



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

Notice of Decision

Decision Date: May 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015085

[REDACTED]

Dear [REDACTED],

On April 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 22, 2017, 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: May 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015085

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of March 1, 2017?

Procedural History

On November 7, 2016, you submitted a financial assistance application through NYSOH.

On November 8, 2016, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your application. The notice directed you to submit income documentation by November 22, 2016.

On November 17, 2016, additional income documentation was uploaded to your NYSOH account ([REDACTED]).

On December 2, 2016, your NYSOH account was updated.

On December 3, 2016, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your application. The notice directed you to submit income documentation by November 22, 2016.

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On December 4, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost effective as of January 1, 2017. The notice stated, in relevant part, that you were not eligible for Medicaid because NYSOH had not received the requested information to verify your income by the due date.

On December 5, 2016, your NYSOH account was updated.

On December 6, 2016, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your application. The notice directed you to submit income documentation by December 20, 2016.

On December 12, 2016, additional income documentation was uploaded to your NYSOH account ([REDACTED]).

On December 29, 2016, NYSOH issued a notice stating that the documentation reviewed does not confirm the information in your application. The notice stated that you need to submit additional proof of income by January 19, 2017.

On January 11, 2017, additional income documentation was uploaded to your NYSOH account ([REDACTED]).

On January 20, 2017, your NYSOH account was updated.

On January 21, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid as of December 1, 2016.

On January 22, 2017, NYSOH issued an enrollment notice confirming that as of January 21, 2017, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of March 1, 2017.

On January 24, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your MMC plan.

On April 21, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was closed at the end of the proceeding.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, you attempted to renew your health coverage with the assistance of an application counselor on November 7, 2016.
- 2) According to your November 7, 2016 application, you attested that you were self-employed with an expected yearly income of \$5,520.00.
- 3) On November 8, 2016, NYSOH issued a notice directing you to submit:
 - (a) Records of detailed earnings and expenses (e.g. business bank account records, invoices and checks) for the last 3 months; or
 - (b) Business pay rolls and records (e.g. balance sheets from accounting software or Excel or Word documents detailing income/expenses) for the last 3 months; or
 - (c) Filed tax return from the previous year if representative of attested income. Tax return must be signed and dated(See [REDACTED]).
- 4) You testified that you faxed income documentation to NYSOH to confirm your household income on or about November 11, 2016.
- 5) According to your NYSOH account, you submitted invoices from August 22, 2016; September 13, 2016; October 16, 2016, and November 8, 2016 ([REDACTED] upload 11/17/2016). The same documentation was uploaded to your NYSOH account on December 12, 2016 (see [REDACTED]).
- 6) According to your NYSOH account, on December 28, 2016, NYSOH determined that the documentation submitted was invalid because the invoices were outdated.
- 7) On January 11, 2017, you uploaded a bank statement from [REDACTED] and a chart of your earnings and expenses from August 2016 through December 2016 (see [REDACTED]).
- 8) According to your NYSOH account, the documentation uploaded to your account on January 11, 2017, was determined to be valid proof of income on January 20, 2017.
- 9) According to your NYSOH account, you enrolled in a MMC plan on January 21, 2017.
- 10) You testified that you want your MMC plan to have an enrollment start date of December 1, 2016.

- 11) You testified that you incurred medical expenses in December 2016, January 2017, and February 2017 and want the MMC plan to cover those costs.

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

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

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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 issue under review is whether NYSOH properly determined that your MMC plan should have an enrollment start date of March 1, 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 by giving the applicant the opportunity to submit satisfactory documentary evidence.

On November 7, 2016, you submitted an application for financial assistance through NYSOH. The household income that you attested to in your application did not match federal and state data sources. As a result, NYSOH issued you a notice on November 8, 2016, directing you to submit additional proof of income to NYSOH to confirm your eligibility for financial assistance. The notice directed you to submit records of detailed earnings and expenses (See [REDACTED]).

The credible record reflects that on November 11, 2016, you faxed additional income to NYSOH. You submitted invoices from August, September, October, and November 2016 to document your self-employment income. However, the record reflects that NYSOH did not review your income documentation until December 28, 2016. On that date NYSOH determined that the documentation submitted was invalid because the invoices were outdated.

On January 11, 2017, you uploaded a chart of your self-employment earnings and expenses from August 2016 through December 2016 (see [REDACTED]). The documentation submitted reflected the same earnings that were stated in the documentation that was sent to NYSOH on November 11, 2016. Based on that documentation, NYSOH determined you eligible for Medicaid on January 20, 2017.

The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and 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 and the end of the month goes into effect on the first day of the second following month.

The record reflects that your NYSOH account contained sufficient documentation to render an eligibility determination as of November 11, 2016. Therefore, your

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MMC plan enrollment must take effect on the first day of the first day following November 11, 2016, that is on December 1, 2016.

Therefore, the January 22, 2017, enrollment notice is MODIED to state that your MMC plan enrollment start date is December 1, 2016.

Your case is RETURNED to NYSOH to effectuate your MMC enrollment effective December 1, 2016.

Decision

The January 22, 2017, enrollment notice is MODIED to state that your MMC plan enrollment start date is December 1, 2016.

Your case is RETURNED to NYSOH to effectuate your MMC enrollment effective December 1, 2016.

Effective Date of this Decision: May 12, 2017

How this Decision Affects Your Eligibility

Your MMC plan enrollment start date is December 1, 2016.

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

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 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 January 22, 2017, enrollment notice is MODIFIED to state that your MMC plan enrollment start date is December 1, 2016.

Your case is RETURNED to NYSOH to effectuate your MMC enrollment effective December 1, 2016.

Your MMC plan enrollment start date is December 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.

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).

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।

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 okyerE 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.

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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.