



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

Notice of Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006878

[REDACTED]

Dear [REDACTED],

On June 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 6, 2016 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006878



Issue

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

Did New York State of Health (NYSOH) properly determine that your child's enrollment in their Medicaid Managed Care plan should be effective March 1, 2016?

Procedural History

On December 8, 2015, your NYSOH account was updated.

On December 9, 2015, NYSOH issued a notice stating that your child may be eligible for health insurance through NYSOH but more information is needed to make a determination. The notice directed you to submit income documentation for your household by December 24, 2015 to confirm that the information you provided in your application is accurate.

Also on December 9, 2015, your spouse's Official Record of Benefit Payment History from NYS Department of Labor website was uploaded to your NYSOH account ([REDACTED]).

On December 22, 2015, an employment statement, for your spouse, was uploaded to your NYSOH account ([REDACTED]).

On December 22, 2015, your NYSOH account was updated.

On December 23, 2015, NYSOH issued a notice stating that your child may be eligible for health insurance through NYSOH but more information is needed to make a determination. The notice directed you to submit income documentation

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for your household by January 7, 2016, to confirm that the information you provided in your application is accurate.

On January 1, 2016, NYSOH issued a notice stating that you have submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request. The notice stated that additional information regarding your income is needed to determine eligibility.

On January 12, 2016, you updated your NYSOH account.

On January 13, 2016, NYSOH issued a notice, in relevant part, stating that your child may be eligible for health insurance through NYSOH but more information is needed to make a determination. The notice directed you to submit income documentation for your household by January 28, 2016, to confirm that the information you provided in your application is accurate.

On January 22, 2016, your Official Record of Benefit Payment History from NYS Department of Labor website was uploaded to your NYSOH account

(██████████)

On February 3, 2016, NYSOH issued an eligibility determination notice, in relevant part, that your child was eligible for Medicaid, effective as of February 1, 2016.

On February 5, 2016, you spoke to the NYSOH Account Review Unit and requested an appeal insofar as the plan enrollment start of your child's Medicaid Managed Care plan.

On February 6, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that on February 5, 2016, your child was enrolled in Excellus Health Plan, Inc. (Medicaid) with plan enrollment start date of March 1, 2016.

On June 28, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until June 30, 2016, to allow you to upload additional documentation to your NYSOH account.

On June 28, 2016, you uploaded additional documentation to your NYSOH account (██████████). That documentation has been entered into the record as "Appellant Exhibit A" and made part of the record. The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account, you submitted an application for financial assistance, for your child, on December 8, 2015, attesting to a current monthly income of \$1,676.00.
- 2) According to your December 8, 2015 NYSOH application, you expected to file a 2016 federal income tax return with the tax status of married filing jointly, with your spouse, and expected to claim your child as your only dependent on that return.
- 3) On December 9, 2015, NYSOH issued a notice stating that your child may be eligible for health insurance through NYSOH but more information is needed to make a determination. The notice directed you to submit income documentation for your household by December 24, 2015, to confirm that the information you provided in your application is accurate.
- 4) According to your NYSOH account, your child was born on [REDACTED].
- 5) On December 9, 2015, your spouse's Official Record of Benefit Payment History from NYS Department of Labor website was uploaded to your NYSOH account ([REDACTED]).
- 6) On December 18, 2015, you emailed your former employer, [REDACTED] requesting a letter of separation that you have not been employed there since June 19, 2015 ([REDACTED]).
- 7) On December 22, 2015, a statement from your spouse's employer, [REDACTED], was uploaded to your NYSOH account. It states that your spouse was currently laid off from [REDACTED] due to the unavailability of work ([REDACTED]).
- 8) On January 22, 2016, your Official Record of Benefit Payment History from NYS Department of Labor website was uploaded to your NYSOH account ([REDACTED]).
- 9) On February 3, 2016, NYSOH issued an eligibility determination notice, in relevant part, that your child was eligible for Medicaid, effective as of February 1, 2016 ([REDACTED]).
- 10) On February 6, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that on February 5, 2016, your child was enrolled in Excellus Health Plan, Inc. (Medicaid) with plan enrollment start date of March 1, 2016 ([REDACTED]).

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- 11) You testified that you want your child's Medicaid Managed Care plan enrollment to start February 1, 2016.
- 12) You testified that during the month of February 2016, your child had a visit with their primary-care physician and now have an outstanding medical bill of approximately \$300.00.

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

Applicable Law and Regulations

Medicaid Eligibility for Children at least one but younger than nineteen:

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Health Administrative Directive 13 OHIP/ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which is \$20,090.00 for a three-person household (80 Fed. Reg. 3236, 3237).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Presumptive Eligibility for Children:

A child under age 19 shall be presumed to be eligible for medical assistance on the date that a qualified entity determines, based on preliminary information, that the modified adjusted gross income of the child does not exceed the applicable level for eligibility.

The presumptive eligibility period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that NYSOH makes a determination of eligibility based on that application. If the application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that day (see 42 U.S.C § 1396r-1a); 42 CFR § 435.1102; N.Y. Soc. Serv. Law § 364-i(4)).

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in their Medicaid Managed Care plan should have started March 1, 2016.

You submitted a Financial Assistance application through NYSOH for your child on December 8, 2015. On the following day NYSOH issued a notice stating that your child may be eligible for health insurance through NYSOH but more information was needed to make a determination. The notice directed you to submit income documentation to confirm that the information you provided in your application was accurate.

Presumptive eligibility is a means of immediately providing Medicaid covered care and services to children under the age of 19. If the child is found to be presumptively eligible for Medicaid, they are provided full Medicaid care and services for a limited period of time during which a full determination is performed. A child is presumptively eligible, if based on preliminary information, the modified adjusted gross income of the child does not exceed the applicable level for eligibility.

Financial eligibility for Medicaid for applicants is based on current monthly household income and family size.

According to your December 8, 2015, NYSOH application, you attested to currently monthly of \$1,676.00. Furthermore, you attested to filing a 2015 federal income tax return with the tax status of married filing jointly, with your spouse, and expect to claim your child as your only dependent on that return. Therefore, you are in a three-person household.

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Based on your household size, your child would need to meet the non-financial criteria and have an income no greater than 154% of the FPL, which is \$2,579.00 per month.

Since you attested to an income below the threshold for Medicaid on your December 8, 2015 NYSOH application, your child should have been found presumptively eligible for Medicaid as of December 8, 2015.

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.

Since your child should have been found presumptively eligible for Medicaid on December 8, 2015, the Medicaid Managed Care plan should have been effective January 1, 2016.

The February 6, 2016, enrollment notice is MODIFIED to state that your child was enrolled in Excellus Health Plan, Inc. with plan enrollment start date of January 1, 2016

Decision

The February 6, 2016, enrollment notice is MODIFIED to state that your child was enrolled in Excellus Health Plan, Inc. with plan enrollment start date of January 1, 2016.

Effective Date of this Decision: August 1, 2016

How this Decision Affects Your Eligibility

Your child's coverage with Excellus Health Plan, Inc. is effective January 1, 2016.

The case is RETURNED to NYSOH to effectuate the coverage.

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.

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 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 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
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- By fax: 1-855-900-5557

Summary

The February 6, 2016, enrollment notice is MODIFIED to state that your child was enrolled in Excellus Health Plan, Inc. with plan enrollment start date of January 1, 2016

Your child's coverage with Excellus Health Plan, Inc. is effective January 1, 2016.

The case is RETURNED to NYSOH to effectuate the coverage.

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:

