



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

Notice of Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027892



Dear [REDACTED]

On March 28, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 19, 2017 eligibility determination notice and January 11, 2018 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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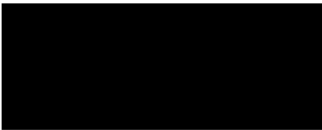


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Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027892



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly find you, [REDACTED] ineligible for health insurance through NYSOH effective December 31, 2017?

Did NYSOH properly determine that your enrollment in your Medicaid Managed Care plan was effective no earlier than February 1, 2018?

Procedural History

On November 19, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective December 1, 2016.

Also on November 19, 2016, NYSOH issued an enrollment notice confirming that you were enrolled in a Medicaid Managed Care (MMC) plan with a plan enrollment start date of December 1, 2016.

On September 21, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated, in part, that based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for health coverage, and that you needed to update your account by November 15, 2017. If you missed this deadline you might lose your coverage and financial assistance.

On November 7, 2017, you submitted an updated application for financial assistance with your health insurance.

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 November 8, 2017, NYSOH issued an eligibility notice stating that you were conditionally eligible for Medicaid. That notice stated that you needed to provide proof of your income by November 22, 2017. The notice stated that if you missed the due date, you might lose your insurance or receive less help paying for your coverage.

Also on November 8, 2017, you uploaded proof of income documentation which was reviewed and invalidated by NYSOH that same day.

On November 9, 2017, NYSOH issued a notice stating that the documentation you submitted had been reviewed, but it did not confirm the information in your application. The notice requested that you provide more proof to verify your income by December 7, 2017.

No updates were received by December 7, 2017 and NYSOH redetermined your eligibility for financial assistance with health insurance on December 18, 2017.

On December 19, 2017, NYSOH issued an eligibility determination notice, based on the December 18, 2017 system-updated application, stating that, effective January 1, 2018, you were no longer eligible for health insurance through NYSOH. The notice stated that this was because you had not provided information to confirm your household income and the date to provide this information had passed.

Also on December 19, 2017, NYSOH issued a disenrollment notice stating that your coverage in your MMC plan would end on December 31, 2017. The notice stated this was because you were no longer eligible to enroll in health insurance through NYSOH.

On December 28, 2017, you uploaded documentation of income which was reviewed and validated by NYSOH on December 29, 2017.

On December 29, 2017, NYSOH updated your account based on the income documentation that was submitted on December 28, 2017 and an updated application for financial assistance with health insurance was submitted on our behalf.

On December 30, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective January 1, 2018. That notice stated you needed to pick a health plan.

On January 11, 2018, NYSOH automatically enrolled you in the same MMC plan with Excellus Health, that you had been enrolled in previously, with a plan enrollment start date of February 1, 2018.

On January 12, 2018, NYSOH issued an enrollment notice confirming that you were enrolled in a MMC plan with Excellus Health because you had not selected a health plan. The notice confirmed your enrollment in Excellus Health MMC plan started February 1, 2018.

On January 26, 2018, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your MMC plan with Excellus Health, requesting that it begin January 1, 2018.

On March 28, 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 were found eligible for Medicaid effective December 1, 2016 and were enrolled in a MMC plan with Excellus Health effective December 1, 2016.
- 2) Your NYSOH account reflects that you elected to receive notices from NYSOH by electronic alert.
- 3) You testified that the email address listed in your account is correct.
- 4) According to your NYSOH account and your testimony, on November 7, 2017 you contacted NSYOH and updated your application for financial assistance with health insurance.
- 5) You testified that the NYSOH customer service representative stated you needed to submit proof of income from your monthly annuity, which was your only source of income.
- 6) According to your NYSOH account and your testimony, on November 8, 2017 you uploaded a letter from the annuity company dated July 31, 2012 confirming that you receive \$1,267.00 a month from this annuity (see Document [REDACTED]).
- 7) The record reflects that NYSOH reviewed and invalidated this income documentation on November 9, 2017 because the letter regarding the annuity was out of date.
- 8) The record reflects that on November 9, 2017, NYSOH issued a notice stating that the documentation you submitted had been reviewed, but did not confirm the information in your application. That document stated you

needed to submit additional proof to verify your income and referred you to a list of acceptable documents attached to the end of the notice. The deadline for submission of this documentation was December 7, 2017.

- 9) You testified that you did not know that the income documentation you submitted on November 8, 2017 had been invalidated. You testified that you [REDACTED] for a period of time.
- 10) You testified that you also had computer problems and could not access your home computer due to technical issues for approximately three weeks.
- 11) According to your NYSOH account, you did not submit proof of income by the December 7, 2017 deadline and on December 18, 2017 an updated application was submitted on your behalf.
- 12) According to your NYSOH account, you were no longer eligible for Medicaid effective January 1, 2018 and your MMC plan with Excellus Health ended December 31, 2017.
- 13) According to your NYSOH account and your testimony, on December 28, 2017, you uploaded a letter from the annuity company dated December 21, 2017 confirming that you receive \$1,267.00 a month from this annuity.
- 14) According to your NYSOH account, this income documentation was reviewed and verified on December 29, 2017 and an updated application for financial assistance with health insurance was submitted on your behalf.
- 15) According to your NYSOH account, on December 29, 2017, you were determined eligible for Medicaid effective January 1, 2018.
- 16) According to your NYSOH account, on December 30, 2017, NYSOH issued a notice stating you were eligible for Medicaid effective January 1, 2018 and that you needed to pick a health plan.
- 17) According to your NYSOH, no plan was selected, and on January 11, 2018, the system automatically enrolled you in a MMC plan with Excellus Health, which was the same plan you had been previously enrolled. The effective date of your MMC enrollment was February 1, 2018.
- 18) You testified you went to [REDACTED] for [REDACTED] in early January 2018 and [REDACTED] did not check to see if your MMC insurance was still active.
- 19) You testified that you were not aware that you did not have Excellus Health MMC coverage for the month of January 2018 until you received an invoice

for approximately \$6,000.00 for [REDACTED] you had in early January 2018.

