



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027055

[REDACTED]

Dear [REDACTED],

On March 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 15, 2017 eligibility determination and disenrollment notices, and the January 11, 2018 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
PO 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(b).

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 Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse were disenrolled from Medicaid, effective December 31, 2017?

Did NYSOH properly determine that the enrollment of you and your spouse in an Essential Plan was effective February 1, 2018?

Procedural History

On October 20, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were found conditionally eligible for Medicaid, effective December 1, 2017. You were requested to provide proof of your income to NYSOH by November 3, 2017 to confirm your eligibility.

Also on October 20, 2017, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care (MMC) plan as of October 1, 2017. The notice confirmed that you and your spouse's coverage under this MMC plan had been in effect since January 1, 2017.

On November 13, 2017, NYSOH received a compilation report and profit/loss statement, issued by [REDACTED] on November 13, 2017, for the 10-month period ending on October 31, 2017 for [REDACTED]. This document reflected that this business had a net income of \$15,098.82, which was derived from a total of \$26,194.33 in income and \$11,095.51 in expenses. On this same date, this document was to be invalid for purposes of proving your income to

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confirm you and your spouse's eligibility for Medicaid; however, a note in NYSOH's records indicates that the deadline for producing the documentation was extended.

On November 17, 2017, NYSOH redetermined you and your spouse's eligibility for financial assistance with health insurance.

On November 18, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse remained conditionally eligible for Medicaid, effective January 1, 2018. You were requested to provide proof of your income to NYSOH to confirm your eligibility; however, NYSOH did not provide a due date by which such documents were to be provided to NYSOH, and erroneously referred you to a section of this letter, "Request for Additional Information to Confirm Your Eligibility," which was not included in the notice.

On December 14, 2017, NYSOH redetermined you and your spouse's eligibility for financial assistance with health insurance.

On December 15, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were no longer eligible for health insurance through NYSOH. This was because you did not provide proof of your household income to confirm your eligibility. Your eligibility ended effective January 1, 2018.

Also on December 15, 2017, NYSOH issued a disenrollment notice confirming that you and your spouse's MMC plan coverage would end effective December 31, 2017.

On January 10, 2018, you updated your application and NYSOH redetermined you and your spouse's eligibility for financial assistance with health insurance. In response to this redetermination, NYSOH prepared a preliminary eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan, effective February 1, 2018.

Also on January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed the termination of your Medicaid coverage insofar as you were seeking for you and your spouse's coverage to be reinstated for January 2018 or, in the alternative, for the Essential Plan coverage to be backdated to begin no later than January 1, 2018.

On January 11, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan with a \$0.00 premium per month, effective February 1, 2018.

Also on January 11, 2018, NYSOH issued an enrollment notice confirming the enrollment of you and your spouse in an Essential Plan as of January 10, 2018. The notice stated that your Essential Plan coverage was effective February 1, 2018.

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On March 12, 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 support the following findings of fact:

- 1) You testified, and the record reflects, that you received all your notices from NYSOH by regular mail.
- 2) You and your spouse had been enrolled in your MMC plan at least as early as January 1, 2017.
- 3) You provided NYSOH with an application update on October 19, 2017, which resulted in you and your spouse being found conditionally eligible for Medicaid, effective December 1, 2017, pending receipt of income documentation to prove your household income by November 3, 2017.
- 4) On November 13, 2017, you provided to NYSOH a compilation report and profit/loss statement, issued by [REDACTED] on November 13, 2017, for the 10-month period ending on October 31, 2017 for [REDACTED]. This document reflected that this business had a net income of \$15,098.82, which was derived from a total of \$26,194.33 in income and \$11,095.51 in expenses.
- 5) On November 13, 2017, NYSOH representatives reviewed the income documentation you provided on November 13, 2017 and determined it to be insufficient to confirm your eligibility.
- 6) You testified that you did not receive any notices from NYSOH stating that the income documentation you provided was not sufficient, or that you needed to provide additional income documentation to NYSOH to confirm your eligibility.
- 7) On December 14, 2017, NYSOH redetermined you and your spouse's eligibility for financial assistance with health insurance. You were determined not eligible to enroll in health insurance through NYSOH since you did not provide proof of your household income by the due date.
- 8) You and your spouse's MMC plan coverage was terminated effective December 31, 2017.

