



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

Notice of Decision

Decision Date: January 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009661

[REDACTED]

Dear [REDACTED],

On November 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 4, 2015 disenrollment notice, February 5, 2016 disenrollment notice, and May 18, 2016 eligibility determination and enrollment confirmation notices.

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.

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009661

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Issues

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

Did NY State of Health properly determine that your middle child's eligibility for and enrollment in Child Health Plus terminated effective November 30, 2015?

Did NY State of Health properly determine that your oldest and youngest children's eligibility for and enrollment in Child Health Plus terminated effective February 19, 2016?

Did NY State of Health properly determine that you and your children were ineligible for Retroactive Medicaid coverage for December 2015, January 2016, and February 2016?

Did NY State of Health properly determine that your family's coverage in Medicaid Fee-For-Service began May 1, 2016 and in your Managed Care plan as of July 1, 2016?

Procedural History

On July 15, 2015, you completed and submitted your family's application for health insurance through NYSOH.

On July 16, 2015, NYSOH issued a notice of eligibility determination stating that your middle child was conditionally eligible to enroll in Child Health Plus with a \$9.00 per month premium, effective August 1, 2015. The notice requested that

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you provide documentation confirming her citizenship status and Social Security number before October 13, 2015. Further, your two other children were determined fully eligible for Child Health Plus with a premium of \$18.00, effective August 1, 2015. That notice also stated that you were eligible to receive advance premium tax credits (APTC) to help pay for the cost of coverage, effective August 1, 2015, and that you must pick a plan for coverage to start.

Also on July 16, 2015, NYSOH issued an enrollment confirmation notice that stated your children's enrollment in the Child Health Plus would start August 1, 2015, but you had not chosen a health plan yet.

On July 17, 2015, you uploaded to your NYSOH account your middle child's Social Security card (see Document # [REDACTED]) and birth certificate (see Document # [REDACTED]).

On July 23, 2015, NYSOH issued a notice stating that, although you had submitted the requested documentation, it appears to be insufficient to resolve the inconsistency and that proof of your middle child's Social Security number is still needed to confirm her eligibility and/or make an eligibility determination.

On July 24, 2015, NYSOH issued a notice of eligibility redetermination with the same findings as contained in the July 16, 2016 notice, but with a September 1, 2016 effective date. That notice also requested that you provide documentation confirming your middle child's citizenship status and Social Security number, this time, before October 21, 2015.

Also on July 24, 2015, NYSOH issued an enrollment confirmation notice that stated your children's enrollment in the Child Health Plus would start August 1, 2015, but you had not chosen a health plan yet.

On November 3, 2015, NYSOH issued a notice of eligibility redetermination that stated your middle child was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance and could not enroll in a qualified health plan at full cost. This was because you had not confirmed her citizenship status and Social Security number within the required timeframe.

Also on November 3, 2015, NYSOH issued an eligibility determination that stated you were eligible to receive APTC and cost sharing reductions, effective December 1, 2015. That notice also stated that you may qualify to select a plan outside the open enrollment period for 2015 if you had a qualifying event for a special enrollment period. You were instructed to sign in to your NYSOH account and answer questions about the special enrollment period. In addition, the notice stated that your two other children were eligible for Child Health Plus, effective December 1, 2015.

Also on November 3, 2015, NYSOH issued an enrollment confirmation notice that stated your oldest and youngest children were enrolled in Child Health Plus, effective August 1, 2015. That notice also stated that you must pick a health plan for your health coverage to start.

On November 4, 2015, NYSOH issued a disenrollment notice stating that your middle child's coverage in her Child Health Plus plan would end effective November 30, 2015 because she is no longer eligible to enroll in health insurance through NYSOH.

According to your NYSOH account, on January 14, 2016, you updated your application to include your middle child on the account, report a life changing event, and change your income information. No action was taken by NYSOH on your account at that time.

On February 4, 2016, a NYSOH representative assisted you in again updating your application for financial assistance.

On February 5, 2016, NYSOH issued a notice stating more information was needed to make a determination on your family's eligibility. The notice explained that the income documentation you provided did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by February 20, 2016.

Also on February 5, 2016, NYSOH issued a disenrollment notice stating that your oldest and youngest children's Child Health Plus coverage would end on February 29, 2016.

On February 22, 2016, you faxed for a second time to your NYSOH account your middle child's Social Security card (see Document # [REDACTED]) and birth certificate (see Document # [REDACTED]).

