



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

### **Notice of Decision**

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028995



Dear [REDACTED]

On April 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 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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## Decision

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028995



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your family's enrollment in your respective health plans was effective no earlier than March 1, 2018?

## Procedural History

According to your NY State of Health (NYSOH) account, on January 17, 2017, your family was determined eligible for Medicaid, effective February 1, 2017.

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

On January 16, 2018 and January 18, 2018, you attempted to update your application for financial assistance with health insurance through NYSOH, but were unable to do so.

On January 19, 2018, NYSOH systematically redetermined your family's eligibility for financial assistance with health insurance.

On January 20, 2018, NYSOH issued an eligibility determination notice stating that your family was no longer eligible for health insurance through NYSOH,

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effective February 1, 2018. The notice stated that you did not respond to the renewal notice and did not complete your family's renewal within the required timeframe.

Also on January 20, 2018, a disenrollment notice was issued stating that your family's enrollment in your Medicaid Managed Care Plan(s) was terminated, effective January 31, 2018.

On February 7, 2018, NYSOH issued an eligibility determination notice, based on your family's February 6, 2018 updated application, stating that you, your spouse and your two oldest children were eligible to enroll in the Essential Plan and your youngest child was eligible to enroll in Child Health Plus (CHP), effective March 1, 2018.

On February 9, 2018, a plan enrollment notice was issued confirming your selection of an Essential Plan(s) for you, your spouse, and your two oldest children, and your selection of a CHP plan for your youngest child, with plan enrollment start dates of March 1, 2018.

On February 16, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your family's enrollment in your respective health plans insofar as coverage did not begin on February 1, 2018.

On April 25, 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) According to your NYSOH account, your family was determined eligible for Medicaid on January 17, 2017, with an effective start date of February 1, 2017.
- 2) You testified that you did receive the December 2, 2017 notice in the mail telling you that you needed to update your application in order to renew your family's eligibility for health insurance.
- 3) You testified that you attempted to update your family's account online before January 18, 2018, but that you were unable to do so.
- 4) You further testified that this prompted you to call NYSOH on January 18, 2018, and request assistance in updating your account.

- 5) You further testified that when you called NYSOH, an error in updating your family's account occurred because you had two active accounts
- 6) You testified that although NYSOH inactivated the incorrect account, you were still unable to update your family's account. You were advised by the NYSOH representative to call back after the correction is made and reapply. You testified that you were further advised that your coverage would still begin February 1, 2018.
- 7) According to Incident # [REDACTED] dated January 18, 2018, "consumer has an account that's active but should've been made inactive."
- 8) According to Incident # [REDACTED] dated February 14, 2018, "consumer attempted to renew on 1/18/2018 which according to [renewal notice] would be appropriate time for no gap in coverage when in fact he would have had to complete application before 1/16/18."
- 9) According to the Events History Tab in [REDACTED] and your testimony, you initially attempted to update your family's account online on January 16, 2018.
- 10) According to the Events History Tab in [REDACTED] and your testimony, you attempted to update your family's account with the assistance of a NYSOH representative by telephone on January 18, 2018.
- 11) According to your NYSOH account, on February 6, 2018, you next updated your family's account and were able to enroll in your respective health plans, with an effective date of March 1, 2018.
- 12) You testified that you are seeking coverage in your family's health plans as of February 1, 2018, because you have unpaid medical bills for that month.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for

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use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). For renewals after January 1, 2017, NYSOH may send the renewal notice separately from the notice of annual open enrollment, so long as the timing of that notice allows a reasonable amount of time for a person to review the notice, provide a timely response, and for NYSOH to implement any changes in coverage elected during the annual open enrollment period (45 CFR § 155.335(d) (2)(ii)).

If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

#### Essential Plan Effective Date

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)).

#### Child Health Plus Effective Date

The State of New York has provided that a child's period of eligibility for CHP begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your family's enrollment in their respective health plans was effective no earlier than March 1, 2018.

Your family was 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 your family was eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by January 18, 2018, or your family's financial assistance might end.

Because you were unable to update your family's account, your family was terminated from your Medicaid coverage effective January 31, 2018, when 12 months of coverage from February 1, 2017 ended.

You testified that you did receive the December 2, 2017 renewal notice in the mail telling you that you needed to update your family's application in order to renew your family's eligibility for health insurance.

