



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

Notice of Decision

Decision Date: January 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024985

[REDACTED]

[REDACTED]

On January 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 29, 2017 eligibility determination notice and November 30, 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

Decision Date: January 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024985



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 November 1, 2017?

Did NY State of Health properly determine that your Medicaid Managed Care plan began January 1, 2018?

Procedural History

On September 3, 2016, NY State of Health (NYSOH) issued a renewal notice stating that you were eligible for Medicaid, effective November 1, 2016.

On September 17, 2016, NYSOH issued a notice of enrollment confirmation stating that you continued to be enrolled in a Medicaid Managed Care plan.

On September 3, 2017, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by October 15, 2017 or you might lose your coverage and financial assistance.

On September 20, 2017, a certified application counselor updated your application for financial assistance.

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).

On September 21, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that more information was needed to confirm the information in your application. This notice directed you to submit proof of your household's income by October 5, 2017 in order for your eligibility to be determined.

Also on September 21, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan would end on October 31, 2017. This was because you were no longer eligible for Medicaid.

No income documentation was received by October 5, 2017.

On October 15, 2017, NYSOH redetermined your eligibility for financial assistance.

On October 16, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2017.

On November 13, 2017, a certified application counselor updated your application for financial assistance.

On November 14, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that more information was needed to confirm the information in your application. This notice directed you to submit proof of your household's income by November 8, 2017 in order for your eligibility to be determined.

On November 15, 2017, income documentation was uploaded to your NYSOH account.

Also on November 15, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your application.

On November 16, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to submit additional proof of your income by December 13, 2017.

On November 27, 2017, income documentation was uploaded to your NYSOH account.

Also on November 27, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your application.

On November 28, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to submit additional proof of your income by December 13, 2017.

Also on November 28, 2017, NYSOH rereviewed the income documentation that was uploaded on November 27, 2017 and determined that this was sufficient proof of your income and submitted an application on your behalf.

On November 29, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective November 1, 2017.

On November 29, 2017, you selected a Medicaid Managed Care plan.

Also on November 29, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin November 1, 2017.

On November 30, 2017, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on November 29, 2017. The notice confirmed your enrollment in a plan starting January 1, 2018.

On January 25, 2018, 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 testified, and the record reflects, that you are appealing your enrollment start date of your Medicaid Managed Care plan. You testified that you want your Medicaid Managed Care plan to begin on November 1, 2017 because you have outstanding bills from November 2017 and December 2017 which were not covered by Medicaid fee-for-service.
- 2) You testified that sometime in July 2017 or August 2017 you met with your certified application counselor and provided her paystubs. You further testified that the certified application counselor told you that you were all set for your Medicaid to continue.

- 3) On September 20, 2017, a certified application counselor updated your application for financial assistance. As a result, NYSOH requested that you submit proof of your household income by October 5, 2017.
- 4) No documentation was submitted by October 5, 2017.
- 5) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 6) You testified that you did not receive the September 21, 2017 notice advising you that income documentation was needed by October 5, 2017 in order to determine your eligibility for financial assistance.
- 7) You testified that you could not recall if you received the October 16, 2017 eligibility determination notice advising you that you were eligible for to purchase a qualified health plan at full cost, effective November 1, 2017.
- 8) You testified that you did receive the November 14, 2017 notice advising you that income documentation was needed by November 28, 2017, as well as the November 16, 2017 and November 28, 2017 notice advising you that additional income documentation was needed.
- 9) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 10) You testified that you learned that you had been disenrolled from your Medicaid and Medicaid Managed Care plan in November 2017 when you received a call from your doctor's office.
- 11) You testified that you met with your certified application counselor in November 2017, at which time you were advised that you would need to submit documentation of your income, as your employment status had changed.
- 12) You testified that in the end of September 2017 you went out of work for medical reasons. You further testified that you began receiving short term disability payments in mid-November 2017.
- 13) On November 13, 2017, a certified application counselor updated your application.
- 14) On November 15, 2017, a letter from your employer dated November 10, 2017 was uploaded to your NYSOH account. This letter indicated that your last day worked was [REDACTED], 2017 and that your disability claim had been submitted on [REDACTED] 2017.

- 15) On November 15, 2017, NYSOH reviewed the documentation you submitted on November 15, 2017 and determined that this was insufficient as the letter did not include information regarding your gross pay.
- 16) On November 27, 2017, income documentation was uploaded to your NYSOH account consisting of your last paystub from your employer as well as two biweekly short-term disability paystubs.
- 17) On November 27, 2017, NYSOH reviewed the documentation you submitted on November 27, 2017 and determined that this was insufficient proof of your income as four weekly paystubs were required or a short-term disability letter.
- 18) On November 28, 2017, NYSOH reviewed the November 27, 2017 submission and determined that this was sufficient proof of your household income.
- 19) The record reflects that you selected a Medicaid Managed Care plan on November 29, 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

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).

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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 you with a timely determination of your Medicaid eligibility as of November 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.

Your certified application counselor updated your NYSOH account on September 20, 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 September 21, 2017, NYSOH issued a notice advising you that income documentation was due by October 5, 2017 in order for your eligibility for financial assistance to be determined. You testified that you did not receive this notice.

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).

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. There is no evidence in the record that any notifications that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you that income documentation was needed in order to determine your eligibility for financial assistance.

On November 13, 2017, a certified application counselor updated your application for financial assistance.

On November 15, 2017, a letter from your employer was uploaded to your NYSOH indicating that you had stopped working as of [REDACTED], 2017 and had submitted a claim for short term disability benefits.

On November 15, 2017, NYSOH reviewed this submission and determined that it was insufficient to resolve the inconsistency in your account.

On November 27, 2017, your final paystub from your employer as well as two biweekly short-term disability paystubs were uploaded to your NYSOH account.

Therefore, your application was considered complete as of November 27, 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 November 29, 2017 that stated you were eligible for Medicaid effective November 1, 2017. Since NYSOH issued an eligibility determination two days from the date your application was considered complete, the November 29, 2017 eligibility determination notice was timely.

The second issue is whether NYSOH properly determined that your reenrollment in your Medicaid Managed Care plan was effective January 1, 2018.

The record reflects that you contacted NYSOH on November 29, 2017 and enrolled 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.

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).

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 November 29, 2017 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan as of November 29, 2017. Your plan would therefore properly take effect on the first day of the second month following after November 29, 2017; that is, on January 1, 2018.

Therefore, the November 30, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective January 1, 2018, was correct and must be AFFIRMED.

Decision

The November 29, 2017 eligibility determination notice was timely and is AFFIRMED.

The November 30, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 30, 2018

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan was effective January 1, 2018.

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.

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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 November 29, 2017 eligibility determination notice was timely and is **AFFIRMED**.

The November 30, 2017 enrollment confirmation notice is **AFFIRMED**.

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This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan was effective January 1, 2018.

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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