 2018.

Therefore, the February 4, 2018 eligibility redetermination and enrollment confirmation notices are correct and must be AFFIRMED.

Decision

The February 4, 2018 eligibility redetermination notice is AFFIRMED.

The February 4, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 13, 2018

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

The effective date of your 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

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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 February 4, 2018 eligibility redetermination notice is **AFFIRMED**.

The February 4, 2018 enrollment confirmation notice is **AFFIRMED**.

This decision does not affect your eligibility.

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

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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 مجاناً.

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 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 bɛtumi ama wo obi a okyerɛ 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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