



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

Notice of Decision

Decision Date: April 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014403

[REDACTED]

Dear [REDACTED]

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 28, 2016 eligibility determination and January 12, 2017 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.

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: April 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014403

[REDACTED]

Issues

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

Did NY State of Health provide a timely notice of your eligibility?

Did NY State of Health properly determine that your Medicaid Managed Care plan began February 1, 2017?

Procedural History

On August 9, 2016, NY State of Health (NYSOH) issued a renewal notice stating it was time to renew your coverage. The notice stated your Medicaid coverage through the [REDACTED] would end on October 31, 2016.

On November 1, 2016, NYSOH received your application for financial assistance with your health insurance.

On November 2, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by November 16, 2016.

On November 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost effective January 1, 2017. The notice stated you were not eligible for Medicaid because

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 NYSOH did not receive the income documentation needed to verify the income listed in your application.

On December 1, 2016, you uploaded paystubs from your employer.

On December 1, 2016, NYSOH issued a notice stating more information was needed to make a determination about your eligibility for financial assistance. The notice stated the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 15, 2016.

On December 12, 2016, NYSOH invalidated your proof of income.

On December 13, 2016, NYSOH issued a notice stating more information was needed to confirm your eligibility. The notice stated the documentation reviewed by NYSOH does not confirm the information in your application. You were asked to provide proof of income by December 30, 2016.

On December 13, 15, and 16, 2016, NYSOH received additional income documentation.

On December 13, 15, and 28, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 30, 2016.

On December 29, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the timeliness of your Medicaid eligibility.

On January 10, 2017, NYSOH validated your self-declaration of income and Unemployment Benefits Denial letter.

On January 11, 2017, NYSOH issued an eligibility determination notice based on your January 10, 2017, application stating you were eligible for Medicaid effective November 1, 2016.

Also on January 11, 2017, an eligibility redetermination notice was issued stating you were eligible for Medicaid for October 1, 2016, through December 31, 2016. The notice stated this was because your monthly household income of \$0.00 was at or below the allowable monthly income limit for that program.

On January 12, 2017, NYSOH issued an eligibility determination notice stating you remain eligible for Medicaid effective January 1, 2017.

On January 12, 2017, NYSOH issued an enrollment notice confirming your enrollment on January 11, 2017 in a Medicaid Managed Care plan with a start date of February 1, 2017.

On April 6, 2017, 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) You testified, and the record reflects, that you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) You were previously enrolled in Medicaid through your Local Department of Social Services through [REDACTED] which ended effective October 30, 2016.
- 3) According to your NYSOH account, NYSOH received your application for financial assistance on November 1, 2016.
- 4) You testified you first attempted to apply to NYSOH on September 15, 2016, but was unable to complete your application due to a defect on your NYSOH account.
- 5) You uploaded a letter to NYSOH on February 8, 2017 in which you state you attempted to complete an application with NYSOH for financial assistance on September 15, 2016. The letter further states you attempted to provide a paper application but were told that the only way to apply was online. After multiple attempts to contact NYSOH to see if the defect was fixed on your account you were told on November 2, 2016 that you would have to open a new account since your old policy ended October 31, 2016.
- 6) The record shows an incident was filed on February 1, 2017, in which a NYSOH representative states you had tried to update your application on September 17, 2016, but was unable to due to a "sorry message." A defect was filed that day as [REDACTED] (See Incident [REDACTED]).
- 7) There is no record of a second account for you with NYSOH.
- 8) On December 1, 2016, you submitted documentation of your paystubs to NYSOH for verification of the income stated in your November 30, 2016 application.

- 9) On December 12, 2016, your paystubs were invalidated as acceptable proof of income.
- 10) You uploaded additional income documentation on December 15, and 16, 2016 in the form of a [REDACTED] and [REDACTED]. This documentation was validated by NYSOH on January 10, 2017.
- 11) You were determined eligible for Medicaid on January 10, 2017. You were also found eligible for retro-Medicaid for the months of October, November, and December, 2016.
- 12) The record reflects that you selected a Medicaid Managed Care plan on January 11, 2017 for an effective dated of February 1, 2017.
- 13) You testified that you want your Medicaid Managed Care plan to begin on November 1, 2016 because your health care provider does not accept Medicaid Fee-For-Service.
- 14) You reside in [REDACTED], NY.

