



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

Notice of Decision

Decision Date: November 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008479 and AP000000009531

[REDACTED]

Dear [REDACTED],

On October 5, 2016, you appeared by telephone at a hearing on your two appeals. AP000000008479 relates to NYSOH's March 31, 2016 enrollment confirmation notice and the start date of your and your spouse's Essential Plans. AP000000009531 relates to NYSOH's April 9, 2016 enrollment confirmation notice and the start date of both your children's Medicaid Managed Care plans.

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
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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

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We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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Appeal Identification Number: AP000000008479 and AP000000009531



Issues

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

Did NYSOH provide a timely determination of your household member's eligibility as of March 3, 2016?

Did NY State of Health (NYSOH) properly determine that you and your spouse's enrollment in an Essential Plan was effective April 1, 2016?

Did NYSOH properly determine that your youngest child's [REDACTED] Medicaid Managed Care plan began April 1, 2016?

Did NYSOH properly determine that your oldest child's [REDACTED] Medicaid Managed Care plan began May 1, 2016?

Procedural History

On November 22, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your November 20, 2015 non-financial aid application, stating that the members of your household were eligible to purchase a qualified health plan at full cost, effective January 1, 2016.

Also on November 22, 2015, NYSOH issued a notice of enrollment, based on your plan selection on November 22, 2015, stating that your household members were enrolled in a silver - level qualified health plan with a monthly premium of \$1,470.91 and a family dental plan with a monthly premium of \$61.84, both with plan start dates of January 1, 2016.

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documentation list attached to that notice stated that to prove wages and salary, paycheck stubs would be required over a period of at least 4 consecutive weeks.

Also on February 4, 2016, you uploaded to your NYSOH account your spouse's pay statement dated 01/15/2016 for the period of 01/01/2016 to 01/15/2016 and a pay statement dated 01/29/2016 for the period of 01/16/2016 to 01/31/2016 [REDACTED]).

On February 12, 2016, you uploaded to your NYSOH account a NYS Department of Labor Unemployment Insurance Monetary Benefit Determination dated 08/20/2015 ([REDACTED]).

On February 16, 2016, NYSOH prepared a preliminary eligibility redetermination that stated your youngest child [REDACTED] was eligible for Medicaid effective February 1, 2016.

Also on February 16, 2016, you selected a Medicaid Managed Care plan for your youngest child.

On February 17, 2016, NYSOH issued an eligibility determination notice, based on the February 16, 2016 updated application for financial assistance, stating that your youngest child was eligible for Medicaid effective February 1, 2016.

Also on February 17, 2016, NYSOH issued a notice stating that you, your spouse and your oldest child [REDACTED] may be eligible for health insurance, but more information was need to make a determination. The notice further requested that you provide income documentation for your household before March 3, 2016 to confirm the information you provided in your application was accurate.

Also on February 17, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan for your youngest child [REDACTED] on February 16, 2016. The notice confirmed your youngest child's enrollment in a Medicaid Managed Care plan starting April 1, 2016.

On February 23, 2016, NYSOH issued an eligibility redetermination that stated your youngest child remained eligible for Medicaid effective February 1, 2016 and confirmed that you requested help with paying for her medical bills for a three month period prior to your application.

Also on February 23, 2016, NYSOH issued a notice stating that you, your spouse and your oldest child may be eligible for health insurance, but more information was need to make a determination. The notice further requested that you provide income documentation for your household before March 9, 2016 to confirm the information you provided in your application was accurate.

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Also on February 23, 2016, NYSOH issued an eligibility determination regarding your request for help with paying medical bills for the three month period prior to February 22, 2016 for your youngest child (██████████) stating that she was eligible for Medicaid for the period of January 1, 2016 to January 31, 2016. That notice further confirmed that you had requested help for paying medical bills for the three month period prior to February 22, 2016 for you, your spouse and your oldest child (██████████).

Also on February 23, 2016, an enrollment confirmation notice was issued confirming your youngest child (██████████) was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of April 1, 2016.

