



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: AP000000032646

[REDACTED]

Dear [REDACTED],

On May 21, 2018, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's April 10, 2018 eligibility determination and disenrollment notices, and April 17, 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 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).

This page intentionally left blank.



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

Decision

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000032646



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 you were ineligible for Medicaid and properly end your coverage as of April 30, 2018?

Did NYSOH properly determine that you were enrolled in an Essential Plan with an enrollment start date of June 1, 2018?

Procedural History

On February 6, 2018, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective March 1, 2018, based on an attested annual income of \$14,000.00. The notice instructed you to provide proof of income by February 20, 2018, to confirm your eligibility.

Also on February 6, 2018, NYSOH issued a plan enrollment notice confirming that as of February 5, 2018, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of March 1, 2017. Further, the notice instructed you to submit proof of your household's income by February 20, 2018, to confirm your eligibility.

On March 4, 2018, your NYSOH account was systematically updated.

On March 5, 2018, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH, effective April

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).

1, 2018. The notice stated that this was because you did not provide proof of your household's income to confirm your eligibility.

Also on March 5, 2018, NYSOH issued a disenrollment notice stating that your MMC coverage would end on March 31, 2018, because you were no longer eligible for health insurance through NYSOH.

On March 13, 2018, your NYSOH account was updated.

On March 14, 2018, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective April 1, 2018, based on an attested annual income of \$14,000.00. The notice instructed you to provide proof of income by March 28, 2018, to confirm your eligibility.

Also on March 14, 2018, NYSOH issued a plan enrollment notice confirming that as of March 13, 2018, you were enrolled in a MMC plan with an enrollment start date of April 1, 2018. Further, the notice instructed you to submit proof of your household's income by March 28, 2018, to confirm your eligibility.

On April 9, 2018, your NYSOH account was systematically updated.

On April 10, 2018, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH, effective May 1, 2018. The notice stated that this was because you did not provide proof of your household's income to confirm your eligibility.

Also on April 10, 2018, NYSOH issued a disenrollment notice stating that your MMC coverage would end on April 30, 2018, because you were no longer eligible for health insurance through NYSOH.

On April 16, 2018, your NYSOH account was updated.

On April 17, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective as of June 1, 2018.

Also on April 17, 2018, NYSOH issued an enrollment notice confirming that as of April 16, 2018, you were enrolled in an Essential Plan with an enrollment start date of June 1, 2018.

On May 1, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal because you were not enrolled in health insurance for the month of May 2018.

On May 7, 2018, you uploaded additional documentation to your account (see Document [REDACTED]).

On May 8, 2018, you faxed an expedited hearing request, based on a medical condition, to NYSOH (see Documentation [REDACTED]; uploaded 5/09/2018). Based on the medical documentation submitted, the NYSOH's Appeals Unit granted your request for an expedited hearing.

On May 11, 2018, your account was systematically updated.

On May 12, 2018, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH because state data bases showed that you have Medicaid coverage through [REDACTED] Department of Social Services (DSS), and individuals who have Medicaid coverage through their local DSS are not qualified to enroll in health insurance through NYSOH.

On May 21, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow you to submit: (1) the Medicaid eligibility determination from [REDACTED] DSS; and (2) a facsimile transmission verification for when you submitted your 2017 Form W-2 Wage and Tax Statement to your application counselor.

On May 21, 2018, you faxed three-pages of documentation to NYSOH's Appeals Unit. That documentation has been incorporated into the record and will be referred to as "[REDACTED]." The record is complete and closed.

Findings of Fact

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

- 1) You testified that you want to be enrolled in health insurance coverage during the month of May 2018.
- 2) According to your NYSOH account, you were initially determined conditionally eligible for Medicaid and enrolled in a MMC plan, effective March 1, 2018.
- 3) According to your NYSOH account, your application counselor is [REDACTED], a representative from [REDACTED].
- 4) You testified that you sent your 2017 Form W-2 Wage and Tax Statement to your application counselor in February 2018.
- 5) On May 21, 2018, you submitted to NYSOH a screenshot of a February 13, 2018 email that was sent to [REDACTED]. The email had three email attachments (see [REDACTED]).

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).

- 6) You clarified that, on February 13, 2018, you sent three paystubs to the application counselor (see [REDACTED]).
- 7) You testified that you had a telephone conversation with the application counselor and were informed that the income documentation was not sufficient to resolve the income verification request.
- 8) According to your NYSOH account, the three paystubs were not submitted to NYSOH.
- 9) On May 7, 2018, two documents, your 2017 Form 1040EZ Tax Return and a transmission verification report, dated April 17, 2018, were uploaded to your account (see [REDACTED]).
- 10) You testified that you faxed your 2017 Form 1040EZ Tax Return to your application counselor on April 17, 2018.
- 11) According to your NYSOH account, on April 16, 2018, you were enrolled in an Essential Plan.
- 12) You testified that you applied for health insurance through [REDACTED] DSS and were determined eligible for Medicaid.
- 13) On May 21, 2018, you submitted a May 10, 2018 notice of decision from [REDACTED] DSS. The notice states that your Medicaid application, dated May 9, 2018, had been accepted for community coverage with community-based long-term care effective May 1, 2018 (see [REDACTED]).

