

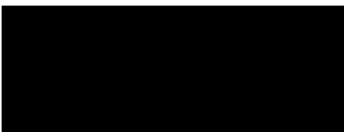


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029670



Dear [REDACTED]

On May 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2018 disenrollment notice and February 27, 2018 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 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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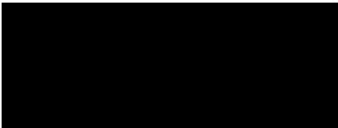


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029670



Issues

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

Did NY State of Health (NYSOH) properly determine that you were disenrolled from your Medicaid Managed Care plan, effective January 31, 2018?

Did NYSOH properly determined that you were re-enrolled in your Medicaid Managed Care plan, effective April 1, 2018?

Procedural History

On December 7, 2017, you updated your application for health insurance.

On December 8, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective January 1, 2018. The notice stated that further documentation was needed to verify your income, however this notice did not specify a deadline by which this documentation needed to be submitted. This notice also did not provide an explanation of the documentation needed.

Also on December 8, 2017, NYSOH issued a notice confirming your enrollment in a Medicaid Managed Care plan (MMC), effective January 1, 2018. This notice included a reminder that proof of your household income was due by January 6, 2018.

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Additionally, on December 8, 2017, you uploaded income documentation to your NYSOH account.

On December 11, 2017, NYSOH issued a notice confirming your enrollment in a Medicaid Managed Care plan (MMC), effective January 1, 2018.

On December 12, 2017, NYSOH issued a notice stating that the documentation you provided does not confirm the information in your application. This notice directed you to provide proof of income by January 6, 2018.

On January 17, 2018, NYSOH issued a notice of eligibility determination stating that that you were no longer eligible for health insurance through NYSOH, effective February 1, 2018. This was because NYSOH did not receive the income documentation needed to verify the income listed in your application.

Also on January 17, 2018, NYSOH issued a disenrollment notice stating that your enrollment in your MMC would end as of January 31, 2018, because you were no longer eligible to remain in your plan.

On February 12, 2018, you uploaded income documentation to your NYSOH account.

On February 14, 2018, 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 additional information was needed to determine your eligibility for financial assistance. This notice directed you to submit proof of your household income by February 28, 2018.

On February 16, 2018, you uploaded income documentation to your NYSOH account.

On February 17, 2018, 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 additional information was needed to determine your eligibility for financial assistance. This notice directed you to submit proof of your household income by February 28, 2018.

On February 21, 2018, you uploaded income documentation to your NYSOH account.

On February 22, 2018, 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 additional information was needed to determine your eligibility for financial assistance. This notice directed you to submit proof of your household income by March 15, 2018.

Also on February 22, 2018, you uploaded income documentation to your NYSOH account.

On February 23, 2018, 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 additional information was needed to determine your eligibility for financial assistance. This notice directed you to submit proof of your household income by March 30, 2018.

Also on February 23, 2018, you uploaded income documentation to your NYSOH account.

On February 24, 2018, NYSOH issued an eligibility determination notice stating that you are eligible for Medicaid, effective February 1, 2018.

On February 27, 2018, NYSOH issued an enrollment confirmation notice stating that you are enrolled in a MMC, effective April 1, 2018.

On March 2, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your MMC.

On May 2, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you waived your right to the 15-day formal notice of hearing. You also clarified that you were seeking a February 1, 2018 start date of your MMC through this appeal. The record was developed during the hearing and closed that day.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You confirmed that you updated your application for insurance on December 7, 2017 and were advised at that time that you would need to submit documentation of your household income.
- 2) According to your December 7, 2017 application your annual expected household income for 2018 was \$0. Under the reason for this change in income you answered that you stopped working.
- 3) You uploaded a letter from your employer, [REDACTED] on December 8, 2017 stating that your employment ended on [REDACTED] and that your year-to-date gross pay was \$16,792.25.
- 4) On December 11, 2017, a NYSOH representative reviewed the documentation you uploaded on December 8, 2017 and invalidated

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your documentation stating that you were required to submit a letter from your employer stating your gross wages and pay frequency.

- 5) NYSOH issued a notice on December 12, 2017 which stated that the documentation you submitted does not confirm the information in your application. This notice further includes a list of acceptable documents and directs you to pick the best document that applies to you to send. The notice states, in relevant part, that if you receive no income or have recently lost your source of income, then you should send "a letter from your previous employer with a termination date".
- 6) Your NYSOH account reflects that on February 13, 2018 a NYSOH representative noted that at the time of your December 7, 2017 application you attested to no income and there were no wage details in the system for that quarter.
- 7) Your NYSOH account indicates that on January 16, 2018 your application was run and you were found no longer eligible for health insurance as of February 1, 2018.
- 8) You testified that you did not know that your insurance was cancelled until February 2018 when your [REDACTED] informed you there was a problem with your health insurance.
- 9) In addition to the documentation submitted on December 8, 2017, you also submitted the following income documents to NYSOH between February 12, 2018 and February 23, 2018:
 - a. A letter from [REDACTED], dated February 1, 2018 stating that your dates of employment were from [REDACTED] through [REDACTED] (Document [REDACTED])
 - b. A letter from [REDACTED] dated February 9, 2018 stating that you were a temporary employee from [REDACTED] to [REDACTED] (Document [REDACTED])
 - c. Three payroll history reports from [REDACTED], for years 2015, 2016 and 2017 (Document [REDACTED] and [REDACTED])
 - d. Two confirmation statements from your deferred annuity plan showing a gross partial withdrawal of \$4,000.00 made on January 7, 2018 and a gross full withdrawal of \$5,228.71 made on February 7, 2018 (Document [REDACTED] uploaded on February 16, 2018);
 - e. A letter signed by your [REDACTED] confirmed that you did not work for them in 2018 (Document [REDACTED])
 - f. A Benefit Control Ledger from the NYS Department of Labor showing all payments released as of February 20, 2018. This

