



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

Notice of Decision

Decision Date: July 26, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000017057

[REDACTED]

Dear [REDACTED],

On July 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 21, 2017 eligibility determination and March 22, 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).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017057

[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 your enrollment in your Medicaid Managed Care (MMC) plan began on May 1, 2017?

Procedural History

On November 30, 2016, NYSOH received your application for financial assistance with your health insurance.

On December 1, 2016, NYSOH issued a notice stating more information was needed to confirm the information in your application. The notice explained the income information you provided in your application did not match the information obtained from state and federal data sources. You were asked to submit income documentation for your household by December 15, 2016.

Also on December 1, 2016, NYSOH uploaded to your NYSOH account income documentation that you had mailed to NYSOH.

On December 8, 2016, you updated your NYSOH account.

On December 9, 2016, NYSOH issued a notice stating that more information was needed to confirm the information in your December 8, 2016 application. The notice stated that you had until December 15, 2016 to submit income documentation.

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On December 16, 2016, NYSOH uploaded income documentation, mailed to NYSOH on your behalf, to your NYSOH account.

On December 30, 2016, NYSOH issued a notice stating that the income documentation that you had provided had been reviewed, but that it did not confirm the information in your application. The notice directed you to submit income documentation by January 29, 2017.

On February 9, 2017, NYSOH redetermined your eligibility.

On February 10, 2017, NYSOH issued a notice of eligibility determination stating that you were newly eligible to purchase a qualified health plan at full cost, effective March 1, 2017. You were not eligible to receive financial assistance because you did not complete the requirements for obtaining Medicaid.

On February 13, 2017, NYSOH uploaded documentation to your account that was faxed to NYSOH on your behalf on January 25, 2017.

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

On February 15, 2017, NYSOH issued a notice stating that more information was needed to confirm the information in your February 14, 2017 application. The notice stated that you had until March 1, 2017 to submit documentation of your income.

On February 24, 2017, NYSOH issued a notice stating that the income documentation that you had provided had been reviewed, but that it did not confirm the information in your application. The notice directed you to submit income documentation by March 16, 2017.

Also on February 24, 2017, you updated your NYSOH account.

On February 25, 2017, NYSOH issued a notice stating that more information was needed to confirm the information in your February 24, 2017 application. The notice directed you to submit documentation of your income by March 16, 2017.

On February 28, 2017, you updated your NYSOH account.

On March 1, 2017, NYSOH issued a notice stating that more information was needed to confirm the information in your February 28, 2017 application. The notice stated that you had until March 16, 2017 to submit documentation of your income.

On March 20, 2017, NYSOH redetermined your eligibility.

On March 21, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective February 1, 2017.

That same day, you contacted NYSOH and selected an MMC plan for enrollment. You also spoke to NYSOH's Account Review Unit and requested an appeal, insofar as your Medicaid eligibility and your enrollment in your MMC plan did not begin on December 1, 2016.

On March 22, 2017, an enrollment confirmation notice was issued confirming your enrollment in your MMC plan, beginning May 1, 2017.

On April 29, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for retroactive Fee-For-Service Medicaid for the period of time from October 1, 2016 through January 31, 2017.

On July 5, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you clarified that you were appealing only the start date of your MMC plan, as your Fee-For-Service Medicaid was backdated to October 1, 2016. The record was developed during the hearing and held open through July 20, 2017 to provide you with time to submit proof of the income documentation that you submitted in December 2016, including proof of 401K distributions.

As of July 21, 2017, no further documentation was received by the Appeals Unit. The record is now closed.

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 the start date of your enrollment in your MMC plan.
- 2) According to your NYSOH account, NYSOH received your initial application for financial assistance on November 30, 2016.
- 3) The application submitted on that date listed an income for the upcoming year of \$39,000.000. The application further stated that \$20,000.00 of this income was from a job that ended on April 30, 2016. The other \$19,000.00 was attributed to IRA distributions.
- 4) You testified that, when you applied, you were asked for additional documentation, which you provided to NYSOH within the requested timeframe.

- 5) Your NYSOH account reflects that the Erie County Department of Social Services mailed copies of two checks from [REDACTED] to NYSOH, and that NYSOH received these copies on November 23, 2016.
- 6) You testified that, at the time of your application, the only income you were receiving was from workers' compensation payments, and that these were the paystubs you submitted to NYSOH. You testified that you were removed from the workforce as of April 30, 2016, because you had temporarily paralyzed yourself.
- 7) You testified that you also took a distribution from your 401K in January 2016 of approximately \$20,000.00, and that you provided documentation of this to NYSOH in December 2016 because you were told that it had to be listed as income.
- 8) Your NYSOH account does not contain any documentation regarding this 401K distribution.
- 9) You testified that you were informed by someone that your workers' compensation payments are not considered income, but that they were listed anyway in your November 30, 2016 application.
- 10) You testified that, after you had submitted your workers' compensation paystubs and proof of the 401K distribution, you were asked for something showing that you were no longer employed. You testified that this was sometime in January 2017.
- 11) You testified that you faxed a copy of your letter of separation to NYSOH in January 2017. Your NYSOH account reflects that this letter was faxed to NYSOH on January 25, 2017, and uploaded to your account on February 13, 2017.
- 12) On February 24, 2017, your NYSOH account was updated, and your expected annual income was changed to \$0.00.
- 13) You testified that you updated your application by phone on that date, and were told by the NYSOH representative that you spoke with that they were removing the income information, as it was no longer relevant for your eligibility determination.
- 14) Your NYSOH account reflects that application runs on February 24, 2017 and February 28, 2017 resulted in requests for more income information. However, your application was run again on March 20, 2017, with no income listed, and you were found eligible for Medicaid, effective February 1, 2017.

