



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

Notice of Decision

Decision Date: March 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030616

[REDACTED]

Dear [REDACTED]

On March 30, 2018, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's March 24, 2018 eligibility determination notice and the March 27, 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).

This page intentionally left blank.



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

Decision

Decision Date: March 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030616



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 with a \$20.00 monthly premium is effective May 1, 2018?

Procedural History

According to your NY State of Health (NYSOH) account, in April 2017, you were found eligible for Medicaid. You were enrolled into a Medicaid Managed Care plan, effective June 1, 2017.

On February 2, 2018, NYSOH issued a renewal notice stating that it was time for you to renew your health insurance through NYSOH. The notice further stated that, based on federal and state data sources, NYSOH could not make a decision about whether you would qualify for financial help paying for health insurance coverage. The notice also directed you to update your NYSOH account between February 16, 2018 and March 15, 2018, so NYSOH could make the appropriate decision. This notice also stated that if you missed the deadline, you are at risk of losing your health insurance coverage and if applicable, any financial assistance.

On February 12, 2018, NYSOH received your updated application for financial assistance with health insurance.

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).

On February 13, 2018, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid, effective February 1, 2018. However, NYSOH would continue your Medicaid coverage until March 31, 2018.

Also on February 13, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective June 1, 2017.

On March 19, 2018, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective April 1, 2018. This notice stated that this was because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

Also on March 19, 2018, NYSOH issued a plan disenrollment notice stating that you were no longer enrolled in your Medicaid Managed Care coverage as of March 31, 2018.

On March 22, 2018, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was issued stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2018. Two documents were also uploaded to your NYSOH on March 22, 2018.

Also on March 22, 2018, your navigator spoke to the NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as you were not found eligible for the Essential Plan as of April 1, 2018.

On March 23, 2018, NYSOH issued an eligibility determination notice stated that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective May 1, 2018. This notice further directed you to submit income documentation by June 20, 2018, to confirm your eligibility.

Also on March 23, 2018, NYSOH validated the income documentation you uploaded to your NYSOH account on March 22, 2018, and an application was submitted on your behalf.

On March 24, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2018.

On March 27, 2018, NYSOH issued a plan enrollment notice, based on your plan selection on March 26, 2018, stating that you were enrolled in an Essential Plan with a \$20.00 monthly premium, effective May 1, 2018.

On March 30, 2018, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to timely notice of the telephone hearing. Further, the Hearing Officer agreed to amend the

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).

appeal to include the March 27, 2018 plan enrollment notice. 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 indicates that you were determined eligible for Medicaid, effective April 1, 2017 and you were enrolled into a Medicaid Managed Care plan, effective June 1, 2017.
- 2) You testified that you received a telephone call from your Medicaid Managed Care plan sometime in early February 2018, and they informed you that you needed to update your NYSOH account in order for your health insurance coverage to continue.
- 3) You testified that after receiving the telephone call from your Medicaid Managed Care plan, you met with your navigator and submitted an application.
- 4) The record indicates that your navigator submitted an updated application for financial assistance on your behalf on February 12, 2018.
- 5) You testified that, after submitting the February 12, 2018 application, your navigator informed you that you had attempted to renew too early, but that he would submit an updated application for you before the renewal deadline so that your coverage would continue.
- 6) You testified that, after this conversation with your navigator, you assumed that you would be fine and that your health insurance coverage would continue.
- 7) The record indicates that your navigator submitted an application on March 22, 2018.
- 8) You testified that you did not know that an application for financial assistance had been submitted on March 22, 2018.
- 9) You testified that you received a letter in the regular mail on or around [REDACTED] from your Medicaid Managed Care plan.
- 10) You testified that this letter was dated March 20, 2018, and it informed you that your Medicaid Managed Care plan coverage was terminated effective March 31, 2108.

- 11) You testified that you contacted your navigator on or around March 24, 2018, when you received the letter.
- 12) You testified that your navigator informed that you were eligible for the Essential Plan due to a change in your income and that this coverage would not begin until May 1, 2018.
- 13) The record indicates that your navigator enrolled you into an Essential Plan on March 26, 2018.
- 14) You testified that you are seeking to have coverage in the Essential Plan start as of April 1, 2018, because you have [REDACTED] that requires continuous treatments and you are unable to receive the treatment without health insurance.

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 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)).

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 eligibility for and enrollment in the Essential Plan was effective May 1, 2018.

You were originally found eligible for Medicaid, effective April 1, 2017. You subsequently enrolled into a Medicaid Managed Care plan, effective June 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 February 2, 2018 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 between February 16, 2018 and March 15, 2018, 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 March 31, 2018.