On March 2, 2016, the documentation you provided for proof of household income was verified and your, your spouse's and your oldest child's (██████████) eligibility was redetermined by NYSOH.

On March 3, 2016, NYSOH issued an eligibility redetermination notice, based on March 2, 2016 updated application for financial assistance, stating that you and your spouse were eligible for the Essential Plan with \$0.00 monthly premium effective April 1, 2016. That same notice stated that your oldest child (██████████) was eligible for Medicaid effective January 1, 2016. Further, that same notice stated that your youngest child (██████████) remained eligible for Medicaid effective March 1, 2016. This was based on a household income of \$34,306.67.

Also on March 3, 2016, NYSOH issued an eligibility determination based on your request for help with paying medical bills for the three month period prior to March 2, 2016 for you, your spouse and your oldest child (██████████). This notice denied your and your spouse's request for help with paying medical bills prior to your application. That same notice stated that your oldest child was eligible for Medicaid for the period of January 1, 2016 through January 31, 2016.

Also on March 3, 2016, NYSOH issued an enrollment notice confirming your youngest child was enrolled in a Medicaid Managed Care plan effective April, 1, 2016. That same notice stated that you needed to pick a Medicaid Managed Care plan for you your oldest child (██████████) and that your and your spouse's coverage in the Essential Plan would not begin until you picked a plan.

Also, on March 3, 2016, you contacted NYSOH and selected an Essential Plan. However, you did not confirm and checkout at plan selection, resulting in an incomplete enrollment.

On March 30, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's enrollment in the Essential Plan insofar as it did not begin January 1, 2016.

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On March 31, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on March 3, 2016, stating that you and your spouse were enrolled in an Essential Plan, and that your plan would start May 1, 2016.

On April 9, 2016, NYSOH issued an enrollment confirmation notice, stating that you and your spouse were enrolled in Essential Plan 2 plus Vision and Dental with a monthly premium of \$30.77 per month each and that your plan enrollment start date was April 1, 2016. That same notice stated that your oldest child [REDACTED] was enrolled in a Medicaid Managed Care plan with an enrollment start date of May 1, 2016, and that your youngest child [REDACTED] was enrolled in a Medicaid Managed Care plan with an enrollment start date of April 1, 2016.

On May 11, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's enrollment in their respective Medicaid Managed Care plans insofar as both their plans did not begin January 1, 2016.

On October 5, 2016, 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) According to your NYSOH account, you purchased a full cost silver - level family qualified health plan through NYSOH with a plan effective date of January 1, 2016.
- 2) You submitted an application to NYSOH for financial assistance on January 8, 2016 and listed your expected annual household income as \$25,052.00.
- 3) Based on the information contained in the January 8, 2016 updated application, on January 9, 2016, January 11, 2016 and January 22, 2016, NYSOH requested additional proof of household income documentation.
- 4) You testified that you were separated from employment in mid-2015. You testified that your wife was pregnant so you purchased COBRA coverage for the family to cover up through the birth of your youngest child in August 2015.
- 5) Your account reflects that due to your submission of a financial assistance application on January 8, 2016, NYSOH issued a disenrollment notice that

stated your silver - level family qualified health and family dental plan would end effective January 31, 2016.