Also on February 22, 2016, you faxed to NYSOH copies of a billing statement from your children's health plan (see Document # [REDACTED]), your paystub, dated February 19, 2016 (see Document # [REDACTED]), a letter attesting to the fact that none of your children are working (see Document # [REDACTED]), and a letter from your oldest child's employer, dated February 22, 2016, stating that he is no longer employed (see Document # [REDACTED]).

On March 4, 2016, NYSOH issued a notice stating that, although you have submitted the requested documentation, it appears to be insufficient to resolve the inconsistency and that additional proof of your family's income was needed to confirm your family's eligibility and/or make an eligibility determination.

On March 8, 2016, you uploaded your paystub, dated February 19, 2016, with an attestation that you only received two paystubs because you just started working

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(see Document # [REDACTED]), your paystub, dated February 26, 2016 (see Document # [REDACTED]), the first page of your Official Record of Unemployment Benefit Payment History (see Document # [REDACTED]), and a letter, dated February 22, 2016, from your oldest child's employer stating that he is no longer employed (see Document # [REDACTED]).

Also on March 8, 2016, you faxed to NYSOH the same information you sent on February 22, 2016 (see Documents # [REDACTED] and [REDACTED]), along with an additional letter attesting to the fact that none of your children are working (see Document # [REDACTED]) and the letter, dated February 22, 2016, from your oldest child's employer stating that he is no longer employed (see Document # [REDACTED]).

On March 9, 2016, NYSOH issued a notice stating more information was needed to make a determination on your family's eligibility. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit additional income documentation for your household by March 24, 2016.

On March 16, 2016, NYSOH issued a notice stating that, although you had submitted the requested documentation, it appeared to be insufficient to resolve the inconsistency and that additional proof of your income was needed to confirm your family's eligibility and/or make an eligibility determination.

On March 24, 2016, NYSOH issued a notice stating more information was needed to make a determination on your family's eligibility. The notice explained 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 April 8, 2016.

Also on March 24, 2016, you uploaded the same Official Record of Unemployment Benefit Payment History (see Document # [REDACTED]) that you uploaded on March 8, 2016, and your oldest child's Social Security Benefit Statement and cover page (see Documents # [REDACTED] and [REDACTED]).

On March 28, 2016, NYSOH issued a notice stating that, although you had submitted the requested documentation, it appeared to be insufficient to resolve the inconsistency and that proof of your family's income was needed to confirm your family's eligibility and/or make an eligibility determination.

On April 14, 2016, NYSOH issued a notice stating more information was needed to make a determination on your family's eligibility. The notice explained 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 April 29, 2016.

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On April 29, 2016, NYSOH issued a notice stating more information was needed to make a determination on your family's eligibility. The notice explained 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 May 14, 2016.

On May 17, 2016, NYSOH issued a notice stating more information was needed to make a determination on your family's eligibility. The notice explained 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 June 1, 2016.

Also on May 17, 2016, NYSOH verified your proof of income documentation and a new application was submitted on your behalf. That day you selected a Medicaid Managed Care plan for your family.

Also on May 17, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin October 1, 2015, your middle child's Child Health Plus to be reinstated effective December 1, 2015, and your other two children's Medicaid Managed Care plan to be effective March 1, 2016.

On May 18, 2016, NYSOH issued an eligibility determination that stated your family and you were eligible for Medicaid, effective May 1, 2016.

Also on May 18, an enrollment confirmation notice was issued confirming your family's selection of a Medicaid Managed Care plan on May 17, 2016, with an enrollment start date of July 1, 2016.

On November 14, 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 and your testimony, you are appealing your middle child's disenrollment from Child Health Plus, effective November 30, 2015, your oldest and youngest children's disenrollment from Child Health Plus, effective February 29, 2016, and the start date of your family's Medicaid Managed Care plan.

