



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

Notice of Decision

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028342



Dear [REDACTED]

On April 27, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's February 3, 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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Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028342



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 and your spouse's Medicaid eligibility as of February 3, 2018?

Did NY State of Health properly determine that your and your spouse's enrollment in an Essential Plan began March 1, 2018?

Procedural History

On December 12, 2017, NY State of Health (NYSOH) received your and your spouse's application for financial assistance with your health insurance.

On December 12, 2017, you uploaded a copy of your 2016 tax return as proof of your income (see Document [REDACTED]).

On December 12, 2017, a NYSOH representative verified your documentation as valid proof of your income.

On December 13, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for Medicaid, effective December 1, 2017.

On December 15, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a Medicaid Managed Care plan, effective January 1, 2018.

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On December 16, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were no longer eligible for Medicaid, however, your Medicaid coverage would continue until November 30, 2018. This eligibility determination was effective January 1, 2018.

On December 22, 2017, NYSOH received your and your spouse's updated application for financial assistance and health insurance from a NYSOH representative.

On December 23, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for advance payment of the premium tax credit up to \$749.00 per month as well as cost-sharing reductions if you enrolled in a Silver-level qualified health plan, effective January 1, 2018. The notice stated you qualified for advance payment of the premium tax credit because your eligibility was redetermined by an eligibility specialist at NYSOH.

On December 23, 2017, NYSOH issued a disenrollment notice stating your and your spouse's enrollment in a Medicaid Managed Care plan would end on January 1, 2018.

On December 23, 2017, NYSOH issued a plan enrollment notice stating you and your spouse could pick a health plan now.

On February 1, 2018, NYSOH received your and your spouse's updated application for financial assistance and health insurance.

On February 2, 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 asked to submit income documentation for your household by February 16, 2018, so that an appropriate decision could be made.

On February 2, 2018, NYSOH received your and your spouse's updated application for financial assistance and health insurance. That day a preliminary eligibility determination was prepared stating you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 per month premium payment, effective March 1, 2018. You enrolled yourself and your spouse in an Essential Plan that day for a March 1, 2018 enrollment start date.

Also on February 2, 2018, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your and your spouse's Essential Plan, requesting that it begin January 1, 2018.

On February 3, 2018, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for the Essential Plan for \$20.00 per month, effective March 1, 2018.

On February 3, 2018, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in an Essential Plan, effective March 1, 2018.

On April 27, 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 your NYSOH account indicates, that you are appealing your and your spouse's enrollment start date of your Essential Plan.
- 2) According to your NYSOH account, NYSOH received your and your spouse's application for financial assistance and health insurance on December 12, 2017.
- 3) On December 12, 2017 you submitted documentation of your 2016 tax return to NYSOH for verification of the income stated in your December 12, 2017 application (see Document [REDACTED]).
- 4) The income amount in your December 12, 2017 application was \$25,021.00.
- 5) On December 12, 2017 your 2016 tax return was verified as acceptable proof of income by a NYSOH representative.
- 6) You and your spouse were determined eligible for Medicaid as of December 1, 2017.
- 7) You testified that you contacted NYSOH on December 15, 2017, to request your and your spouse's eligibility for Medicaid be canceled as it was based on incorrect income information.
- 8) According to your NYSOH account, NYSOH granted your request and an eligibility specialist redetermined your and your spouse's eligibility (see Incident [REDACTED]).
- 9) Your NYSOH account indicates that a NYSOH representative redetermined your and your spouse's eligibility based on the December 22, 2017

application and you both were found eligible for advance payment of the premium tax credit up to \$749.00 per month with an expected income of \$50,084.00. This eligibility was effective January 1, 2018. A notice was issued informing you and your spouse that you could pick a health plan now.