However, you testified that you received a telephone call from your Medicaid Managed Care plan sometime in early February 2018, and you were informed that you needed to update your NYSOH account in order for your health insurance to continue. You testified that you contacted your navigator after receiving this telephone call and submitted an updated application for financial assistance with health insurance. The record indicates that an application was submitted on your behalf on February 12, 2018. Subsequently, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid, effective February 1, 2018, but that your Medicaid coverage would continue until March 31, 2018.

You testified that, after submitting the February 12, 2018 application, your navigator informed you that you had attempted to renew too early, and that he would submit another application before the renewal deadline in order for your coverage to continue. You testified that, based on the navigator's statement, you assumed you would be fine and that your health insurance coverage would continue.

However, the record indicates that an application for financial assistance was not submitted by your navigator until March 22, 2018, which was after your renewal deadline of March 15, 2018.

You further testified that you received a letter in the regular mail from your Medicaid Managed Care plan on or around March 24, 2018. You testified that this letter was dated March 20, 2018, and it informed you that your Medicaid Managed Care plan coverage would be terminated effective March 31, 2108. As a result, you testified that you contacted your navigator to see what had happened and you were informed that you were eligible for the Essential Plan due to a change in your income and that this coverage would not begin until May 1, 2018.

The record indicates that you were enrolled into an Essential Plan on March 26, 2018.

Generally, the date on which enrollment in an 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 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.

Here, based on the credible evidence of record, it is concluded that you reasonably relied upon your navigator's statement that he would submit an application prior to the renewal deadline of March 15, 2018. The record shows that the navigator submitted your application on March 22, 2018, after the deadline for coverage to continue in the appropriate insurance affordability program without any gap. Therefore, it is further reasonable to conclude that, but for the navigator's error, an application for financial assistance with health insurance would have been submitted on your behalf prior to the renewal deadline.

Had the navigator submitted your application between February 16, 2018 and March 15, 2018, you would have been found eligible for and enrolled in an Essential Plan by March 15, 2018. Had you been found eligible to enroll in an Essential Plan by March 15, 2018, your enrollment in an Essential Plan would have taken effective the first day of the month following March 2018; that is, as of April 1, 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).

Therefore, the March 24, 2018 eligibility determination notice and the March 27, 2018 plan enrollment notice are MODIFIED to state that your eligibility for and enrollment in an Essential Plan with a \$20.00 monthly premium is effective April 1, 2018, and not May 1, 2018.

Your case is RETURNED to NYSOH to enroll you into your Essential Plan with a \$20.00 monthly premium, effective April 1, 2018, and to notify you accordingly.

Decision

The March 24, 2018 eligibility determination notice is MODIFIED to state that your eligibility for the Essential Plan with a \$20.00 monthly premium is effective April 1, 2018.

The March 27, 2018 plan enrollment notice is MODIFIED to state that your enrollment in the Essential Plan is effective April 1, 2018.

Your case is RETURNED to NYSOH to enroll you in your Essential Plan with a \$20.00 monthly premium, effective April 1, 2018, and to notify you accordingly.

Effective Date of this Decision: March 30, 2018

How this Decision Affects Your Eligibility

Your eligibility for and enrollment in the Essential Plan should have been effective as of April 1, 2018.

Your case is being sent back to NYSOH to enroll you in your Essential Plan with a \$20.00 monthly premium as of April 1, 2018. NYSOH will issue a notice to this effect.

You are responsible for the premium payments for any months you are enrolled into coverage and must make payment directly to the health plan timely for coverage to continue as of April 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.

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).

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
- 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

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).

Summary

The March 24, 2018 eligibility determination notice is MODIFIED to state that your eligibility for the Essential Plan with a \$20.00 monthly premium is effective April 1, 2018.

The March 27, 2018 plan enrollment notice is MODIFIED to state that your enrollment in the Essential Plan is effective April 1, 2018.

Your case is RETURNED to NYSOH to enroll you in your Essential Plan with a \$20.00 monthly premium, effective April 1, 2018, and to notify you accordingly.

Your eligibility for and enrollment in the Essential Plan should have been effective as of April 1, 2018.

Your case is being sent back to NYSOH to enroll you in your Essential Plan with a \$20.00 monthly premium as of April 1, 2018. NYSOH will issue a notice to this effect.

You are responsible for the premium payments for any months you are enrolled into coverage and must make payment directly to the health plan timely for coverage to continue as of April 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।

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).

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 srε wo, frε 1-855-355-5777. ye&εtumi 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.

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).