- 2) According to your NYSOH account, NYSOH received your family's application for financial assistance on July 15, 2015. On that day, all the members of your family were determined fully eligible for financial assistance, except for your middle child who was determined conditionally eligible for Child Health Plus pending submission of proof of citizenship status and Social Security number.
- 3) According to your NYSOH account, you did not select a health plan for yourself at that time.
- 4) You testified that you had employer-sponsored health insurance, which terminated on September 30, 2015.
- 5) On July 17, 2015, you submitted to NYSOH your middle child's birth certificate and Social Security card for verification purposes, as requested.
- 6) According to notes in your NYSOH account, your middle child's Social Security card was illegible and deemed invalid.
- 7) On November 2, 2015, the system reran your entire family's eligibility and disenrolled your middle child as of November 30, 2015, for failure to submit proof of her Social Security number.
- 8) According to your NYSOH account, the eligibility of your other children and yourself remained the same.
- 9) According to your NYSOH account, on November 2, 2015, you still had not selected a health plan for yourself.
- 10) According to your NYSOH account, you updated your application for health insurance on January 14, 2016 to include your middle child on the account, report a life changing event, and change your income information. No action was taken by NYSOH on your account at that time.
- 11) On February 4, 2016, a full application was submitted, but the income you reported did not match with state and federal data sources so your eligibility was put in pending status and you were required to submit proof of income.
- 12) According to your NYSOH account, your oldest and youngest children were terminated from Child Health Plus, effective February 29, 2016.
- 13) You testified that you uploaded and faxed all of your income documentation timely and that the documentation was properly labelled. You further testified you did not know why NYSOH kept disputing your documentation.

- 14) According to your NYSOH account, on February 22, 2016, you faxed your middle child's Social Security card (see Document # [REDACTED]) and birth certificate (see Document # [REDACTED]) for a second time. You also faxed a billing statement from your children's health plan (see Document # [REDACTED]), your paystub, dated February 19, 2016 (see Document # [REDACTED]), a letter attesting to the fact that none of your children were working (see Document # [REDACTED]), and a letter from your oldest child's employer, dated February 22, 2016, stating that he is no longer employed (see Document # [REDACTED]). On March 4, 2016, NYSOH invalidated that documentation.
- 15) According to your NYSOH account, you updated your application for health insurance on March 8, 2016 and requested retroactive Medicaid for yourself and your two younger children. You did not request retroactive Medicaid for your oldest child.
- 16) According to your NYSOH account, you also submitted the same income proof on March 8, 2016, that you had submitted on February 22, 2016. On March 16, 2016, NYSOH invalidated that documentation.
- 17) According to your NYSOH account, you filed your 2015 federal income tax return as Head of Household with three dependents. You testified that you expect to file your 2016 federal income tax return using the same tax filing status and will claim your three children as dependents on that tax return.
- 18) You testified that you were unemployed from October 2015 to June 2016.
- 19) According to your NYSOH account, on March 24, 2016, you submitted the same information along with your oldest child's Social Security Benefit Statement and cover page (see Documents # [REDACTED] and [REDACTED]). On March 28, 2016, NYSOH invalidated that documentation.
- 20) On April 14, 2016, April 29, 2016, and May 17, 2016, NYSOH issued notices that stated more proof of income information was needed to make a determination on your family's eligibility.
- 21) According to your NYSOH account, your proof of income documentation, which was submitted on March 24, 2016, was verified on May 17, 2016.
- 22) The record reflects that you selected a Medicaid Managed Care plan on May 17, 2016.
- 23) You testified that you had high medical bills as a result of your family's gaps in medical coverage. You further testified that your children are

unable to visit their doctors because the doctors are refusing care until the medical bills are paid.

- 24) You testified you were given no reason as to why your income documents were being invalidated each time you submitted them. You testified that you did not know what additional items were needed and that was not explained to you.
- 25) You testified that you want your Medicaid Managed Care plan to begin on October 1, 2015 because that is when you lost your employment and you feel you should have been covered since then.
- 26) You testified that you want your middle child's Child Health Plus reinstated as of December 1, 2015 because you supplied the proof of citizenship and Social Security number to NYSOH in July 2015 and she should have never been disenrolled.
- 27) You testified that you want your entire family's Medicaid Managed Care backdated to March 1, 2016 because you submitted a complete application with full proof of income in February 2016, and would have selected a plan then had your documentation been timely verified.
- 28) At all times relevant, your three children were between the ages of one and nineteen, resided with you in Niagara County, New York, and did not have health insurance coverage

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

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

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(N.Y. Pub. Health Law. § 2511(2)(a)-(e)).

As a condition of eligibility for Child Health Plus, an individual, including children, must furnish their Social Security Number and evidence of their citizenship or status as a qualified immigrant or PRUCOL alien to NY State of Health for verification purposes (42 CFR § 435.910(a) and (b)(3); 42 CFR § 457.340(b); 18 NYCRR § 360-3.2(j)(2) and (3); see *generally* 18 NYCRR § 360-3.2(j)).

