



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

Notice of Decision

Decision Date: June 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005906

[REDACTED]

Dear [REDACTED],

On April 15, 2016, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's July 3, 2014 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).

This page intentionally left blank.



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

Decision

Decision Date: June 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005906



Issue

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

Did NY State of Health properly determine that your household's enrollment in your Medicaid Managed Care plan was effective June 1, 2014?

Procedural History

On January 15, 2014, you applied for insurance coverage for yourself and your spouse through NY State of Health (NYSOH). At the time, your spouse indicated that she was pregnant and expecting one child in February 2014.

Also on January 15, 2014 and January 24, 2014, NYSOH prepared a preliminary eligibility determination which stated that your spouse was presumptively eligible for Medicaid effective January 1, 2014 and needed to provide income documents within 15 days; a determination as to your eligibility could not be made until you submitted additional information.

On January 24, 2014, you uploaded a letter on letterhead regarding your gross weekly earnings in 2014. ([REDACTED])

Also on January 24, 2014, you uploaded a document from the U.S. Department of Labor dated January 1, 2014 and addressed to your spouse, stating that her FMLA leave request had been approved. ([REDACTED])

On February 11, 2014, you updated your NYSOH account and added your newborn daughter to your application.

On February 12, 2014, NYSOH sent you a letter stating that eligibility for you, your spouse, and your daughter could not be determined, and that you needed to submit income documentation by March 1, 2014.

On February 18, 2014, you uploaded two documents to your NYSOH account. Document [REDACTED] consisted of two of your paystubs, one with a pay date of January 17, 2014 and one with a pay date of February 7, 2014. Document [REDACTED] consisted of two more of your paystubs, one with a pay date of January 31, 2014 and one with a pay date of January 24, 2014.

On February 25, 2014, you again updated your NYSOH account.

On March 10, 2014, you uploaded several documents to your account as follows:

- Document [REDACTED] – another copy of your two paystubs from January 17, 2014 and February 7, 2014;
- Document [REDACTED] – another copy of your two paystubs from January 31, 2014 and January 24, 2014;
- Document [REDACTED] – a copy of your daughter’s Social Security card;
- Document [REDACTED] – a copy of your daughter’s birth certificate;
- Document [REDACTED] – another copy of your daughter’s Social Security card;

On March 21, 2014, you uploaded a letter from Cigna Group Insurance addressed to your spouse which states that her claim for NY Disability benefits has been approved, and that her first check was issued on February 24, 2014 representing benefits due for the period of January 10, 2014 through March 26, 2014. The letter further states that your spouse’s weekly flat benefit rate was \$170.00. ([REDACTED])

On March 25, 2014, you updated your NYSOH account.

On March 26, 2014, NYSOH issued a notice stating that eligibility for you, your spouse, and your daughter could not be determined until you submitted income documentation.

On March 31, 2014, you uploaded a letter on company letterhead, addressed to your spouse, dated March 28, 2014. This letter stated that the company was accepting your spouse’s voluntary resignation, effective March 28, 2014. (Document [REDACTED])

On April 4, 2014, you updated your NYSOH account.

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 April 5, 2014, NYSOH issued a notice stating that eligibility for you, your spouse, and your daughter could not be determined until you submitted income documentation.

On April 30, 2014 and May 2, 2014, you updated your NYSOH account.

On May 1, 2014, May 2, 2014, May 3, 2014, and May 6, 2014, NYSOH issued notices stating that your eligibility and your spouse's eligibility could not be determined until you submitted income documentation.

On May 3, 2014 and May 6, 2014, NYSOH issued an eligibility determination stating that your daughter was eligible for Medicaid, effective May 1, 2014. The notice also stated that you had requested help paying for medical bills for your daughter for the last three months, and that you needed to submit proof of income for the period of January 1, 2014 through March 31, 2014.

On May 5, 2014, you updated your NYSOH account.

Also on May 5, 2014, NYSOH issued a preliminary eligibility determination which determined that your daughter was eligible for Medicaid for the months of January, February, and March of 2014.

On May 8, 2014, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your daughter were all eligible for Medicaid, effective May 1, 2014, and that you needed to pick a Medicaid Managed Care (MMC) plan.

Also on May 8, 2014, you, your spouse, and your daughter selected a MMC plan for enrollment.

On July 3, 2014, NYSOH sent an enrollment confirmation notice, confirming your, your spouse's, and your daughter's enrollment in a MMC plan, effective June 1, 2014.

On August 20, 2014, you updated your NYSOH account.

On August 21, 2014, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for Medicaid, effective January 1, 2014.