- 10) You testified that you believed you had picked a health plan for your spouse and yourself online and thought you saw the plan selection.
- 11) Your NYSOH account indicates that there was no plan selection made for a qualified health plan after the December 22, 2017 determination was made.
- 12) Your NYSOH account indicates that you submitted a new application online on February 1, 2018, and you and your spouse were again determined conditionally eligible for Medicaid with an expected household income of \$25,421.00. You were asked to provide income documentation.
- 13) According to your NYSOH account, on February 2, 2018, a NYSOH representative verified your household income based on your 2016 income tax return, which you provided on December 12, 2017.
- 14) Your NYSOH account indicates that a new application was submitted on February 2, 2018, with an expected household income of \$40,469.00, which resulted in you and your spouse being determined eligible for the Essential Plan, effective March 1, 2018.
- 15) Your NYSOH account indicates that you selected an Essential Plan on February 2, 2018.
- 16) You testified that you want your and your spouse's Essential Plan enrollment to begin on January 1, 2018, because you had medical bills for the month of January 2018.

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)).

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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).

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).

Essential Plan Verification and Effective Date

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully

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present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see *also* 42 CFR § 600.320(c)). For updates received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR § 155.420(b)(1)(ii); see *also* 42 CFR § 600.320(c)).

Legal Analysis

The first issue under review is whether NYSOH provided you with a timely determination of your and your spouse's Medicaid eligibility as of February 3, 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 an applicant's 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 12, 2017. That same day you submitted your 2016 tax return for verification. The income amount in this application was \$25,021.00. That same day, your 2016 tax return was verified by a NYSOH representative as being acceptable proof of income. An eligibility determination notice was issued on December 13, 2017, stating you and your spouse were determined eligible for Medicaid as of December 1, 2017. You then contacted NYSOH on December 15, 2017, to request that your and your spouse's eligibility for Medicaid be cancelled as it was based on incorrect income information. The record shows this request was granted by a NYSOH representative, who then submitted a new application on behalf of you and your spouse on December 22, 2017. The new application increased your income to an expected income of \$50,084.00. As a result of the change in income, you and your spouse were found eligible for advance payment of the premium tax credit up to \$749.00 per month and cost sharing reductions as of January 1, 2018. However, no plan enrollment was selected and confirmed.

NYSOH next received an updated application from you on February 1, 2018.

The income amount that was entered into this new application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income by February 16, 2018. The income amount in this application was changed to \$25,421.00. Your same 2016 tax return was verified on February 2, 2018, and a new application was submitted with an updated income of \$40,469.00.

Therefore, your application was considered complete as of February 1, 2018, for purposes of issuing an eligibility determination as NYSOH already had sufficient income documentation in your account to make a timely determination. Since you submitted a new application with a new amount of income, a new time period started for NYSOH to issue a determination notice.

NYSOH issued an eligibility determination notice on February 3, 2018, stating that you and your spouse were eligible for the Essential Plan and ineligible for Medicaid, effective March 1, 2018. Since NYSOH issued an eligibility determination 2 days from the date your application was considered complete, the February 3, 2018 eligibility determination notice was timely.

The second issue under review is whether NYSOH properly determined that your and your spouse's enrollment in the Essential Plan began March 1, 2018.

You testified, and the record indicates, that you submitted your updated NYSOH application on February 1, 2018. As a result, on February 2, 2018, you and your spouse were found eligible for the Essential Plan as of March 1, 2018, and enrolled into a plan that day.

The date on which enrollment in an Essential 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 goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On February 2, 2018, you selected an Essential Plan, so your and your spouse's enrollment properly took effect on the first day of the second month following February 2018; that is, on March 1, 2018.

Therefore, the February 3, 2018 plan enrollment notice stating that your and your spouse's enrollment in the Essential Plan was effective March 1, 2018, is correct and must be AFFIRMED.

Decision

The February 3, 2018 eligibility determination notice was timely and is AFFIRMED.

The February 3, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 24, 2018

How this Decision Affects Your Eligibility

Your and your spouse's enrollment in your Essential Plan is effective March 1, 2018.

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 February 3, 2018 eligibility determination notice was timely and is AFFIRMED.

The February 3, 2018 plan enrollment notice is AFFIRMED.

Your and your spouse's enrollment in your Essential Plan is effective March 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. 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.

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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