



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

Notice of Decision

Decision Date: December 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021948

[REDACTED]

On October 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 24, 2017 plan 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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Decision

Decision Date: December 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021948



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 Medicaid eligibility as of June 14, 2017?

Did NY State of Health properly determine that your enrollment in a Medicaid Managed Care plan was effective August 1, 2017?

Procedural History

On April 14, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating in part that you were eligible for Medicaid effective April 1, 2017. That notice stated the type of Medicaid coverage you are eligible for does not require or allow you to enroll in a health plan.

Also on April 14, 2017, NYSOH issued a plan enrollment notice confirming that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On May 11, 2017, you uploaded to your NYSOH account documentation showing that your third-party health insurance through your previous employer would end on May 31, 2017.

On May 13, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information listed in your application. The notice directed you to submit additional documentation of your income by June 9, 2017.

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On May 16, 2017 and May 17, 2017, NYSOH issued eligibility determination notices, based on systematically updated applications, stating that you remained conditionally eligible for Medicaid, effective May 1, 2017. You were directed to submit additional proof of income by June 9, 2017.

Also on May 16, 2017 and May 18, 2017, NYSOH issued plan enrollment notices confirming that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On May 23, 2017, you uploaded to your NYSOH account documentation regarding your and your spouse's income.

On May 23, 2017, May 24, 2017, May 25, 2017 and June 2, 2017, NYSOH issued eligibility determination notices based on systematically updated applications, stating that you remained conditionally eligible for Medicaid, effective May 1, 2017. You were directed to submit additional proof of income by June 9, 2017.

Also on May 23, 2017, and May 24, 2017, May 25, 2017 and June 2, 2017, NYSOH issued plan enrollment notices confirming that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On June 7, 2017, you submitted an updated application for financial assistance with your health insurance for your family. In the June 7, 2017 application, your listed household income changed from \$96,500.00 to \$103,800.00.

On June 8, 2017, NYSOH issued an eligibility determination notice stating in part that you remained conditionally eligible for Medicaid. The notice stated that additional information was required to confirm your eligibility and you needed to submit proof of household income by June 22, 2017 to confirm your eligibility.

Also on June 8, 2017, NYSOH reviewed and invalidated the May 23, 2017 documentation you submitted as proof of income for your spouse as being out of date.

Also on June 8, 2017, NYSOH issued plan enrollment notices confirming that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On June 13, 2017, you uploaded to your NYSOH account updated proof of income for your spouse. That document was reviewed and verified as proof of income on June 13, 2017. That day, your account was updated and a new application for health insurance was submitted on your behalf.

On June 14, 2017, NYSOH issued an eligibility determination notice stating in part that you remained eligible for Medicaid, effective June 1, 2017. The notice advised you to pick a health plan.

Also on June 14, 2017, NYSOH issued a plan enrollment notice asking you to pick a health plan.

On June 23, 2017, NYSOH automatically assigned you to a Medicaid Managed Care plan.

On June 24, 2017, NYSOH issued a plan enrollment notice confirming that your enrollment in a Medicaid Managed Care plan would begin August 1, 2017.

On August 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as your enrollment did not begin June 1, 2017.

On October 26, 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 supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on April 13, 2017 and were determined eligible for Medicaid effective April 1, 2017.
- 2) According to your NYSOH account and your testimony, on April 13, 2017, you were unable to select a Medicaid Managed Care plan because state data sources were showing that you had third-party health insurance coverage.
- 3) You testified that you ended employment due to [REDACTED] and as a result your employer sponsored insurance (ESI) ended effective May 31, 2017.
- 4) According to your NYSOH account and your testimony, on May 11, 2017, you uploaded to your account documentation showing that your ESI ended effective May 31, 2017.
- 5) On May 12, 2017, eMedNY, the statewide system showing enrollment in health care plans, was updated by NYS Department of Health to reflect that your ESI would terminate on May 31, 2017.

- 6) According to your NYSOH account, on May 12, 2017, your account was systematically updated and, on May 13, 2017, a notice was issued stating that you needed to submit proof of your household income by June 9, 2017 in order to determine your eligibility.
- 7) According to your NYSOH account, on May 23, 2017, you uploaded documentation regarding your and your spouse's income.
- 8) According to your NYOSH account, the May 23, 2017 documentation was reviewed on June 8, 2017 and invalidated as being out of date.
- 9) According to you NYSOH account, on June 13, 2017, you uploaded current income documentation for your spouse and this documentation was validated that day and a new eligibility determination was submitted on your behalf.
- 10) According to your NYSOH account, on June 13, 2017, you remained eligible for Medicaid, effective June 1, 2017, and were eligible to select a Medicaid Managed Care plan at that time.
- 11) According to your NYSOH account, on June 14, 2017 and June 19, 2017, you contacted a customer service representative but were unable to select a plan because there was a system defect on your account (see [REDACTED])
- 12) According to your NYSOH account, because the system showed no plan selection had been made, on June 23, 2017, NYSOH automatically assigned you to a Medicaid Managed Care plan with a plan enrollment start date of August 1, 2017.
- 13) You testified that you incurred medical bills in the months of June 2017 and July 2017, and your doctor does not take Medicaid Fee-For-Service.
- 14) You testified that you want your Medicaid Managed Care plan to begin on June 1, 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 that individual was eligible at 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 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Third Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY Social Services Law (NY SSL) § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid social security number (NY SSL § 366(4)(c)).