- 6) You testified that your spouse returned to employment at the beginning of the year in 2016.
- 7) On January 13, 2016, you provided to NYSOH the separation letter from your previous employer ([REDACTED]).
- 8) On January 14, 2016, you provided a copy of your spouse's pay statement dated 1/15/2016 for pay period of 01/01/2016 to 01/15/2016 [REDACTED]).
- 9) On January 21, 2016, NYSOH invalidated this documentation as being insufficient to resolve the request for income documentation. On January 22, 2016, NYSOH issued a notice to this effect and requested additional information and provided a documentation list on what was needed to confirm your eligibility.
- 10) On January 26, 2016, you uploaded to your account a statement from NYS Department of Labor confirming that your application for unemployment insurance benefits was complete and a record of benefit payment history as of 01/26/2016 [REDACTED] .
- 11) On February 3, 2016, NYSOH invalidated this documentation as being insufficient to resolve the request for income documentation. On February 4, 2016, NYSOH issued a notice that additional information regarding your spouse's income was required and again referred you to the documentation list attached to the notice.
- 12) On February 4, 2016, you uploaded to your account your spouse's pay statement dated 01/15/2016 for the period of 01/01/2016 to 01/15/2016 and a pay statement dated 01/29/2016 for the period of 01/16/2016 to 01/31/2016 [REDACTED] .
- 13) On February 12, 2016, you uploaded to your NYSOH account a NYS Department of Labor Unemployment Insurance monetary benefit determination letter dated 08/20/2015.
- 14) On February 16, 2016, NYSOH updated your household income to \$32,140.00 and prepared a preliminary eligibility determination finding your youngest child [REDACTED]) eligible for Medicaid effective February 1, 2016.

- 15) According to your NYSOH account, you selected your youngest child's Medicaid Managed Care plan on February 16, 2016.
- 16) According to your NYSOH account, on February 23, 2016, NYSOH determined your youngest child was eligible for retroactive Medicaid from January 1, 2016 to January 31, 2016, based on a monthly household income of \$2,678.33.
- 17) On March 2, 2016, NYSOH verified all the income documents and your application for financial assistance was updated. According to your NYSOH account, NYSOH adjusted your 2016 expected household income to \$34,306.67.
- 18) You testified that you want your and your spouse's Essential Plan and your children's Medicaid Managed Care plans to begin on January 1, 2016, because there were medical services incurred for your children and spouse during that time period.

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).

Timely Notice of 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)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that

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applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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)).

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)).

Medicaid for Children

A child who is under one year of age 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 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

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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 Social Services Administrative Directive 13ADM-03).

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).

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied. (42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

De Novo Review

NYSOH Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR § 155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

Legal Analysis

It is initially noted that there are two appeals showing in your NYSOH account.

The first appeal, AP00000008479, was submitted on March 30, 2016 on the issue of the failure of NYSOH to provide a timely eligibility determination and the enrollment start date for your and your spouse’s Essential Plan, with an enrollment start date of May 1, 2016. You requested that your and your spouse’s Essential Plan eligibility and enrollment start January 1, 2016.

The second appeal, AP00000009531, was submitted May 12, 2016 on the issue of the April 9, 2016 enrollment confirmation as it applied to the Medicaid Managed Care plan start dates of your children. You requested that both children have their Medicaid eligibility and coverage start January 1, 2016.

The first issue under review is whether NYSOH timely issued an eligibility determination in your case. The record reflects that you updated your NYSOH

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account on January 8, 2016 with new income information and submitted an application for financial assistance on that date. That application for financial assistance shows an expected annual income of \$25,052.00.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

NYSOH issued notices on January 9, 2016, January 11, 2016 and January 22, 2016, based on your January 8, 2016 application and income document submissions, which stated more information in the form of income documentation was needed to make a determination. The notices explained that the income documentation you provided NYSOH did not match what was obtained from State and Federal data sources. You were asked to submit income documentation for your household by January 26, 2016.

In response to NYSOH's request for proof of income documentation, you testified and the record indicates, that on January 13, 2016, January 14, 2016 and January 26, 2016, you uploaded to your account the following: (1) A letter regarding severance from your employment in 2015; (2) A pay statement for a two week period for your spouse's employment in January 2016; and (3) A copy of NYS Department of Labor's official record of your unemployment insurance benefit payment history.

According to your NYSOH account, this documentation was invalidated on February 3, 2016 as being insufficient to resolve the request for proof of income. This was because your spouse needed to submit four weeks of consecutive current pay stubs or a letter from an employer stating her gross income. On February 4, 2016, NYSOH issued a notice to this effect and requested additional information.