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

Applicable Law and Regulations

Medicaid

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, 13ADM-03(III)(F)).

Medicaid Managed Care 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; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Verification Process

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).

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).

Legal Analysis

The first issue is whether NYSOH's provided you with a timely determination of your Medicaid eligibility.

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay.

You were previously enrolled in Medicaid through your Local Department of Social Services through [REDACTED] That coverage was up for renewal and ending effective October 30, 2016.

You testified you first attempted to apply to NYSOH on September 15, 2016, but was unable to complete your application due to a defect on your NYSOH account.

An incident was filed with NYSOH on February 1, 2017, in which a NYSOH representative states you had tried to update your application on September 17,

2016, but was unable to due to a “sorry message.” A defect was filed that day as [REDACTED] (See Incident [REDACTED]).

Therefore, taking the credible evidence of the record you attempted to submit a completed application to NYSOH on September 15, 2016, or if using the later date based on the NYSOH representative’s notes, on September 17, 2016.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

On November 1, 2016, you were able to submit an application to NYSOH. As a result of this application, NYSOH requested that you submit documentation of your income in order to confirm the information in your application. No income documentation was submitted before the deadline.

NYSOH issued an eligibility determination notice on November 28, 2016 stating that you were eligible to purchase a qualified health plan because you did not submit income documentation for your household. Notwithstanding the fact that you failed to submit sufficient proof to complete your November 1, 2016 application, NYSOH issued an eligibility determination 72 days from the date NYSOH claims you attempted to submit your initial application in September. But for the defect on your account as of your initial September 2016 application, you could have completed your application sooner.

The result of the subsequent determinations finding you eligible for Medicaid was delayed by the technical errors and defects preventing you from completing an application through NYSOH’s website. You were eventually found eligible for Medicaid effective January 1, 2017 through the January 12, 2017 eligibility determination notice, and eligible for retro Medicaid Fee-For-Service for the months of October, November, and December, 2016.

The second issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective February 1, 2017.

The record reflects that you contacted NYSOH on January 11, 2017 and enrolled into a Medicaid Managed Care plan.

The date on which a Medicaid Managed Care 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 will go into effect on the first day of the following month. A plan that is

selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

However, as discussed above, you were unable to select a health plan until you received a determination of Medicaid eligibility effective January 1, 2017.

Since the January 12, 2017 eligibility determination notice was not timely issued, you were unable to select a Medicaid Managed Care plan until January 11, 2017.

Had you been allowed to complete your application during your attempt on September 17, 2016, your plan would properly take effect on the first day of the next month following October, 2016; that is, on November 1, 2016.

Therefore, the January 12, 2017, enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2017, is MODIFIED to reflect your Medicaid Managed Care plan started November 1, 2016.

Your case is RETURNED to NYSOH to ensure your enrollment in your Medicaid Managed Care plan effective November 1, 2016.

Decision

The November 28, 2016, eligibility determination was untimely.

The January 12, 2017, enrollment confirmation notice is MODIFIED to reflect a start date of November 1, 2016.

Your case is RETURNED to NYSOH to ensure your enrollment in your Medicaid Managed Care plan effective November 1, 2016.

Effective Date of this Decision: April 28, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan is effective November 1, 2016.

If You Disagree with this Decision (Appeal Rights)

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 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
P.O. Box 11729
Albany, NY 12211

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: 1-855-900-5557

Summary

The November 28, 2016, eligibility determination was untimely.

The January 12, 2017, enrollment confirmation notice is MODIFIED to reflect a start date of November 1, 2016.

Your case is RETURNED to NYSOH to ensure your enrollment in your Medicaid Managed Care plan effective November 1, 2016.

Your enrollment in your Medicaid Managed Care plan is effective November 1, 2016.

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 sre wo, fre 1-855-355-5777. ye&etumi 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).