



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

Notice of Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027157

[REDACTED]

[REDACTED]

On March 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 2018 eligibility determination and plan enrollment 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027157

[REDACTED]

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 January 13, 2018?

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

Procedural History

On December 13, 2017, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On December 14, 2017, NYSOH issued an eligibility determination notice stating you were eligible to purchase a qualified health plan at full cost, effective January 1, 2018. The notice stated this was because you were qualified for coverage on another NYSOH account.

On January 3, 2018, an updated application for financial assistance with your health insurance was received.

On January 4, 2018, 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 directed to submit income documentation for your household by January 18, 2018.

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On January 10, 2018, NYSOH received a copy of your separation letter from your employer (see Document [REDACTED]).

On January 11, 2018, a NYSOH representative invalidated the income documentation you provided.

On January 11, 2018, NYSOH received two updated copies of a separation letter from your employer (see Document [REDACTED]).

On January 12, 2018, NYSOH issued a notice stating the income documentation it reviewed did not confirm the information in your application. You were directed to provide proof of your income by February 2, 2018.

On January 12, 2018, a NYSOH representative determined your income documentation was valid.

On January 12, 2018, an updated application for financial assistance was submitted on your behalf and a preliminary eligibility determination was made. You were determined eligible for Medicaid, effective January 1, 2018, and enrolled in a Medicaid Managed Care plan that day with a February 1, 2018 start date.

Also on January 12, 2018, you contacted the NYSOH Account Review Unit and appealed of the start date of your Medicaid Managed Care plan, requesting that it begin January 1, 2018.

On January 13, 2018, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective January 1, 2018.

On January 13, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective February 1, 2018.

On March 16, 2018, your authorized representative, [REDACTED], appeared on your behalf and had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open for fifteen days to allow you to provide supporting documentation.

On March 16, 2018, NYSOH received your supporting documentation in your account, which was incorporated into the record as Appellant's Exhibit 1. 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 and your testimony, you are appealing the enrollment start date of your Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on December 13, 2017.
- 3) You were determined eligible for a full cost qualified health plan based on your application on December 13, 2017. The reason as stated in the December 14, 2017 notice was because sources showed you were qualified for coverage on another NYSOH account.
- 4) The record shows there is no currently active second account.
- 5) A NYSOH representative opened a Defect [REDACTED] on your account which ended on January 3, 2018, according to your NYSOH Account Notes section.
- 6) Your authorized representative testified that, during your application on December 13, 2017, a NYSOH agent checked a box that put you on your parents account with NYSOH, which led to your inability to apply and enroll in coverage on your own account.
- 7) A new application was submitted on January 3, 2018, which placed you in a pending Medicaid status with proof of your income required by February 2, 2018.
- 8) On January 10, 2018, NYSOH received a copy of your separation letter from your employer stating your last day of work was [REDACTED] (see Document [REDACTED])
- 9) On January 11, 2018, NYSOH received two additional copies of a separation letter from your employer (see Documents [REDACTED] and [REDACTED])
- 10) On January 12, 2018, a NYSOH representative determined your income documentation was valid and verified it as acceptable proof of income.
- 11) According to your NYSOH account, you were determined eligible for Medicaid, effective January 1, 2018, and selected a Medicaid Managed Care plan on January 12, 2018.
- 12) Your authorized representative testified that you want your Medicaid Managed Care plan to begin on January 1, 2018.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

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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)).

Legal Analysis

The first issue under review is whether NYSOH's provided you with timely determination of your Medicaid eligibility as of January 13, 2018.

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 December 13, 2017. You were determined eligible for a full cost qualified health plan based on your application on December 13, 2017. The reason as stated in the December 14, 2017 notice was because sources showed you were qualified for coverage on another NYSOH account. A NYSOH representative opened a Defect [REDACTED] on your account to correct the duplication. Your authorized representative testified that, during your application on December 13, 2017, a NYSOH agent checked a box that put you on your parents account with NYSOH leading to your inability to apply and enroll in coverage on your account. Your NYSOH Account Notes section indicates the duplicate coverage defect was resolved on January 3, 2018.

After resolving the defect, a new application was submitted on your behalf on January 3, 2018. 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 January 10, 2018, NYSOH received a copy of your separation letter from your employer stating your last day of work was [REDACTED] (see Document [REDACTED]). Two additional copies of separation letters from your employer were submitted on January 11, 2018 (see Documents [REDACTED]). A NYSOH representative determined the letters were valid proof of your income as stated in the January 3, 2018 application. However, the record shows your letter of separation submitted on January 10, 2018 was enough proof of the end date of your employment.

Therefore, your application was considered complete as of January 10, 2018, 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 January 13, 2018 that stated you were eligible for Medicaid effective January 1, 2018. Since NYSOH issued an eligibility determination 3 day from the date your application was considered complete, the January 13, 2018 eligibility determination was timely.

The second issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective February 1, 2018.

The record reflects that you contacted NYSOH on January 12, 2018, 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. 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, you experienced a significant delay in submitting a completed application to NYSOH because of a defect associated with your account in that you were incorrectly added to your parent's account, when you had your own account. This error resulted in you being unable to select a health plan until January 12, 2018. Had you been able to submit an application and been made aware of any supporting documentation required as of the date of your original December 13, 2017 application, you would have been able to enroll in a Medicaid Managed Care plan sooner than January 12, 2018. A plan selected on December 13, 2017, would properly take effect on the first day of the next month following December; that is, on January 1, 2018.

Therefore, the January 13, 2018 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2018, is MODIFIED to state it is effective as of January 1, 2018.

Your case is RETURNED to NYSOH to make the necessary changes in your enrollment as of January 1, 2018, and to notify you accordingly.

Decision

The January 13, 2018 eligibility determination was timely.

the January 13, 2018 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2018, is MODIFIED to state it is effective January 1, 2018.

Your case is RETURNED to NYSOH to make the necessary changes in your enrollment as of January 1, 2018, and to notify you accordingly.

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).

Effective Date of this Decision: April 18, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to make your enrollment in your Medicaid Managed Care plan effective January 1, 2018. NYSOH will notify you once this is done.

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 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 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 January 13, 2018 eligibility determination was timely.

the January 13, 2018 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2018, is MODIFIED to state it is effective January 1, 2018.

Your case is RETURNED to NYSOH to make the necessary changes in your enrollment as of January 1, 2018, and to notify you accordingly.

Your case is being sent back to NYSOH to make your enrollment in your Medicaid Managed Care plan effective January 1, 2018. NYSOH will notify you once this is 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 مجانًا.

(Bengali)

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1-855-355-5777

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. y&b&tumi 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.

אײדיש (Yiddish)

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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.