According to your NYSOH account, on February 4, 2016, you uploaded two bi-weekly pay statements for your spouse dated 01/15/2016 for pay period of 01/01/16 to 01/15/16, and pay statement dated 01/29/2016 for pay period 01/16/16 to 01/31/16. On February 12, 2016, you uploaded to your NYSOH account a copy of NYS Department of Labor Unemployment Insurance monetary benefit determination for yourself, dated 8/20/15.

On March 2, 2016, NYSOH validated this documentation as proof of income and your application was considered complete as of March 2, 2016 for purposes of issuing an eligibility determination.

Also on March 2, 2016, NYSOH corrected your 2016 expected household income to \$34,306.67. Based upon this updated household income, a preliminary eligibility determination was made finding you and your spouse

eligible for the Essential Plan with a \$0.00 premium per month each, effective April 1, 2016.

NYSOH must provide applicants notice of their eligibility determination promptly and without undue delay from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

The record reflects that your NYSOH application is deemed completed as of March 2, 2016. NYSOH issued an eligibility determination notice on March 3, 2016 that stated you and your spouse were eligible for the Essential Plan, effective April 1, 2016. Since NYSOH issued an eligibility determination one day from the date your application was considered complete, the March 3, 2016 eligibility determination was timely.

The second issue under review is whether NYSOH properly determine that your and your spouse's enrollment in an Essential Plan was effective April 1, 2016.

On March 3, 2016, you initiated a selection for an Essential Plan for you and your spouse, but failed to confirm and checkout at plan selection, resulting in an incomplete enrollment. Your Essential Plan selection was not processed until March 30, 2016 and this resulted in a plan enrollment start date of May 1, 2016.

This error was noticed by a NYSOH representative and corrected on April 8, 2016. NYSOH changed your and your spouse's Essential Plan enrollment start date from May 1, 2016 to April 1, 2016. A corrected enrollment confirmation notice was issued on April 9, 2016 confirming your and your spouse's Essential Plan 2 with Vision and Dental started April 1, 2016.

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 up 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.

On March 3, 2016, you selected an Essential Plan. Although there was an initial error in the processing of your selection, NYSOH eventually corrected the error and processed your selection as having been made on March 3, 2016. Based on a March 3, 2016 plan selection, your enrollment properly took effect on the first day of the first month following March 2016; that is, on April 1, 2016.

Therefore, the April 9, 2016 enrollment confirmation notice stating that your and your spouse's enrollment in the Essential Plan was effective April 1, 2016, is correct and must be AFFIRMED.

The third issue under review is whether NYSOH properly determined that your youngest child's [REDACTED] Medicaid Managed Care plan began April 1, 2016.

NYSOH issued a preliminary eligibility determination on February 16, 2016 that stated your youngest child was eligible for Medicaid effective February 1, 2016. The record reflects that you enrolled her into a Medicaid Managed Care plan that same day.

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 the February 16, 2016 preliminary eligibility redetermination and the subsequent February 17, 2016 eligibility redetermination notice were timely issued, you were able to select a Medicaid Managed Care plan for your youngest child as of February 16, 2016. As such, your youngest child's plan would properly take effect on the first day of the second following month after February 2016; that is, on April 1, 2016.

Therefore, the February 17, 2016 enrollment confirmation notice stating that your youngest child's [REDACTED] enrollment in her Medicaid Managed Care plan would be effective April 1, 2016, was correct and must be AFFIRMED.

It is noted that your February 22, 2016 request for your youngest child to get help paying for medical bills was granted by NYSOH as stated in the February 23, 2016 eligibility determination notice, which found her eligible for retroactive Medicaid from January 1, 2016 through January 31, 2016. That determination remains in effect and will not be disturbed by any subsequent determination made by NYSOH.

The fourth issue under review is whether NYSOH properly determined that your oldest child's [REDACTED] Medicaid Managed Care plan began May 1, 2016.

NYSOH issued an eligibility determination notice on March 3, 2016, stating in relevant part that your oldest child [REDACTED] was eligible for the Medicaid effective January 1, 2016.