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).

Legal Analysis

Initially it is noted that you submitted an application for financial assistance on April 14, 2017 and were determined eligible for Medicaid effective April 1, 2017. However, because you were still covered by your employer sponsored health insurance until May 31, 2017, you were ineligible to select a Medicaid Managed Care plan. On May 11, 2017, you submitted proof that your ESI would end on May 31, 2017, and on May 12, 2017, eMedNY was updated to reflect this change.

The first issue under review is whether NYSOH provided you with timely determination of your Medicaid eligibility as of June 14, 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 April 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 household income. On May 12, 2017 after the third-party health insurance issue was resolved, NYSOH re-ran your eligibility and you were placed in a presumptive Medicaid status. On May 13, 2017, NYSOH issued a notice, based on the updated May 12, 2017 application, stating that you needed to submit proof of income by June 9, 2017 in order to confirm your eligibility.

On May 23, 2017, you uploaded documentation reflecting your and your spouse's income. On June 7, 2017, you submitted an updated application for financial assistance with your health insurance for your family. In the June 7, 2017 application, your listed household income changed from \$96,500.00 to

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\$103,800.00. On June 8, 2017 NYSOH reviewed the May 23, 2017 income documentation and invalidated it as being out of date. On June 13, 2017, you uploaded current documentation regarding your spouse's income and that documentation was reviewed and validated on that date.

Therefore, your application was considered complete as of June 13, 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 June 14, 2017, that stated you remained eligible for Medicaid, effective June 1, 2017 and that you needed to select a plan. Since NYSOH issued an eligibility determination one day from the date your application was considered complete, the June 14, 2017 eligibility determination was timely.

The second issue under review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was effective August 1, 2017.

According to your NYSOH account, the June 14, 2017 eligibility determination and plan enrollment notices both stated that you needed to pick a health plan.

Generally, the date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

You testified that you called NYSOH numerous times in an attempt to select a health plan but were unable to do so. Your NYSOH account reflects that, on June 14, 2017, you contacted NYSOH. No plan selection was made on that date because, as you testified, you were told there was a system defect that prevented you from picking a plan. Your NYSOH account does reflect that there was a defect on your account noted, (Defect [REDACTED]). Therefore, the credible evidence of record is that, on June 14, 2017, you contacted NYSOH and attempted to select a Medicaid Managed Care plan, but were unable due to a system defect. The record reflects that you again attempted to select a plan on June 19, 2017, and were still unable to do so due to the system defect. The record reflects that, on June 23, 2017, the system automatically selected an Medicaid Managed Care plan for you with a plan enrollment start date of August 1, 2017.

Ordinarily, 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.

However, the credible evidence in the record indicates that on June 14, 2017 you contacted NYSOH and attempted to select a Medicaid Managed Care plan, but were unable due to a system defect. Had you been able to select a plan on June 14, 2017, that plan would have properly taken effect on the first day of the next month following after June 2017; that is, on July 1, 2017.

Therefore, the June 24, 2017 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective August 1, 2017, is MODIFIED to state that your plan would be effective as of July 1, 2017.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan as of July 1, 2017, and to notify you accordingly.

Decision

The June 14, 2017 eligibility determination notice was timely and is AFFIRMED.

The June 14, 2017 plan enrollment notice confirming that your Medicaid Managed Care plan started August 1, 2017 is MODIFIED to state that your plan enrollment start date is July 1, 2017.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan effective July 1, 2017, and to notify you accordingly.

Effective Date of this Decision: December 01, 2017

How this Decision Affects Your Eligibility

Your Medicaid Fee-For-Service coverage began on April 1, 2017.

The effective date of your Medicaid Managed Care plan is July 1, 2017.

Your case is RETURNED to NYSOH to effectuate the change in your Medicaid Managed Care plan enrollment to July 1, 2017. NYSOH will notify you once this has been done.

If You Disagree with this Decision (Appeal Rights)

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).

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
Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The June 14, 2017 eligibility determination notice was timely and is AFFIRMED.

The June 14, 2017 plan enrollment notice confirming that your Medicaid Managed Care plan started August 1, 2017 is MODIFIED to state that your plan enrollment start date is July 1, 2017.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan effective July 1, 2017, and to notify you accordingly.

Your Medicaid Fee-For-Service coverage began on April 1, 2017.

The effective date of your Medicaid Managed Care plan is July 1, 2017.

Your case is RETURNED to NYSOH to effectuate the change in your Medicaid Managed Care plan enrollment to July 1, 2017. NYSOH will notify you once this has been done.

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 okyer& 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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