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

Notice of Decision

Decision Date: January 22, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023861

[redacted]

[redacted]

On December 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 1, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: January 22, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023861

[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 plan was effective December 1, 2017?

Procedural History

On September 6, 2017, NYSOH issued a notice, based on your September 5, 2017 application, stating that the income information in your application did not match what the NYSOH received from state and federal data sources. The notice directed you to submit proof of current income by September 20, 2017, to confirm your eligibility.

On September 15, 2017, you faxed to NYSOH proof of income (*see* Document [redacted] These documents were invalidated as insufficient by NYSOH on September 19, 2017.

On September 22, 2017, a notice was issued stating that the documentation you submitted did not confirm the information in your application. You were directed to provide additional proof of income before October 5, 2017, to confirm your eligibility.

On October 28, 2017, NYSOH issued an eligibility determination notice, based on your October 27, 2017 updated application, stating that the income information in your application did not match the information NYSOH received

from state and federal data sources. The notice stated that proof of current income was needed by November 4, 2017, to confirm your eligibility.

On October 30, 2017, you submitted proof of income (*see* Documents [redacted]
These documents were validated by NYSOH that same day.

On October 31, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective September 1, 2017. The notice stated that you must pick a plan.

Also on October 31, 2017, you selected a health plan. That day, NYSOH confirmed your enrollment in a Medicaid Managed Care plan with an effective date of December 1, 2017.

Also on October 31, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your Medicaid Managed Care plan coverage began on December 1, 2017, and not October 1, 2017.

On November 1, 2017, a plan enrollment notice was issued confirming your enrollment in a Medicaid Managed Care plan, effective December 1, 2017.

On December 21, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to January 5, 2018 to allow you time to submit supporting documentation.

On January 5, 2018, you submitted a fax confirmation, dated September 15, 2017, a fax cover page, three consecutive weekly paystubs, dated September 1, 2017 through September 15, 2017, and a letter, dated January 5, 2018. These documents were made part of the record collectively as "Appellant's Exhibit A." The record was closed that day.

Findings of Fact

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

1) According to your NYSOH account, you faxed proof of income on September 15, 2017. These documents were invalidated as insufficient by NYSOH on September 19, 2017 because only the cover page of your fax was visible in your NYSOH account [redacted]).

2) You testified that you submitted four consecutive weekly paystubs on September 15, 2017, and that you have a fax confirmation to prove this.

3) On January 5, 2018, you submitted a fax confirmation form, dated September 15, 2017 at 6:06 p.m., showing that you faxed five documents to NYSOH at 1-855-900-5557 and that the fax result was “ok” (*see* Appellant’s Exhibit A, p. 2).

4) Your January 5, 2018 documents included three consecutive weekly paystubs, dated September 1, 2017 through September 15, 2017, and a letter from you stating that at the documents you submitted on September 15, 2017, also included a paystub, dated August 25, 2017, which can be found in your October 30, 2017 submission (*see* Appellant’s Exhibit A, p. 1, pp.4-6).

5) According to your NYSOH account, you expect to file your 2017 income taxes as married filing jointly and claim five dependents on that tax return.

6) Your application, dated September 5, 2017, and submitted documentation show that you have a 2017 gross annual household income of $27,300.00, consisting of your spouse’s earned income (*see* Appellant’s Exhibit A, p. 1, pp.4-6.

7) According to your NYSOH account and your testimony, you did not realize you could send in proof of income by uploading it to your NYSOH account, until you updated your NYSOH account on October 27, 2017, and were advised of such by a NYSOH representative.

8) On October 30, 2017, you submitted additional proof of income, which was validated by NYSOH that same day (see Documents [redacted], [redacted].

9)

10) According to your NYSOH account, based upon your October 30, 2017 validated household income, you were found eligible for Medicaid, effective September 1, 2017 and were able to select a Medicaid Managed Care plan that same day.

11) According to your NYSOH account, you selected a Medicaid Managed Care plan on October 31, 2017, and were enrolled in that plan effective December 1, 2017.

12) You testified that you want your Medicaid Managed Care plan to begin on October 1, 2017, because you have medical bills that are not covered by Medicaid Fee-For Service.