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On March 3, 2016, you initiated a selection for a Medicaid Managed Care plan for your oldest child, but you failed to confirm and checkout at plan selection, resulting in an incomplete enrollment. Your oldest child's Medicaid Managed Care plan selection was not processed until March 30, 2016 and this resulted in a plan enrollment start date of May 1, 2016.

The date on which enrollment in a Medicaid Managed Care 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.

On March 3, 2016, you selected a Medicaid Managed Care plan for your oldest child. There was an initial error in the processing of your selection, and this resulted in NYSOH processing your daughter's Medicaid Managed Care plan selection on March 30, 2016. Ordinarily, this selection date having occurred after the sixteenth of the month would properly result in a start date on the first day of the second following month; that is, on May 1, 2016. However, but for your mistake in not completely checking out on May 3, 2016, your eldest child's coverage would have started April 1, 2016. Unlike your Essential Plan start date which was corrected by NYSOH when the error was detected, the start date of your oldest child's Medicaid Managed Care plan was not changed from a May 1, 2016 to an April 1, 2016 start date.

Given the similarity of your error and in the interest of justice, the March 31, 2016 enrollment confirmation notice stating that your oldest child's [REDACTED] enrollment in her Medicaid Managed Care plan was effective May 1, 2016, is MODIFIED to reflect a plan enrollment start date of April 1, 2016. Your case is RETURNED to NYSOH to change your oldest child's Medicaid Managed Care plan start date to April 1, 2016.

Lastly, NYSOH Appeals Unit must review each appeal de novo and "consider all relevant facts and evidence adduced during the appeals process". In reviewing NYSOH's March 3, 2016 eligibility redetermination notice, it is apparent that the Medicaid eligibility effective date as it relates to your oldest child was changed in error.

The March 3, 2016 eligibility redetermination stated your oldest child was eligible for Medicaid effective January 1, 2016. Ordinarily, a determination that your oldest child was eligible for Medicaid on March 2, 2016 would have an effective date of eligibility of March 1, 2016 for Medicaid. Therefore, the March 3, 2016 eligibility redetermination notice is MODIFIED to state that your oldest child's [REDACTED] eligibility for Medicaid was effective March 1, 2016.

The March 3, 2016 eligibility redetermination also stated that you were requesting help with your oldest child's medical bills for the three month period prior to the updated March 2, 2016 application. In this regard, NYSOH issued a notice on March 3, 2016 that stated your oldest child (██████████) was eligible for retroactive Medicaid for January 1, 2016 to January 31, 2016 based on your household's monthly income. However, NYSOH did not have your household's income documentation for February 2016 so as to address your oldest child's eligibility for retroactive Medicaid for the month of February 2016.

In order for NYSOH to do so, you must submit documentation to NYSOH to confirm your household's monthly income for February 2016. If submitted, then NYSOH is directed to consider your request for retroactive Medicaid for your oldest child during the month of February 2016, based on a four-person household.

Decision

The March 3, 2016 eligibility determination notice as it applies to your and your spouse's eligibility for the Essential Plan was timely and is AFFIRMED.

The April 9, 2016 enrollment confirmation notice as it applies to your and your spouse's enrollment in Essential Plan 2 with an enrollment start date of April 1, 2016 is AFFIRMED.

The February 17, 2016 enrollment confirmation notice stating that your youngest child's (██████████) enrollment in her Medicaid Managed Care plan was effective April 1, 2016 is AFFIRMED.

The March 3, 2016 eligibility determination notice that in relevant part stated your oldest child (██████████) was eligible for Medicaid effective January 1, 2016 is MODIFIED to state she was eligible for Medicaid effective March 1, 2016.

The March 31, 2016 enrollment confirmation notice stating that your oldest child's (██████████) enrollment in her Medicaid Managed Care plan was effective May 1, 2016, is MODIFIED to state her enrollment start date in her Medicaid Managed Care plan is April 1, 2016.

