



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

Notice of Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020680

[REDACTED]

[REDACTED]

On October 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 21, 2017 eligibility determination and enrollment confirmation notice, and the August 15, 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.

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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Decision Date: November 13, 2017

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 provide a timely determination of your household's Medicaid eligibility as of July 21, 2017?

Did NY State of Health properly determine your, your wife, and your youngest daughter's qualified health plan began September 1, 2017?

Did NY State of Health properly determine that your oldest daughter's Medicaid Managed Care plan began September 1, 2017?

Procedural History

On July 15, 2016, NYSOH issued an eligibility determination notice stating you, your wife, and your two children were eligible for Medicaid, effective July 1, 2016.

On May 4, 2017, NYSOH issued a renewal notice stating based on information federal and state sources, a decision could not be made about whether or not you or your wife, or your oldest daughter qualified for financial assistance. The notice requested you update your account by June 15, 2017. The notice stated your youngest daughter would get a notice about renewing her coverage around June 16, 2017. The notice stated her Medicaid coverage would end on July 31, 2017.

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On June 13, 2017, NYSOH received your household's updated application for financial assistance with your health insurance.

On June 14, 2017, NYSOH issued an eligibility determination notice stating your oldest daughter was no longer eligible for Medicaid, however her coverage would continue until July 31, 2017.

Also on June 14, 2017, NYSOH issued a notice stating the income information in your application does not match what NYSOH received from state and federal data sources. The notice requested you provide proof of your household income by June 28, 2017.

Finally, on June 14, 2017, NYSOH issued a disenrollment notice stating you, your wife, and your oldest daughter's coverage in a Medicaid Managed Care plan would end June 30, 2017.

On June 18, 2017, NYSOH issued a disenrollment notice stating your youngest daughter's coverage in her Medicaid Managed Care plan would end, July 31, 2017.

On June 15, 2017, NYSOH received income documentation in the form of paystubs.

On June 19, 2017, a NYSOH representative invalidated the income documentation you provided.

On June 20, and 29, 2017, 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 July 1, 2017, and for your oldest child by July 16, 2017.

On July 20, 2017, NYSOH received your application for health insurance. That day, a preliminary eligibility determination was prepared stating you, your wife, and your youngest daughter were conditionally eligible for the Essential Plan, with a \$20.00 per month premium, effective September 1, 2017. You enrolled your oldest daughter's in a Medicaid Managed Care plan and you, your wife, and your youngest daughter in an Essential Plan, effective September 1, 2017.

Also on July 20, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of you, your wife, and your youngest daughter's Essential Plan, and your oldest daughter's Medicaid Managed Care plan, requesting that it begin July 1, 2017 and not September 1, 2017.

On July 21, 2017, NYSOH issued an eligibility determination notice stating you, your wife, and your youngest daughter were conditionally eligible for the Essential Plan, with a \$20.00 per month premium, effective September 1, 2017. The notice requested you provide proof of your household income by October 18, 2017. The notice further stated your oldest daughter was eligible for Medicaid, effective July 1, 2017 and could pick a plan. The notice stated you your wife, and your youngest daughter were ineligible for Medicaid.

On July 21, 2017, NYSOH issued an enrollment notice confirming your oldest daughter's enrollment on July 20, 2017 in a Medicaid Managed Care plan, effective September 1, 2017. The notice further confirmed your, your wife, and your youngest daughter's enrollment in an Essential Plan for \$20.00 per month, effective September 1, 2017.

On July 25, 2017, NYSOH issued an eligibility determination notice was issued stating you, your wife and your youngest daughter were eligible for APTC, up to \$1,045.00 per month, as well as cost sharing reductions if you enrolled in a silver level qualified health plan, effective September 1, 2017.

On August 15, 2017, NYSOH issued an enrollment notice confirming you, your wife, and your youngest daughter's enrollment, in a silver level qualified health plan with the application of APTC, effective September 1, 2017.