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

Applicable Law and Regulations

Verification Process - Income

NYSOH may accept self-attestation of information needed to determine the income eligibility of an individual for Medicaid (42 CFR § 435.945(a)). NYSOH must request information relating to financial eligibility from other agencies in the State, other States, and Federal programs to the extent NYSOH determines such information is useful to verifying the financial eligibility for an individual (42 CFR § 435.948(a)).

An individual must not be required to provide additional information or documentation unless information needed by NYSOH cannot be obtained

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).

electronically or the information obtained electronically is not reasonably compatible with information provided by or on behalf of the individual (42 CFR § 435.952(c)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see *also* 42 CFR § 600.320). For selections 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 §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were ineligible for Medicaid and ended your coverage as of April 30, 2018.

On February 5, 2018, you submitted an application through NYSOH. In that application you attested to an annual household income of \$14,000.00. Based on that application, you were determined eligible for Medicaid, effective March 1, 2018, and enrolled in a MMC plan on a conditional basis pending the submission of income documentation.

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.

The income information that was entered into the application did not match federal and state data sources. As a result, on February 6, 2018, NYSOH issued you a notice directing you to submit additional income documentation to confirm your eligibility by February 20, 2018.

According to your NYSOH account, your application counselor is [REDACTED], a representative from [REDACTED]. On May 21, 2018, you submitted to NYSOH's Appeals Unit a screenshot of a February 13, 2018 email that was sent to [REDACTED], which included three email attachments (see [REDACTED]). You clarified that on February 13, 2018, you sent three paystubs to the application counselor (see [REDACTED]).

The record reflects that, on February 13, 2018, you sent three paystubs to your application counselor. However, you testified that you had a telephone conversation with the application counselor and were informed that the income documentation was insufficient to resolve the income verification request. Further, there is no evidence in the record that this documentation was submitted to NYSOH. Therefore, the record supports that the documentation was never provided to NYSOH, and you were notified that the documentation was insufficient to satisfy the request to verify your income.

On March 13, 2018, your application was updated. In that application, you attested to an annual household income of \$14,000.00. Based on that application, you were determined eligible for Medicaid and enrolled in a MMC plan on a conditional basis, pending the submission of income documentation.

Again, the income information that was entered in the application did not match federal and state data sources. As a result, on March 14, 2018, NYSOH issued a notice directing you to submit additional income documentation to confirm your eligibility by March 28, 2018.

You testified that you faxed your 2017 Form 1040EZ Tax Return to your application counselor on April 17, 2018. Further, on May 7, 2018, your 2017 Form 1040EZ Tax Return and a transmission verification report, dated April 17, 2018, was uploaded to your account (see Document [REDACTED]).

The record reflects that you sent your 2017 Form 1040EZ Tax Return to your application counselor on April 17, 2018. Therefore, NYSOH did not receive the requested income documentation by the March 28, 2018 deadline. Since the documentation was not provided within the requisite period, NYSOH properly determined that you were ineligible for health insurance and ended your Medicaid coverage as of April 30, 2018.

Therefore, the April 10, 2017, eligibility determination and disenrollment notices are AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were enrolled in an Essential Plan with an enrollment start date of June 1, 2018.

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.

The record reflects that on March 16, 2018, you were determined eligible for and enrolled in an Essential Plan. Since the Essential Plan was selected on April 16, 2018, the plan was properly effectuated on the first day of the second month following April 2018.

Therefore, the April 17, 2018 plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of June 1, 2018 is **AFFIRMED**.

The record reflects that your NYSOH account was systematically updated on May 11, 2018. Based on that update, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH because state data bases show that you have Medicaid coverage through [REDACTED] DSS.

On May 21, 2018, you submitted a May 10, 2018 notice of decision from [REDACTED] DSS to NYSOH Appeals Unit. The notice states that your Medicaid application, dated May 9, 2018, had been accepted for community coverage with community-based long-term care effective May 1, 2018. The notice states that you had questions or needed assistance to call [REDACTED] (see [REDACTED]).

Decision

The April 10, 2018 eligibility determination notice is **AFFIRMED**.

The April 10, 2018 disenrollment notice is **AFFIRMED**.

The April 17, 2018 plan enrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 24, 2018

How this Decision Affects Your Eligibility

Your Medicaid coverage properly ended as of April 30, 2018.

As of April 16, 2018, were properly enrolled in an Essential Plan with an enrollment start date of June 1, 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).

After your appeal request, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH because state data bases show that you have Medicaid coverage through [REDACTED] DSS.

[REDACTED] nty DSS accepted your May 9, 2018 Medicaid application for community coverage with community-based long-term care effective May 1, 2018. If you have questions or need further assistance, contact [REDACTED] DSS at [REDACTED].

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 April 10, 2018 eligibility determination notice is AFFIRMED.

The April 10, 2018 disenrollment notice is AFFIRMED.

The April 17, 2018 plan enrollment notice is AFFIRMED.

Your Medicaid coverage properly ended as of April 30, 2018.

As of April 16, 2018, were properly enrolled in an Essential Plan with an enrollment start date of June 1, 2018.

After your appeal request, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH because state data bases show that you have Medicaid coverage through [REDACTED] DSS.

[REDACTED] DSS accepted your May 9, 2018 Medicaid application for community coverage with community-based long-term care effective May 1, 2018. If you have questions or need further assistance, contact [REDACTED] DSS at [REDACTED].

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।

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).

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 मदद 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.

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).