Your case is RETURNED to NYSOH to change your oldest child's Medicaid Managed Care plan start date to April 1, 2016.

In order for NYSOH to redetermine your oldest child's (██████████) eligibility for retroactive Medicaid for the month of February 2016, you must submit your household's monthly income for that month. If this documentation is submitted, then NYSOH is directed to consider the validity of your February 2016 household

income and your request for retroactive Medicaid for your oldest child during the month of February 2016, based on a four-person household.

Effective Date of this Decision: November 28, 2016

How this Decision Affects Your Eligibility

This decision does not change your or your spouse's eligibility.

The effective date of your and your spouse's Essential Health Plan is April 1, 2016.

Your youngest child [REDACTED] was eligible for Medicaid effective February 1, 2016 and enrollment in her Medicaid Managed Care plan began April 1, 2016. She was eligible for retroactive Medicaid coverage for the period of January 1, 2016 to January 31, 2016.

Your oldest child [REDACTED] was eligible for Medicaid effective March 1, 2016 and enrollment in her Medicaid Managed Care plan began April 1, 2016. She was eligible for retroactive Medicaid coverage for the period of January 1, 2016 to January 31, 2016.

Your case is RETURNED to NYSOH to change your oldest child's Medicaid Managed Care plan start date to April 1, 2016, and to notify you accordingly.

You must submit income documentation to NYSOH to prove your household's February 2016 income for NYSOH to consider the validity of your household income that month and your request for your oldest child's eligibility for retroactive Medicaid that month.

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

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 3, 2016 eligibility determination notice as it applies to your and your spouse's eligibility for the Essential Plan was timely and is AFFIRMED.

The April 9, 2016 enrollment confirmation notice as it applies to your and your spouse's enrollment in Essential Plan 2 with an enrollment start date of April 1, 2016 is AFFIRMED.

The February 17, 2016 enrollment confirmation notice stating that your youngest child's [REDACTED] enrollment in her Medicaid Managed Care plan was effective April 1, 2016 is AFFIRMED.

The March 3, 2016 eligibility determination notice that in relevant part stated your oldest child [REDACTED] was eligible for the Medicaid effective January 1, 2016 is MODIFIED to state she was eligible for Medicaid effective March 1, 2016.

The March 31, 2016 enrollment confirmation notice stating that your oldest child's [REDACTED] enrollment in her Medicaid Managed Care plan was effective May 1, 2016, is MODIFIED to state her plan enrollment start date in her Medicaid Managed Care plan is April 1, 2016.

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Your case is RETURNED to NYSOH to change your oldest child's Medicaid Managed Care plan start date to April 1, 2016.

In order for NYSOH to redetermine your oldest child's [REDACTED] eligibility for retroactive Medicaid for the month of February 2016, you must submit your household's monthly income for that month. If this documentation is submitted, then NYSOH is directed to consider the validity of your February 2016 household income and your request for retroactive Medicaid for your oldest child during the month of February 2016, based on a four-person household.

This decision does not change your or your spouse's eligibility.

The effective date of your and your spouse's Essential Health Plan is April 1, 2016.

Your youngest child [REDACTED] was eligible for Medicaid effective February 1, 2016 and enrollment in her Medicaid Managed Care plan began April 1, 2016. She was eligible for retroactive Medicaid coverage for the period of January 1, 2016 to January 31, 2016.

Your oldest child [REDACTED] was eligible for Medicaid effective March 1, 2016 and enrollment in her Medicaid Managed Care plan began April 1, 2016. She was eligible for retroactive Medicaid coverage for the period of January 1, 2016 to January 31, 2016.

Your case is RETURNED to NYSOH to change your oldest child's Medicaid Managed Care plan start date to April 1, 2016, and to notify you accordingly.

You must submit income documentation to NYSOH to prove your household's February 2016 income for NYSOH to consider the validity of your household income and your request for your oldest child's eligibility for retroactive Medicaid that month.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