20) You testified that you want your MMC plan with Excellus Health to start on January 1, 2018 because the [REDACTED] that provided [REDACTED] in January 2018 does not accept Medicaid fee-for-service.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

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)).

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Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your enrollment in your MMC plan with Excellus Health was terminated effective December 31, 2017.

You were found eligible for Medicaid effective December 1, 2016 and were enrolled in a MMC plan with Excellus Health with a plan enrollment start date of December 1, 2017.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 21, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to update your information by November 15, 2017. The notice stated that if you missed this deadline you might lose your coverage and financial assistance.

You contacted NYSOH on November 7, 2017 and updated your account. You testified that the customer service representative stated you needed to submit

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proof of your only source of income which was a monthly annuity. You testified and the record reflects that on November 8, 2017 you uploaded a letter dated July 31, 2012 confirming that you receive \$1,267.00 a month from this annuity. On November 9, 2017, NYSOH reviewed and invalidated this letter as proof of income because it was out of date. On November 9, 2017, NYSOH issued a notice stating that the income documentation you submitted was invalid and that you needed to submit more proof of income to verify the information in your application.

You testified that during this timeframe you [REDACTED] for several weeks [REDACTED]. You also testified that due to technical problems you did not have access to your computer and your email for about three weeks. You confirmed that the email address listed in your NYSOH account is correct. Based on the record it is reasonable to assume that you knew you needed to submit acceptable proof of income documentation as you were told to do so by the customer service representative. Therefore, the record reflects that NYSOH properly notified you of your need to submit acceptable proof of income in order to properly determine your eligibility for financial assistance.

As no income documentation was submitted before the December 7, 2017 deadline, on December 18, 2017, NYSOH was unable to redetermine your eligibility for financial assistance with health insurance, and your Medicaid coverage was properly terminated effective December 31, 2017.

Accordingly, NYSOH's December 19, 2017 eligibility determination notice stating that you were no longer eligible for Medicaid as of December 31, 2017 and the December 19, 2017 disenrollment notice stating your coverage in your MMC plan with Excellus Health ended on December 31, 2017 were correct, and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your enrollment in your MMC plan with Excellus Health was effective no earlier than February 1, 2018.

The record reflects that on December 28, 2017 you uploaded a current letter from the annuity company dated December 21, 2017 confirming that you receive \$1,267.00 a month from this annuity. On December 29, 2017, NYSOH reviewed and verified this income documentation and an updated application for financial assistance with health insurance was submitted on your behalf. On December 30, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective January 1, 2018 and that you needed to pick a plan.

The date on which a MMC plan can take effect depends on the day the plan is selected.

The record reflects that you did not make a plan selection, so on January 11, 2018, NYSOH automatically enrolled you into the same MMC plan with Excellus Health that you were previously enrolled, with a February 1, 2018 plan enrollment start date.

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.

Based on the record, NYSOH automatically enrolled you in a plan on January 11, 2018 because you had not selected a plan.

Therefore, the January 12, 2018 enrollment confirmation notice stating that your enrollment in your MMC plan with Excellus Health would be effective February 1, 2018, was correct and must be AFFIRMED.

Decision

NYSOH's December 19, 2017 eligibility determination notice stating that you were no longer eligible for Medicaid as of December 31, 2017 was correct, and must be AFFIRMED.

NYSOH's December 19, 2017 disenrollment notice stating your coverage in your MMC plan with Excellus Health ended on December 31, 2017 was correct, and must be AFFIRMED.

The January 12, 2018 enrollment confirmation notice stating that your enrollment in your MMC plan with Excellus Health would be effective February 1, 2018, was correct and must be AFFIRMED.

Effective Date of this Decision: May 31, 2018

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

You were enrolled in Medicaid fee-for-service for the month of January 2018.

Your MMC plan with Excellus Health started February 1, 2108.

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 Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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:

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

Summary

NYSOH's December 19, 2017 eligibility determination notice stating that you were no longer eligible for Medicaid as of December 31, 2017 was correct, and must be AFFIRMED.

NYSOH's December 19, 2017 disenrollment notice stating your coverage in your MMC plan with Excellus Health ended on December 31, 2017 was correct, and must be AFFIRMED.

The January 12, 2018 enrollment confirmation notice stating that your enrollment in your MMC plan with Excellus Health would be effective February 1, 2018, was correct and must be AFFIRMED.

This decision does not affect your eligibility.

You were enrolled in Medicaid fee-for-service for the month of January 2018.

Your MMC plan with Excellus Health started February 1, 2108.

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 bεtumi 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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