



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

Notice of Decision

Decision Date: April 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029499

[REDACTED]

[REDACTED]

On April 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 2018 discontinuance and disenrollment notices, and February 28, 2018 plan enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health 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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NY State of Health Account ID: [REDACTED]
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[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your and your spouse's enrollment in your Medicaid Managed Care plan terminated effective February 28, 2018?

Did NYSOH properly determine that your and your spouse's enrollment in a Medicaid Managed Care plan was effective April 1, 2018?

Procedural History

On December 14, 2017, you submitted an application for financial assistance with health insurance.

On December 15, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were conditionally eligible for Medicaid, effective January 1, 2018. The notice instructed you to provide additional information in order to confirm your and your spouse's eligibility.

Also on December 15, 2017, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a Medicaid Managed Care plan, effective March 1, 2017.

On January 11, 2018, you submitted income documentation.

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On January 13, 2018, NYSOH issued a notice stating that the documentation received did not confirm the information in your application. You were directed to produce additional proof of income by January 28, 2018.

On February 9, 2018, NYSOH issued a discontinuance notice stating that you and your spouse were no longer eligible for health insurance through NYSOH, effective March 1, 2018, because you did not provide proof of income.

Also on February 9, 2018, NYSOH issued a disenrollment notice stating that your and your spouse's coverage with a Medicaid Managed Care plan would end effective February 28, 2018.

On February 27, 2018, you submitted an updated application for financial assistance with health insurance.

That day, a preliminary eligibility determination was prepared stating that you and your spouse were conditionally eligible for Medicaid, effective March 1, 2018.

On February 28, 2018, you spoke to NYSOH's Account Review Unit and appealed the termination of your and your spouse's Medicaid Managed Care plan for the month of March 2018.

On February 28, 2018, NYSOH issued an eligibility determination notice, based on your February 27, 2018 application, stating that you and your spouse were conditionally eligible for Medicaid, effective March 1, 2018. You were directed to provide proof of income by March 14, 2018.

Also on February 28, 2018, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a Medicaid Managed Care plan effective April 1, 2018.

On March 11, 2018, you submitted additional income documentation.

On March 12, 2018, that documentation was verified and an application was submitted on your behalf.

On March 13, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$402.00 in advance payments of the premium tax credit, effective April 1, 2018. You were directed to pick a health plan by May 30, 2018.

Also on March 13, 2018, NYSOH issued a disenrollment notice, stating that your and your spouse's coverage in a Medicaid Managed Care plan would end on April 1, 2018.

On April 23, 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 that you are seeking to have your and your spouse's enrollment in a Medicaid Managed Care plan reinstated for March 2018.
- 2) According to your NYSOH account and your testimony, you and your spouse were determined conditionally eligible for Medicaid beginning January 1, 2018, and enrolled into a Medicaid Managed Care plan. You and your spouse were conditionally eligible pending proof of household income so NYSOH could confirm your and your spouse's eligibility for Medicaid.
- 3) You testified that you [REDACTED] in November 2017, and were unable to keep track of your mail due to your medications.
- 4) You testified that you were not aware of a deadline for the submission of income documentation following your December 14, 2017 application.
- 5) According to the December 15, 2017 eligibility determination notice, you were advised that more information about what documents to need to provide can be found in the "Request for Additional Information to Confirm Your Eligibility" section of the letter. However, that section of the notice was blank and no deadline was provided.
- 6) You submitted income documentation on January 11, 2018, and it was determined insufficient by NYSOH.
- 7) On January 13, 2018, NYSOH issued a notice informing you that the income documentation you submitted did not confirm the information in your application and that additional income documentation was needed by January 28, 2018.
- 8) According to your NYSOH account and your testimony, NYSOH did not receive sufficient income documentation by January 28, 2018.
- 9) According to your NYSOH account, you submitted an updated application for health insurance on February 27, 2018, at which time NYSOH redetermined you and your spouse conditionally eligible for Medicaid,

effective March 1, 2018, and you and your spouse were enrolled in a Medicaid Managed Care plan effective April 1, 2018.

