



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: AP000000015506



Dear [REDACTED]

On May 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 25, 2017 eligibility determination and 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).

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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) provide a timely determination of your Medicaid eligibility as of January 16, 2017?

Did NYSOH properly determine that your enrollment in your Medicaid Managed Care (MMC) plan began on March 1, 2017?

Procedural History

On December 3, 2016, NYSOH received your application for financial assistance with your health insurance. That same day, you uploaded documentation to your NYSOH account.

On December 4, 2016, NYSOH issued a notice stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until January 31, 2017. The notice also stated that you needed to submit additional information to confirm the information in your application, and directed you to submit income documentation by December 18, 2016. The notice contained an attachment listing the type of documentation you needed to submit to show your income.

Also on December 4, 2016, NYSOH issued a renewal notice stating that it was time to renew your application for health insurance. The notice directed you to update your NYSOH account between December 16, 2016 and January 15, 2017, or you might lose the financial assistance you were currently receiving.

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On December 16, 2016, you updated your NYSOH account.

On December 17, 2016, NYSOH issued a notice stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until January 31, 2017. The notice also stated that you needed to submit additional information to confirm the information in your application, and directed you to submit income documentation by January 2, 2017. The notice contained an attachment listing the type of documentation you needed to submit to show your income.

On January 11, 2017, NYSOH issued a notice stating that the documentation you had submitted did not confirm the information in your application. The notice directed you to submit documentation of your income by February 1, 2017, and again contained an attachment listing the type of documentation you needed to submit to show your income.

On January 14, 2017, you updated your NYSOH account.

On January 15, 2017, NYSOH issued a notice stating that your January 14, 2017 application had been reviewed, but that more information was needed to confirm the information in your application. The notice explained the income information in your application did not match what was obtained from state and federal data sources. You were asked to submit income documentation by February 1, 2017. The notice again contained an attachment listing the type of documentation you needed to submit to show your income.

Also on January 15, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan was ending effective January 31, 2017.

On January 16, 2017, you uploaded documentation to your NYSOH account.

On January 25, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective February 1, 2017.

Also on January 25, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MMC plan, with an enrollment start date of March 1, 2017.

On February 3, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your MMC plan, requesting that it begin February 1, 2017.

On May 4, 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.

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Findings of Fact

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

- 1) You testified that you are appealing the enrollment start date of your MMC plan.
- 2) According to your NYSOH account, NYSOH received your updated application for financial assistance on December 3, 2016.
- 3) Also on December 3, 2016, you uploaded a paystub dated July 5, 2016 to your NYSOH account (Document [REDACTED]).
- 4) Your NYSOH account reflects that you updated your account again on December 16, 2016, after NYSOH issued a renewal notice on December 4, 2016.
- 5) You testified that you could not exactly recall the dates that you updated your account, nor the dates of when you received emails regarding notices in your account.
- 6) You testified that you thought everything was fine with your application and your account, until you received an email about a notice that told you that information was missing from your application.
- 7) Your NYSOH account reflects that the notices you were sent on December 4 and 17, 2016, and January 11 and 15, 2017 all contained an attachment stating that if you had “No income or have recently lost your source of income,” you needed to submit documentation of this, consisting of either a letter from your previous employer, proof that you applied for Unemployment Insurance Benefits or a letter showing that those benefits had been exhausted, or a letter from the Social Security Administration stating that your benefits have ended.
- 8) Your NYSOH account reflects that NYSOH informed you that the documentation you had submitted on December 3, 2016 was not sufficient in a notice dated January 11, 2017.
- 9) You testified that you called and spoke to NYSOH after you received this notice, and found out that you needed to submit additional documentation showing that although you were still employed, you were out for a disability, and had not worked since July 2016.
- 10) On January 16, 2017, you uploaded a letter dated January 16, 2017 on [REDACTED] from the Human Resources Manager stating that you

were currently employed there, but had been out since July 2016, and received your last paycheck on July 5, 2016 (Document [REDACTED])

- 11) On January 24, 2017, you updated your NYSOH account again, and this resulted in an eligibility determination on January 25, 2017 that stated you were eligible for Medicaid as of February 1, 2017. You also selected an MMC plan for enrollment on January 24, 2017, which resulted in an enrollment start date of March 1, 2017.
- 12) You testified that you believe you submitted any requested information as soon as you were asked to submit it.
- 13) You testified that you are looking for your MMC plan enrollment to begin as of February 1, 2017 because you have an outstanding medical bill for [REDACTED] that you had done.

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)).

MMC 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 timely, 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 the 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 under review is whether NYSOH provided you with timely determination of your Medicaid eligibility as of January 16, 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 December 3 and December 16, 2016. The income amount that was entered into these applications did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

You uploaded a copy of a July 5, 2016 paystub on December 3, 2016. You testified that you provided this because this was the last date on which you received a paycheck prior to December 2016, as you had been out on disability. However, there was nothing on the paystub, nor any other documentation provided, stating that there was a reason for why you were submitting only one paystub dated five months prior to your application. Therefore, this documentation was correctly deemed insufficient.

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You testified that you did not know what else you needed to submit until you spoke to NYSOH in January 2017. However, several notices that were sent to you in December 2016 and January 2017 contained attachments that stated exactly what documentation you needed to provide to prove that you currently did not have income. Additionally, there is no indication in the record that you inquired prior to January 14, 2017 as to what additional documentation you might need to provide to demonstrate your current financial situation.

Since you uploaded a letter from your employer explaining your situation on January 16, 2017, this is the date on which your application was complete.

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.

NYSOH would have had 45 days from January 16, 2017 to issue an eligibility determination. However, you updated your application again on January 24, 2017, and were found eligible for Medicaid as of that application, beginning February 1, 2017. If you had not updated your account on January 24, 2017, NYSOH would have had 45 days from January 16, 2017, (until March 2, 2017), to issue an eligibility determination.

Therefore, the record reflects that you received a timely notice of your eligibility for Medicaid, as of your January 16, 2017 and January 24, 2017 applications.

The second issue under review is whether NYSOH properly determined that your enrollment in your MMC plan was effective March 1, 2017.

The record reflects that you contacted NYSOH on January 24, 2017 and enrolled into an MMC plan.

The date on which an MMC 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.

Since the January 25, 2017 eligibility determination notice was timely issued, you were able to select an MMC plan as of January 24, 2017. Your plan therefore properly took effect on the first day of the second month following January; that is, on March 1, 2017.

Therefore, the January 25, 2017 enrollment confirmation notice stating that your enrollment in your MMC plan would be effective March 1, 2017, was correct and must be AFFIRMED.

Decision

The January 25, 2017 eligibility determination was timely and is AFFIRMED.

The January 25, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 12, 2017

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in your MMC plan began on March 1, 2017.

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

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).

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 25, 2017 eligibility determination was timely and is AFFIRMED.

The January 25, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your MMC plan began on March 1, 2017

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. ye&btumi 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.

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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