



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

Notice of Decision

Decision Date: July 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016028

[REDACTED]

Dear [REDACTED],

On June 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 18, 2017 eligibility determination notice and the January 28, 2017 enrollment confirmation 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.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016028

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide you with a timely determination of your eligibility following your November 16, 2017 updated application?

Did NYSOH properly determine your enrollment in your Medicaid Managed Care plan was effective no earlier than March 1, 2017?

Procedural History

On January 9, 2016, NYSOH issued a notice of eligibility determination stating you were eligible for Medicaid effective January 1, 2016. You subsequently enrolled in a Medicaid Managed Care plan.

On October 16, 2016, NYSOH issued a notice stating it was time to renew your health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not decide whether you qualified for financial help paying for your health coverage. The notice directed you to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

On November 16, 2016, NYSOH received your updated application for financial assistance with health insurance.

On November 17, 2016, NYSOH issued a notice stating the income information listed in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your income by

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December 1, 2016 or NYSOH would not be able to determine your eligibility for health insurance.

On November 25, 2016, NYSOH issued a notice stating your Medicaid Managed care plan coverage was terminated, effective December 31, 2016, because you were no longer eligible to enroll in the plan.

On November 29, 2016, NYSOH received your income documentation.

On December 15, 2016, NYSOH issued a notice stating the documentation you previously submitted was insufficient to confirm the information in your application. The notice directed you to submit additional proof of your income by December 31, 2016.

On December 28, 2016, NYSOH received your income documentation.

On January 17, 2017, NYSOH verified your income documentation and your eligibility was systematically redetermined.

On January 18, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective January 1, 2017. The notice directed you to “pick a health plan.” The notice further indicated if you did not pick a health plan, one would be chosen for you.

On January 28, 2017, NYSOH issued an enrollment notice, based on a January 27, 2017 automatic plan assignment, confirming you were enrolled in a Medicaid Managed Care plan, effective March 1, 2017.

On February 22, 2017, you spoke to NYSOH’s Account Review Unit and appealed the enrollment confirmation insofar as your Medicaid Managed Care plan coverage was not effective January 1, 2017.

On June 5, 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 support the following findings of fact:

- 1) You were determined eligible for Medicaid, effective January 1, 2016.
- 2) NYSOH issued a renewal notice on October 16, 2016 directing you to update your account and renew your health coverage for the 2017 coverage year by December 15, 2016.

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- 3) NYSOH received your updated application on November 16, 2016.
- 4) NYSOH was unable to confirm the income information listed in your application. A notice issued November 17, 2016 directed you to submit proof of your income by December 1, 2016. You testified you were unsure if you received this notice, but you received a call from NYSOH on November 21, 2016 advising you that proof of your income was required.
- 5) On November 29, 2016, a copy of an unsigned form 1040 from your 2015 tax return was uploaded to your account. This documentation indicates it was faxed on November 21, 2016 [REDACTED]
- 6) Your account confirms that on December 14, 2016, NYSOH determined this documentation to be invalid proof of the income information listed in your application, because it was unsigned.
- 7) NYSOH issued a notice dated December 15, 2016, indicating the income documentation you provided was insufficient and requesting additional documentation by December 31, 2016.
- 8) You testified you do not remember whether you received the December 15, 2016 notice requesting additional documentation. You testified you contacted NYSOH on December 19, 2016 and you were advised by a representative that the documentation you submitted was invalid because it was unsigned and that you needed to submit additional documentation.
- 9) On December 28, 2016, a copy of a signed form 1040 from your 2015 tax return was uploaded to your account. This documentation indicates it was faxed to NYSOH on December 19, 2016 [REDACTED].
- 10) Your Medicaid Managed Care plan coverage was terminated on December 31, 2016.
- 11) Your account confirms, NYSOH verified the income documentation on January 17, 2017 and the income information listed in your November 16, 2016 application was confirmed. Your eligibility was systematically redetermined the same day.
- 12) You were determined eligible for Medicaid, and your fee-for-service Medicaid coverage became effective January 1, 2017.