- 9) On January 10, 2018, NYSOH redetermined you and your spouse eligible for the Essential Plan at a \$0.00 per month premium, effective February 1, 2018.
- 10) You testified that you are seeking for you and your spouse's coverage to be reinstated during the month of January 2018 or, in the alternative, for the Essential Plan coverage to be backdated to begin no later than January 1, 2018. This was because your spouse had incurred medical expenses during January 2018, when experienced a gap in health insurance coverage.
- 11) You and your spouse's eligibility for health insurance was redetermined on January 10, 2018. You and your spouse were found eligible for the Essential Plan.
- 12) Your NYSOH account reflects that you selected an Essential Plan on January 10, 2018.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that

applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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 first issue under review is whether NYSOH properly determined that you and your spouse were disenrolled from Medicaid, effective December 31, 2017.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on October 19, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On November 13, 2017, you provided to NYSOH a compilation report and profit/loss statement, issued by [REDACTED] on November 13, 2017, for the 10-month period ending on October 31, 2017 for [REDACTED]. This

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document reflected that this business had a net income of \$15,098.82, which was derived from a total of \$26,194.33 in income and \$11,095.51 in expenses.

A NYSOH representative reviewed that documentation on November 13, 2017, and was determined to be invalid. While your application was not considered complete as of that date, the record reflects that your eligibility was redetermined on November 17, 2017. On November 18, 2017, you and your spouse were found to have remained conditionally eligible for Medicaid, effective January 1, 2018. You testified that you do not recall receiving the November 18, 2017 notice.

However, the record reflects that not only did the November 18, 2017 notice not contain a due date by which to provide additional income documentation to complete your application, it failed to include the instructions regarding the appropriate documentation that were required to confirm eligibility for you and your spouse.

Since you did not provide the income documentation required, NYSOH redetermined you and your spouse's eligibility on December 14, 2017. You and your spouse were found not to have been eligible to enroll in health insurance through NYSOH since you did not provide proof of your household income by the deadline. Accordingly, your MMC plan coverage was terminated effective December 31, 2017.

We find that the notice issued by NYSOH on November 18, 2017 was defective, and even if you had received it, it did not include sufficient information for you to complete your application to prevent a gap of coverage during the month of January 2018.

Accordingly, the December 15, 2017 eligibility determination notice finding you and your spouse not eligible for health insurance through NYSOH is not supported by the record and is **RESCINDED**.

Furthermore, the December 15, 2017 disenrollment notice is **MODIFIED** to state that you and your spouse's MMC plan coverage remained in effect until January 31, 2018.

The second issue under review is whether NYSOH properly determined that your enrollment in an Essential Plan was effective February 1, 2018.

Your NYSOH account indicates, that your eligibility for health insurance was redetermined on January 10, 2018. As a result, you and your spouse were found eligible for the Essential Plan as of January 10, 2018 and a plan was selected that day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

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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.

On January 10, 2018, you selected an Essential Plan, so the enrollment of you and your spouse properly took effect on the first day of the first month following January 2018; that is, on February 1, 2018.

Therefore, the January 11, 2018 enrollment confirmation notice stating that you and your spouse's enrollment in the Essential Plan was effective February 1, 2018, is correct and must be AFFIRMED.

Decision

The December 15, 2017 eligibility determination notice is RESCINDED.

The December 15, 2017 disenrollment notice is MODIFIED to state that you and your spouse's MMC plan coverage remained in effect until January 31, 2018.

The January 11, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 29, 2018

How this Decision Affects Your Eligibility

You and your spouse's MMC plan coverage is reinstated for the month of January 2018.

You and your spouse's Essential Plan coverage began effective February 1, 2018.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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Insofar as your case was decided, the 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
- 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
PO Box 11729
Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The December 15, 2017 eligibility determination notice is RESCINDED.

The December 15, 2017 disenrollment notice is MODIFIED to state that you and your spouse's MMC plan coverage remained in effect until January 31, 2018.

The January 11, 2018 enrollment confirmation notice is AFFIRMED.

You and your spouse's MMC plan coverage is reinstated for the month of January 2018.

You and your spouse's Essential Plan coverage began effective February 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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا 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. ye&btumi 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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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