However, NYSOH is required to send notice that allows a person to provide a *timely* response to update that person's account. The December 2, 2017 renewal notice stated that you had until January 18, 2018 to update your family's account or your family's financial assistance might end. In cases of persons found eligible for the Essential Plan or CHP, those persons would need to respond to the renewal notice by January 15, 2018, to ensure coverage by February 1, 2018.

Therefore, the record reflects that, although NYSOH did notify you of your family's annual renewal and that information in your family's NYSOH account needed to be updated, it did not properly notify you of your need to update that account information by January 15, 2018, to ensure that your family's enrollment in your respective health plans and eligibility for financial assistance would continue without a gap in coverage for the month of February 2018.

You further testified, and the record indicates, that you attempted to update your family's account online on January 16, 2018, but that you were unable to do so. Additionally, you called NYSOH on January 18, 2018, and requested assistance in updating your account, but were unable to do so because the incorrect duplicate account was deactivated and you were advised to call back after the correction is made and reapply. As such, it is reasonable to conclude that your failure to complete your family's renewal application before the January 18, 2018



deadline stated on the renewal notice was through no fault of your own and possibly due to an error or mistake that is attributable to NYSOH, its agents or instrumentalities.

Since your testimony and the record reflects that your renewal notice stated that you had until January 18, 2018 to update your family's account, you attempted to update your family's account on January 16, 2018, and your inability to complete that application in by January 18, 2018, was the result of a known defect that NYSOH had to resolve in order for your family to be able to enroll in health plans. Therefore, it is concluded that you made every reasonable attempt to update your family's account in a timely manner to ensure that your family's health coverage would continue without a gap.

You first renewed your family's eligibility for financial assistance through NYSOH for the upcoming coverage year on February 6, 2018 and, therefore, we must assume that the information you provided at that time is the information that would have been used had you been informed of the need to update your family's account by January 15, 2018, and had you been able to complete that application by that date.

Had the information been submitted by January 15, 2018, the Essential Plan enrollment for you, your spouse, and your two oldest children and your youngest child's enrollment in her CHP plan would have been effective February 1, 2018.

Therefore, the February 9, 2018 plan enrollment notice is MODIFIED to state that you, your spouse and your two oldest children were enrolled in your Essential Plan(s) and your youngest child was enrolled in her CHP plan, all effective February 1, 2018.

Your case is RETURNED to NYSOH to facilitate correcting your family's enrollment in your respective health plans to the appropriate date, and to notify you accordingly.

## **Decision**

The February 9, 2018 plan enrollment notice is MODIFIED to state that you, your spouse and your two oldest children were enrolled in your Essential Plan(s) and your youngest child was enrolled in her CHP plan, all effective February 1, 2018.

Your case is RETURNED to NYSOH to facilitate correcting your family's enrollment in your respective health plans to the appropriate date, and to notify you accordingly.

## **Effective Date of this Decision: May 4, 2018**

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).



## **How this Decision Affects Your Eligibility**

The eligibility for and enrollment in the Essential Plan for you, your spouse, and your two oldest children should have been effective as of February 1, 2018.

Your youngest child's eligibility for and enrollment in CHP should have been effective as of February 1, 2018.

Your case is being sent back to NYSOH to enroll you, your spouse, and your two oldest children in your Essential Plan(s) and your youngest child in her CHP plan as of February 1, 2018.

NYSOH is directed to notify you once this has been completed.

You will be responsible for any premiums for any month(s) in which you and your family members are reinstated.

## **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

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).

- 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 9, 2018 plan enrollment notice is MODIFIED to state that you, your spouse and your two oldest children were enrolled in your Essential Plan(s) and your youngest child was enrolled in her CHP plan, all effective February 1, 2018.

Your case is RETURNED to NYSOH to facilitate correcting your family's enrollment in your respective health plans to the appropriate date, and to notify you accordingly.

The eligibility for and enrollment in the Essential Plan for you, your spouse, and your two oldest children should have been effective as of February 1, 2018.

Your youngest child's eligibility for and enrollment in CHP should have been effective as of February 1, 2018.

Your case is being sent back to NYSOH to enroll you, your spouse, and your two oldest children in your Essential Plan(s) and your youngest child in her CHP plan as of February 1, 2018.

NYSOH is directed to notify you once this has been completed.

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You will be responsible for any premiums for any month(s) in which you and your family members are reinstated.

### **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 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. 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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