- 13) The eligibility determination notice issued on January 18, 2017 directed you to pick a health plan and indicated that if you did not select a plan, one would be chosen for you.
- 14) You testified you received a letter from NYSOH in “late January” notifying you that you were eligible for Medicaid.
- 15) You testified you did not know you had to pick a health plan and you were informed over the phone that you had been automatically reenrolled in your previous health plan.
- 16) Your account confirms you were automatically assigned a Medicaid Managed Care plan on January 27, 2017 and the coverage through this plan became effective March 1, 2017.
- 17) You testified you are satisfied with the health plan you were enrolled in.
- 18) Your account confirms you had fee-for-service Medicaid only in January and February 2017.
- 19) You testified you have outstanding medical bills from January 2017, because your provider does not accept fee-for-service Medicaid.
- 20) You testified you are seeking to have your Medicaid Managed Care plan coverage backdated to January 1, 2017 to cover your outstanding medical bills from that month, because NYSOH took too long to verify the income documentation you submitted causing the gap in your Medicaid Managed Care plan coverage. You also testified you should have been advised by a NYSOH representative you could have uploaded your documentation to your account which would have resulted in your documentation being verified sooner and would have eliminated the gap in your Medicaid Managed Care plan coverage.

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, the Marketplace must request data that will allow the Marketplace to verify the household’s income (45 CFR §155.320(c)(1)(i)). If the Marketplace cannot verify the income information required to determine eligibility they must attempt to

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resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

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).

Medicaid – Effective Dates of Coverage

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 Managed Care (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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The first issue under review is whether NYSOH provided you with a timely determination of your eligibility following your November 16, 2016 updated application.

You testified, and your account confirms, you contacted NYSOH on November 16, 2016 and an updated application was submitted on your behalf the same day. According to your account, NYSOH was unable to confirm the income amount listed in this application.

Pursuant to the above regulations, for all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data to verify the household's income. If the Marketplace 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. Following your updated application, NYSOH issued a notice on November 17, 2016, requesting proof of your household's income, by December 1, 2016, to confirm your eligibility for health insurance.

The evidence establishes that on November 21, 2016, you faxed a copy of an unsigned form 1040 from your 2015 tax return. According to your account, this documentation was received by NYSOH and uploaded to your account on November 29, 2016. However, on December 14, 2016, NYSOH determined this documentation to be invalid proof of the income information listed in your application, because it was unsigned, and additional documentation was requested.

The evidence establishes that on December 19, 2016, you faxed a copy of a signed form 1040 from your 2015 tax return. According to your account, this documentation was received by NYSOH and uploaded to your account on December 28, 2016. This documentation was verified by NYSOH on January 17, 2017 and the income information listed in your November 16, 2016 application was confirmed. Your eligibility was systematically redetermined the same day. On January 18, 2017, NYSOH issued an eligibility determination notice finding you eligible for Medicaid, and indicating your fee-for-service Medicaid coverage was effective January 1, 2017.

According to the regulations, NYSOH must provide adult Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application.

As discussed above, you submitted an updated application on November 16, 2016; however, NYSOH was unable to verify the income information listed in that application and additional documentation was requested. Although you submitted income documentation on November 21, 2016, this documentation was deemed invalid by NYSOH and additional documentation was requested. Pursuant to the regulations, your application was not deemed complete until NYSOH received sufficient documentation to confirm the income amount listed in your application. The evidence establishes this occurred on December 28, 2016.

In accordance with the above cited regulations, NYSOH had 45 days from the date of the completed application; that is, until February 11, 2017, to provide you with an eligibility determination.

The evidence establishes NYSOH verified your income documentation on January 17, 2017 and issued an eligibility determination notice finding you

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eligible for Medicaid the following day. Since this eligibility determination notice was issued within 45 days from the date of your completed application, the eligibility determination at issue is considered timely.

It is noted that even counting from the date the sufficient income documentation was submitted, December 19, 2016, rather than “received,” the eligibility determination at issue would still be considered timely, because it was issued within 45 days of the date of said submission.

The second issue under review is whether NYSOH properly determined your enrollment in your Medicaid Managed Care plan was effective no earlier than March 1, 2017.

As discussed above, NYSOH timely determined you eligible for Medicaid on January 17, 2017. Accordingly, you would not have been eligible to enroll in a Medicaid Managed Care plan prior to that date.

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 goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Although you testified you were not aware you had to select a health plan, and your account confirms you were automatically assigned a Medicaid Managed Care plan on January 27, 2017, as discussed above the earliest you could have selected a health plan was on January 17, 2017. Had you selected a plan on that date, according to the above regulations, since this was after the fifteenth day of the month, the plan would not have become effective until the first day of the second following month; that is, until March 1, 2017.

Since the January 28, 2017 enrollment confirmation notice properly states your Medicaid Managed Care plan coverage became effective March 1, 2017, it is correct and is AFFIRMED.

Decision

The January 18, 2017 eligibility determination notice was timely.

The January 28, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 6, 2017

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How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is 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
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.

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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 18, 2017 eligibility determination notice was timely.

The January 28, 2017 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is 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。我们可以为您免费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)

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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. 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.

שׂוֹדִישׁ (Yiddish)

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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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