That same day, NYSOH issued an enrollment confirmation notice confirming your, your spouse's, and your daughter's enrollment in your MMC plan, effective June 1, 2014. This same notice stated that your and your spouse's Medicaid eligibility began on January 1, 2014, and that your daughter's Medicaid eligibility began May 1, 2014.

On March 9, 2015, a NYSOH representative entered a note into your account records stating that your daughter had a gap in coverage from April 1, 2014 to

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).

April 30, 2014. The note indicates that your daughter was retroactively granted fee-for-service Medicaid coverage for April 2014.

On December 31, 2015, you spoke to NYSOH's Account Review Unit and appealed the start date of your family's enrollment in MMC plan insofar as it did not begin March 1, 2014.

On April 15, 2016, your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open at the end of the hearing so that your spouse could submit information regarding her employer-sponsored health insurance.

On April 18, 2016, a one page Certificate of Group Creditable Coverage from BlueCross BlueShield was uploaded to your account. This document is entered into the record as "Appellant's Exhibit One." The record is now closed.

Findings of Fact

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

- 1) Your spouse testified that you filed this appeal because you are seeking for your family's MMC plan enrollment to begin March 1, 2014, instead of June 1, 2014.
- 2) You submitted an application to NYSOH for financial assistance on January 15, 2014.
- 3) The record indicates that NYSOH issued a preliminary eligibility determination on January 15, 2014 stating that your spouse was presumptively eligible for Medicaid, and that your eligibility could not be determined until income information was submitted.
- 4) The record contains no indication that you were informed specifically of what income information you were required to submit.
- 5) On January 24, 2014, you updated your application.
- 6) That same day, you uploaded a letter on company letterhead stating what your gross weekly income was, and a letter regarding the fact that your spouse was out of FMLA leave.
- 7) Again, NYSOH prepared a preliminary eligibility determination identical to the one prepared on January 15, 2014. The determination does not state what specific income information you needed to provide.

- 8) The record contains no notices that reference your January 24, 2014, or that state specifically why the information you uploaded did not meet criteria for income documentation.
- 9) On February 18, 2014, March 10, 2014, March 21, 2014, and March 31, 2014, you uploaded a variety of documentation regarding your household income, as described above.
- 10) On February 12, 2014, March 26, 2014, and April 5, 2014, NYSOH issued notices stating that eligibility determinations could not be made without further income documentation.
- 11) These notices all contained the same attachment that outlines acceptable types of income documentation. None of the notices specifically address why the documentation you submitted was insufficient.
- 12) On May 3, 2014, NYSOH issued an eligibility determination finding that your daughter was eligible for Medicaid.
- 13) However, on May 1, 2014, May 2, 2014, May 3, 2014, and May 6, 2014, NYSOH issued notices stating that more income information was needed before a determination could be made as to your and your spouse's eligibility.
- 14) Again, these notices were identical to each other and to the notices that were previously sent. The notices contained no specific information relating to the documentation you had submitted to this point.
- 15) Your spouse testified that, throughout this time period, you would usually call NYSOH when you received a notice that stated more income documentation was necessary to find out specifically what was needed.
- 16) Your spouse testified that the answers she received were generally inconsistent, and that when she would ask whether a certain document would satisfy the requirements, the NYSOH representative could not answer specifically, and would say things like, "You could try that."
- 17) Your spouse testified that she had employer-sponsored health insurance until she resigned from her job on March 28, 2014.
- 18) Your spouse also testified that it was her understanding that her employer-sponsored health insurance would continue through the end of the month in which she resigned.

- 19) After the hearing, your spouse uploaded a document (Appellant's Exhibit One) which states that her employer-sponsored health insurance was terminated as of March 29, 2014.
- 20) Your spouse testified that your daughter had a doctor's appointment on March 31, 2014. She further testified that her employer-sponsored health insurance originally paid this bill.
- 21) Your spouse testified that she received a bill for your daughter's March 2014 visit in December 2015. When she spoke with the provider, she was told that her employer-sponsored health insurance took back the payment that they made. She further testified that this was when she first realized that her insurance had ended on March 29, 2014, not March 31, 2014.
- 22) Your spouse testified that the doctor your daughter saw on March 31, 2014 does not accept fee-for-service Medicaid, and that is why you appealed to have your MMC plan coverage backdated to March 1, 2014.

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 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)).

A Medicaid recipient who has primary medical or health care coverage available from a Third-Party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost-effective, as determined by the local social services district (NY Social Services Law § 364-j(3)(e)(xx)).