- 15) You testified that your only source of income at this time is workers' compensation.
- 16) You testified that you are looking to see if you can have your MMC coverage backdated to December 1, 2016, as you have had many medical bills, and you would like to have the option of submitting bills to them, if they are not covered by your workers' compensation insurance or Fee-For-Service Medicaid.
- 17) You testified that you always provided everything that NYSOH asked for within the required timeframe, and that you do not believe that you should have had to wait so long to be found eligible for coverage just because NYSOH was unable to process your documentation more quickly.
- 18) The record was left open after the hearing to give you time to submit proof that you faxed documentation of your 401K distributions to NYSOH in December 2016. No documentation was received by NYSOH's Appeals Unit.

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 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).

Workers' Compensation

Workers' compensation benefits that are received as compensation for personal injuries or sickness are not included in modified adjusted gross income (see NY Social Services Law § 366(1)(a)(7); 26 USC §§ 36B(d)(2)(B), 62(a), 104(a)(1)).

Legal Analysis

The issue under review is whether your enrollment in your MMC plan properly began on May 1, 2017.

You first submitted an application for financial assistance for health insurance on November 30, 2016, and listed \$39,000.00 in income. For 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.

The income amount that was entered on your November 30, 2016 application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

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 application you submitted listed employment income that had ended, and income you received from a 401K distribution. The notice NYSOH sent you on December 1, 2016 requesting income documentation contained an attachment explaining what documentation to submit, based on your circumstances. For individuals with no income, or who had recently lost their source of income, the list indicated that you should submit a letter from your previous employer with a termination date. Additionally, the letter stated that if you had income from an IRA Distribution or Pension or Annuity, you should submit a 1099-R or documentation of the distribution amount from the financial institution.

You testified that you submitted documentation in December 2016 of the 401K distribution you received, and the record was left open to give you time to provide proof of this. However, no documentation was received by the Appeals Unit after the hearing.

Although you previously submitted workers' compensation stubs, these are not relevant, as income from workers' compensation is disregarded when calculating an applicant's modified adjusted gross income. Additionally, this income was not listed in your November 30, 2016 application.

Your application also indicated that you had employment income that ended in April 30, 2016. On January 25, 2017, you faxed a letter from your former employer stating that your job had ended as of April 30, 2016.

Therefore, your application was considered complete as of January 25, 2017 for purposes of issuing an eligibility determination.

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 issued an eligibility determination notice on March 21, 2017 that stated you were eligible for Medicaid effective February 1, 2017. Since NYSOH issued an eligibility determination 55 days from the date your application was considered complete (January 25, 2017), the March 21, 2017 eligibility determination was untimely.

However, after this eligibility determination was issued, NYSOH backdated your fee-for-service Medicaid coverage to October 1, 2016. Therefore, the issue of whether the March 21, 2017 eligibility determination was timely is only relevant insofar as it relates to when you were able to select an MMC plan for enrollment.

The record reflects that you contacted NYSOH on March 21, 2017 and enrolled into an MMC plan.

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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.

Ordinarily, then, a plan selected on March 21, 2017 would properly go into effect on May 1, 2017.

However, as stated above, your eligibility determination should have been issued sooner. If your eligibility determination had been issued in a timely manner – meaning within 45 days of January 25, 2017 - you would have had the opportunity to select an MMC plan in time for your enrollment to begin as of April 1, 2017 instead.

Therefore, the March 22, 2017 enrollment confirmation notice stating that your enrollment in your MMC plan began May 1, 2017 is MODIFIED to state that your enrollment in your MMC plan began on April 1, 2017.

Your case is RETURNED to NYSOH to facilitate the backdating of your MMC plan enrollment to April 1, 2017.

Decision

The March 22, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan began on April 1, 2017.

Your case is RETURNED to NYSOH to facilitated the backdating of your MMC plan enrollment to April 1, 2017.

Effective Date of this Decision: July 26, 2017

How this Decision Affects Your Eligibility

Your enrollment in your MMC plan should have started on April 1, 2017.

Your case is being sent back to NYSOH to backdate your MMC enrollment to April 1, 2017.

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).

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.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 22, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan began on April 1, 2017.

Your case is RETURNED to NYSOH to facilitated the backdating of your MMC plan enrollment to April 1, 2017.

Your enrollment in your MMC plan should have started on April 1, 2017.

Your case is being sent back to NYSOH to backdate your MMC enrollment to April 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&etumi 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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