On October 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you testified you are seeking a backdate in coverage for you, your wife and your youngest daughter's enrollment in your qualified health plan to July 1, 2017, and your oldest daughter's enrollment in her Medicaid Managed Care plan to July 1, 2017. 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 seeking a backdate in coverage for you, your wife and your youngest daughter's enrollment in your qualified health plan to July 1, 2017, and your oldest daughter's enrollment in her Medicaid Managed Care plan to July 1, 2017.
- 2) According to your NYSOH account, NYSOH received your household's application for financial assistance on June 13, 2017.
- 3) On June 15, 2017, you submitted documentation of your paystubs to NYSOH for verification of the income stated in your June 13, 2017 application.

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- 4) The copies of paystubs you provided as proof of your income were dated April 28, May 5, 12, 19, 26 and June 2, 2017.
- 5) The copies of paystubs you submitted for your wife were dated May 25, June 1, 8, and 15, 2017.
- 6) On June 19, 2017, your paystubs were invalidated as unacceptable proof of your income.
- 7) The note provided by a NYSOH representative after invalidating your income documentation on June 19, 2017 stated you and your wife provided four weeks of paystubs. The required documentation though was four weeks of paystubs within 30 days of June 16, 2017.
- 8) The record reflects that you selected a Medicaid Managed Care plan for your oldest child on your application on July 20, 2017.
- 9) The record reflects that you selected a qualified health plan for you, your wife, and your youngest child on July 25, 2017.

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 provided a timely determination of your household's Medicaid eligibility as of July 21, 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 June 13, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On June 15, 2017, you uploaded a copy of your paystubs and on June 19, 2017 NYSOH determined those paystubs to be invalid for purposes of confirming the income amount you submitted in your June 13, 2017 application. Since the income documentation was determined invalid, your application was still pending with further income documentation requested. However, since you provided proper documentation in the form of four consecutive weeks of paystubs for you and your wife, your income documentation should have been considered proper for purposes of determining your household's eligibility.

Therefore, your application was considered complete as of June 15, 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 July 21, 2017 that stated your oldest daughter was eligible for Medicaid effective July 1, 2017, and you and your wife, and your youngest daughter were conditionally eligible for the Essential Plan and ineligible for Medicaid, effective September 1, 2017. Since NYSOH issued an eligibility determination 36 days from the date your application was considered complete, the July 21, 2017 eligibility determination notice was timely.

The second issue is whether NYSOH properly determined that you, your wife, and your oldest daughter's qualified health plan began September 1, 2017

The record reflects that you contacted NYSOH on July 25, 2017 and enrolled into a qualified health plan.

The date on which enrollment in a qualified health 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 July 21, 2017, eligibility determination notice was timely issued, you were able to select a qualified health plan as of July 21, 2017. Your plan would therefore properly take effect on the first day of the second month following July; that is, on September 1, 2017.

Therefore, the August 15, 2017, enrollment confirmation notice stating that your, your wife, and your youngest daughter's enrollment in your qualified health plan would be effective September 1, 2017, was correct and must be AFFIRMED.

The third issue is whether NYSOH properly determined that your oldest daughter on your application's enrollment in her Medicaid Managed Care plan was effective September 1, 2017.

The record reflects that you contacted NYSOH on July 20, 2017 and enrolled your daughter 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.

Since the July 21, 2017, eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan for your oldest daughter as of July 20, 2017. Her plan would therefore properly take effect on the first day of the next second month following July; that is, on September 1, 2017.

Therefore, the July 21, 2017 enrollment confirmation notice stating that her enrollment in her Medicaid Managed Care plan would be effective September 1, 2017, was correct and must be AFFIRMED.

Decision

The July 21, 2017 eligibility determination notice was timely.

The August 15, 2017, enrollment confirmation notice is AFFIRMED.

The July 21, 2017, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 13, 2017

How this Decision Affects Your Eligibility

Your, your wife, and your youngest daughter's enrollment in your qualified health plan is effective September 1, 2017.

Your youngest oldest daughter on your application's enrollment in her Medicaid Managed Care plan is effective September 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.

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

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 21, 2017 eligibility determination notice was timely.

The August 15, 2017, enrollment confirmation notice is AFFIRMED.

The July 21, 2017, enrollment confirmation notice is AFFIRMED.

Your, your wife, and your youngest daughter's enrollment in your qualified health plan is effective September 1, 2017.

Your youngest oldest daughter on your application's enrollment in her Medicaid Managed Care plan is effective September 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 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.

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