Timely Determination of Medicaid Eligibility

The determination of eligibility for any applicant for Medicaid must generally be made within forty-five days for applicants who are not applying for Medicaid on the basis of disability. The forty-five day time frame covers the period from the date of application to the date NYSOH notifies the applicant of its decision (42 CFR § 435.912)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your household's enrollment in your MMC plan was effective June 1, 2014.

You first applied for Medicaid for yourself and your spouse on January 15, 2014. On January 24, 2014, you provided income documentation in the form of a letter stating your weekly gross pay, and a second letter indicating that your spouse was out on FMLA leave. The record does not contain any indication that you were specifically told what income information to supply at the time when you made your January 15, 2014.

Over the next several months, as outlined above, you submitted additional information to NYSOH in attempts to satisfy the income documentation requirements imposed by NYSOH. Your spouse testified that she made repeated attempts to clarify what specific documentation was being sought, but that the NYSOH representatives she spoke with were unable to give her specific answers. It is noted that NYSOH sent you at least five written notices informing you that further income documentation was required. Not one of these notices contained specific information as to why the documentation you had submitted up to that point was insufficient. Moreover, each notice attached the same one page form outlining generic examples of acceptable income documentation.

This attachment states that one type of acceptable documentation an applicant can provide in order to prove wages and salary is a letter from an employer on company letterhead, signed and dated. You uploaded a letter fitting this description on January 24, 2014.

Your spouse testified that, at the time of your January 15, 2014 application, she had stopped working at her job, and was out on FMLA leave. According to her testimony, she had not yet started receiving her New York State disability payments. Document [REDACTED] verifies this, in that it shows that her first disability check was issued on February 24, 2014. Therefore, at the time of your January 15, 2014 application, your spouse had no income as she was out of work on maternity leave and not yet receiving disability payments. It is noted that the form attachment NYSOH included in each of its notices requesting income

documentation does not give any indication as to what type of documentation should be submitted for an individual who is out on FMLA leave with no salary.

Therefore, since you supplied a letter on employer letterhead documenting your weekly wage, and documentation proving that your wife was out on FMLA leave, it is concluded that you satisfied the income documentation requirement as of January 24, 2014, and that is the date on which your application for Medicaid was complete.

NYSOH has forty-five days from the date of your completed application to make a determination as to your eligibility. Forty-five days from January 24, 2014 is March 10, 2014. Therefore, you, your spouse, and your child (since you added her to your application on January 11, 2014) should have been sent an eligibility determination by March 10, 2014.

The effective date of an MMC plan enrollment depends on when the enrollment was received. Plan enrollments received before the fifteenth of the month become effective the first day of the following month. Plan enrollments received after the fifteenth of the month become effective the first day of the second following month.

Had you received a timely eligibility determination regarding your family's eligibility for Medicaid, you would have been able to select a plan as of March 10, 2014, and your plan enrollment would therefore have been effective as of April 1, 2014.

Your spouse testified that you are looking for MMC plan coverage for March 2014 because your daughter has a bill from that month for a provider who does not accept fee-for-service Medicaid. However, because NYSOH had forty-five days to process your application, and because your spouse had employer-sponsored health insurance until March 29, 2014, the earliest that your family's MMC plan can begin is April 1, 2014.

Therefore, the July 3, 2014 enrollment confirmation notice stating that your family's enrollment in your Medicaid Managed Care plan was effective June 1, 2014 is MODIFIED to state that you, your spouse, and your daughter were enrolled in your Medicaid Managed Care plan as of April 1, 2014.

Your case is RETURNED to NYSOH to facilitate your household's enrollment into your MMC plan as of April 1, 2014.

Decision

The July 3, 2014 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your daughter's enrollment in your MMC plan started on April 1, 2014.

Your case is RETURNED to NYSOH to facilitate your household's enrollment in your MMC plan as of April 1, 2014.

Effective Date of this Decision: June 7, 2016

How this Decision Affects Your Eligibility

You, your spouse, and your daughter were eligible to have your MMC plan begin as of April 1, 2014. You were not eligible for MMC plan coverage in March 2014.

Your case is being sent back to NYSOH in order to enroll you, your spouse, and your daughter in your MMC plan as of April 1, 2014.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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 July 3, 2014 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your daughter's enrollment in your MMC plan started on April 1, 2014.

Your case is RETURNED to NYSOH to facilitate your household's enrollment in your MMC plan as of April 1, 2014.

You, your spouse, and your daughter were eligible to have your MMC plan begin as of April 1, 2014. You were not eligible for MMC plan coverage in March 2014.

Your case is being sent back to NYSOH in order to enroll you, your spouse, and your daughter in your MMC plan as of April 1, 2014.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