- 10) You submitted additional income documentation on March 11, 2018.
- 11) You testified that you and your spouse are without a Medicaid Managed Care plan during the month of March 2018, and that you have outstanding bills for medical services received that month.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR § 155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f) 42 CFR § 435.952).

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)). However, if the applicant submits an incomplete application or there is insufficient 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)).

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, 13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) 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; NY Social Services

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Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your and your spouse's enrollment in a Medicaid Managed Care plan terminated February 28, 2018.

You applied to NYSOH for financial assistance with health insurance on December 14, 2017. On December 15, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were conditionally eligible for Medicaid, effective January 1, 2018. Your and your spouse's conditional eligibility was because NYSOH was unable to verify the information listed in that application and was therefore unable to make a final determination on your and your spouse's eligibility for full Medicaid coverage. In that same notice, you were advised that more information about what documents to need to provide can be found in the "Request for Additional Information to Confirm Your Eligibility" section of the letter. However, that section of the notice was blank and no deadline was provided.

You submitted documentation on January 11, 2018, and it was determined insufficient on January 12, 2018. On January 13, 2018, NYSOH issued a notice requesting additional income documentation by January 28, 2018.

Although you testified that you were not aware of a deadline for the submission of income documentation following your December 14, 2017 application, and the December 15, 2017 eligibility determination notice did not contain a deadline for the submission of your documentation, the January 13, 2018 notice requesting that you provide additional documentation contained a due date of January 28, 2018, and provided a list of sufficient documents. Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

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 it must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

The credible evidence of record shows that NYSOH did not receive the requested income documentation by the January 28, 2018 deadline. Accordingly, your and your spouse's eligibility for Medicaid and enrollment in a Medicaid Managed Care plan were properly terminated as of February 28, 2018, because

you did not submit documentation and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the February 9, 2018 discontinuance and disenrollment notices terminating your and your spouse's coverage under your Medicaid Managed Care plan on February 28, 2018 are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your and your spouse's enrollment in a Medicaid Managed Care plan was effective April 1, 2018.

The record reflects that you contacted NYSOH on February 27, 2018, to update your account and enroll you and your spouse 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.

You selected a Medicaid Managed Care plan on February 27, 2018, so it properly took effect on the first day of the second month following after February 2018; that is, on April 1, 2018.

Therefore, the February 28, 2018 plan enrollment notice stating that your and your spouse's enrollment in a Medicaid Managed Care plan would be effective April 1, 2018, was correct and must be AFFIRMED.

Decision

The February 9, 2018 discontinuance notice is AFFIRMED.

The February 9, 2018 disenrollment notice is AFFIRMED.

The February 28, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 30, 2018

How this Decision Affects Your Eligibility

Since you did not timely submit income documentation so that NYSOH could confirm your and your spouse's eligibility for Medicaid, NYSOH properly disenrolled you and your spouse from your Medicaid Managed Care plan as of February 28, 2018.

Your and your spouse's enrollment in a Medicaid Managed Care plan properly began on April 1, 2018.

This Decision does not change any subsequent notices issued by NYSOH.

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

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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 February 9, 2018 discontinuance notice is AFFIRMED.

The February 9, 2018 disenrollment notice is AFFIRMED.

Since you did not timely submit income documentation so that NYSOH could confirm your and your spouse's eligibility for Medicaid, NYSOH properly disenrolled you and your spouse from your Medicaid Managed Care plan as of February 28, 2018.

The February 28, 2018 plan enrollment notice is AFFIRMED.

Since you did not timely submit income documentation, NYSOH properly disenrolled you and your spouse from your Medicaid Managed Care plan.

The February 28, 2018 enrollment confirmation notice is AFFIRMED.

Your and your spouse's enrollment in a Medicaid Managed Care plan properly began on April 1, 2018.

This Decision does not change any subsequent notices issued by NYSOH.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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&etumi ama wo obi a okyerE 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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