ledger shows that you received \$9,890.00 from February 12, 2017 to July 16, 2017 (Document [REDACTED] and
g. A copy of your IRS 1099-R from 2016 showing a gross distribution of \$3,576.96 (Document [REDACTED])

- 10) The record reflects that on February 23, 2018, a NYSOH representative verified your 1099-R (Document [REDACTED] and your deferred annuity statements (Document [REDACTED] as valid proof of income.
- 11) The next day, on February 24, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid beginning February 1, 2018 and directing you to pick a plan.
- 12) You re-enrolled in your MMC on February 26, 2018.
- 13) You testified that you are seeking reinstatement of your MMC for the months of February and March.

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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were disenrolled from your Medicaid Managed Care plan effective January 31, 2018.

You updated your application for financial assistance through NYSOH on December 7, 2017. Based on this application, NYSOH found you conditionally eligible for Medicaid and directed you to submit additional documentation to verify your household income by January 6, 2018.

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 attested that you expected to earn \$0 in income for 2018 on your December 7, 2017 application. Under the reason for this change you answered that you stopped working. On December 8, 2017, you uploaded a letter from your employer, [REDACTED] confirming the fact that your employment ended on [REDACTED]. On December 11, 2017, a NYSOH representative reviewed this documentation and determined this documentation to be invalid stating that you needed to submit "proof of gross wages and pay frequency, signed and dated within 30 days of December 7, 2017".

On January 16, 2018, NYSOH redetermined your eligibility for financial assistance and determined that you were no longer eligible for coverage through NYSOH because you failed to submit income documentation by the deadline. NYSOH also disenrolled you from your MMC effective January 31, 2018 for this reason.

However, the record reflects that you submitted income documentation prior to the January 6, 2018 deadline. According to the NYSOH request for additional information, if you receive no income or have recently lost your source of income, then you should send "a letter from your previous employer with a termination date". You submitted such a letter on December 8, 2017. Additionally, your NYSOH account reflects that at the time of your December 7, 2017 application there were no wage details in the system for that quarter. Therefore, NYSOH was in error in invalidated that documentation stating that you needed to submit "proof of gross wages and pay frequency, signed and dated within 30 days of

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December 7, 2017". Your documentation demonstrates that you were not employed within 30 days of your December 7, 2017 application.

Since, NYSOH improperly determined that you failed to submit proof of income by the deadline, the January 17, 2018 disenrollment notice is **RESCINDED**.

The second issue under review is whether NYSOH properly determined that you were re-enrolled in your Medicaid Managed Care plan, effective April 1, 2018.

You testified that you did not know that your insurance was cancelled until February 2018 when your [REDACTED] informed you there was a problem with your health insurance. Once you were made aware of your insurance cancellation, you testified that you contacted NYSOH to update your account. Your account reflects that you submitted seven income documents between February 12, 2018 and February 23, 2018. On February 23, 2018, NYSOH verified your income documents and the next day you were sent an eligibility determination notice stating that you were eligible for Medicaid, effective February 1, 2018. You re-enrolled in your MMC on February 26, 2018.

Generally, Medicaid Managed Care plan enrollments received after the fifteenth day of the month are effective the first day of the second following month.

However, as discussed above, NYSOH erroneously determined that you failed to submit sufficient income documentation prior to the deadline and disenrolled you from your Medicaid Managed plan, effective January 31, 2018.

Therefore, the February 27, 2018 enrollment confirmation notice is **MODIFIED** to state that your enrollment in your Medicaid Managed Care plan was effective February 1, 2018.

Your case is **RETURNED** to NYSOH to reinstate your Medicaid Managed Care plan as of February 1, 2018.

Decision

The January 17, 2018 disenrollment notice is **RESCINDED**.

The February 27, 2018 enrollment notice is **MODIFIED** to state that your enrollment in your Medicaid Managed Care plan begins February 1, 2018.

Your case is **RETURNED** to NYSOH to reinstate your Medicaid Managed Care plan as of February 1, 2018.

Effective Date of this Decision: May 29, 2018

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).

How this Decision Affects Your Eligibility

You are reinstated into your Medicaid Managed Care plan as of February 1, 2018 as NYSOH improperly ended your plan, effective January 31, 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.

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):

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 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 17, 2018 disenrollment notice is RESCINDED.

The February 27, 2018 enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan begins February 1, 2018.

You are reinstated into your Medicaid Managed Care plan as of February 1, 2018 as NYSOH improperly ended your plan, effective January 31, 2018.

Your case is RETURNED to NYSOH to reinstate your Medicaid Managed Care plan as of February 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 1-855-355-5777번으로 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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