13) According to your NYSOH account, you reside in Fulton County, New York.

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, 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).

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)).)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective December 1, 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 September 5, 2017. The income amount that was entered into this application did not match federal and state data sources. As such, NYSOH asked that you submit additional documentation to confirm your household income.

Although the record reflects that you faxed proof of income on September 15, 2017, these documents were invalidated as insufficient by NYSOH on September 19, 2017, because only the cover page of your fax is visible in your NYSOH account.

You testified that you submitted four consecutive weekly paystubs on September 15, 2017, and that you have a fax confirmation to prove this.

On January 5, 2018, you submitted a fax confirmation form, dated September 15, 2017 at 6:06 p.m., showing that you faxed five documents to NYSOH at 1-855-900-5557 and that the fax result was "ok" (*see* Appellant's Exhibit A, p. 2). You also included three consecutive weekly paystubs, dated September 1, 2017 through September 15, 2017, and a letter from you stating that these were the documents you submitted on September 15, 2017. You also included a paystub, dated August 25, 2017, which can be found in your October 30, 2017 submission (*see* Appellant's Exhibit A, p. 1, pp.4-6).

Since you credibly testified and provided a fax confirmation letter indicating that ***five*** documents were successfully faxed to the NYSOH, it is reasonable to conclude the following:

1) That you submitted a cover page plus four paystubs to NYSOH on September 15, 2017; and

2) That the upload to your NYSOH account (of that income documentation), which only showed your cover page, was an error by NYSOH.

As such, NYSOH should have been able to ascertain your income based on your September 15, 2017 documentation. Since NYSOH improperly invalidated your proof of income on September 19, 2017, for purposes of an eligibility determination, the application is considered complete as of September 15, 2017.

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 October 30, 2017, that stated you were eligible for Medicaid, effective November 1, 2017.

Since NYSOH issued an eligibility determination notice 46 days from the date your application was considered complete, the October 31, 2017 eligibility determination notice was untimely and must be RESCINDED.

According to your NYSOH account, you expect to file your 2017 income taxes as married filing jointly and claim five dependents on that tax return. Therefore, you are in a seven-person household for purposes of this analysis.

Your application, dated September 5, 2017, as confirmed by the documentation you submitted, shows that you have a 2017 gross annual household income of $27,300.00, consisting of your spouse's earned income (*see* Appellant's Exhibit A, p. 1, pp.4-6).

As such, your case is being RETURNED to NYSOH to redetermine your eligibility for financial assistance as of September 19, 2017, based on an annual household income of $27,300.00 and a seven-person household, for an individual living in Fulton County, New York. NYSOH is to notify you of its redetermination and is being directed to assist you in enrolling in a health plan that correlates with your eligibility redetermination with an effective start date of November 1, 2017.

Decision

The October 30, 2017 eligibility determination notice was untimely and is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance as of September 19, 2017, based on an annual household income of $27,300.00 and a seven-person household, for an individual living in Fulton County, New York, and to notify you accordingly.

NYSOH is directed to assist you in enrolling you in a health plan that correlates with your eligibility redetermination with an effective start date of November 1, 2017.

Effective Date of this Decision: January 22, 2018

How this Decision Affects Your Eligibility

This is not a final decision on your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance as of September 19, 2017, based on the information noted above. NYSOH will notify you of its redetermination

NYSOH will also assist you in enrolling you in an appropriate health plan with an effective start date of November 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
- By mail at:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The October 30, 2017 eligibility determination notice was untimely and is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance as of September 19, 2017, based on an annual household income of $27,300.00 and a seven-person household, for an individual living in Fulton County, New York, and to notify you accordingly.

NYSOH is directed to assist you in enrolling you in a health plan that correlates with your eligibility redetermination with an effective start date of November 1, 2017.

This is not a final decision on your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance as of September 19, 2017, based on the information noted above. NYSOH will notify you of its redetermination

NYSOH will also assist you in enrolling you in an appropriate health plan with an effective start date of November 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:

[redacted]

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).

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 مجانًا.

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।

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).

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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