NYSOH must require an applicant who has a Social Security Number to provide the number but does not require an applicant's Social Security Number as a condition of enrollment for Child Health Plus if the applicant is not eligible to receive one or his or her number is not yet available (42 CFR § 457.340(b), 42 CFR § 435.910(h)(1); Model State Children's Health Insurance Program Plan, Section 4.1.9).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NY State of Health must then provide the applicant with 90 days to provide satisfactory documentary evidence. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5 day period (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)).

The State of New York has provided that a child's period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

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 §

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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 Adults between the Ages of 19 and 65

Medicaid through NYSOH can be provided to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

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 and the 2016 FPL, which is \$24,250.00 in 2015 and \$ 24,300.00 in 2016 for a four-person household (80 Federal Regulation (Fed. Reg.) 3236, 3237 and 81 Fed. Reg. 4036).

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)).

Medicaid for Children

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

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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).

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 and the 2016 FPL, which was \$24,250.00 in 2015 and \$ 24,300.00 in 2016 for a four-person household (80 Fed. Reg. 3236, 3237 and 81 Fed. Reg. 4036).

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). Family size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

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)).

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 Medicaid 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

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submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that 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).

Legal Analysis

The first issue under review is whether NY State of Health properly determined that your middle child's eligibility for and enrollment in Child Health Plus terminated effective November 30, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, their Social Security number and citizenship status.

If NYSOH cannot verify an individual's citizenship status or Social Security number, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency.

The record indicates that your middle child was added to your NYSOH account on July 15, 2015. The application that was submitted that day indicates that she was a U.S Citizen and she did have a Social Security number. NYSOH should have been able to verify this information electronically with the Social Security Administration, but for an unknown reason, they could not.

In the eligibility determination issued on July 16, 2016 you were advised that your middle child's eligibility for Child Health Plus was conditional, and that you needed to confirm her Social Security number and citizenship status before October 13, 2015.

According to your NYSOH account, you uploaded a copy of your middle child's birth certificate and Social Security card on July 17, 2015, well before the October 13, 2015 deadline. Although both of these documents were legible in your NYSOH account as of the date they were uploaded, NYSOH invalidated that documentation on July 23, 2015 for being illegible.

On November 4, 2015, NYSOH issued a disenrollment notice stating that your middle child's coverage in her Child Health Plus plan would end effective November 30, 2015, because she was no longer eligible to enroll in health insurance through NYSOH. According to the eligibility determination issued on

November 3, 2016, this was because NYSOH did not receive documentation of her citizenship status and Social Security number.

Since the credible evidence of the record indicates that you timely provided the required documentation for your middle child, her eligibility for and enrollment in her Child Health Plus plan should not have been terminated by NYSOH on November 30, 2015. Therefore, the November 3, 2015 eligibility determination and November 4, 2015 disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your middle child's Child Health Plus plan without condition from December 1, 2015 through March 1, 2016, when she became Medicaid eligible as is discussed in detail below.

The second issue is whether NY State of Health properly determined that your family's Medicaid coverage began on May 1, 2016 and Medicaid Managed Care plan began July 1, 2016.

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.

You updated your NYSOH account application and applied for financial assistance on February 4, 2016. Since the income amount that was entered into this application did not match federal and state data sources, NYSOH requested that you submit additional documentation to confirm your income.

On February 22, 2016, you faxed your paystub dated February 19, 2016 (Document # [REDACTED]), a letter attesting to the fact that none of your children are working (Document # [REDACTED]), and a letter from your oldest child's employer dated February 22, 2016, stating that he is no longer employed (Document # [REDACTED]). That proof of income was invalidated as insufficient on March 4, 2016.

On March 8, 2016, you uploaded two paystubs dated February 19, 2016 and February 26, 2016 with an attestation that you only received two paystubs because you just started working (Document # [REDACTED] and # [REDACTED]), the first page of your Official Record of Unemployment Benefit Payment History (Document # [REDACTED]), and a letter dated February 22, 2016 from your oldest child's employer stating that he is no longer employed (Document # [REDACTED]). You faxed the same information you sent on February 22, 2016 ((Documents # [REDACTED] and [REDACTED]), along with a new letter attesting to the fact that none of your children are working

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(Document # [REDACTED]). That proof of income was invalidated as insufficient on March 9, 2016.

On March 24, 2016, you uploaded the same Official Record of Unemployment Benefit Payment History (Document # [REDACTED]) that you uploaded on March 8, 2016 and your oldest child's Social Security Benefit Statement and cover page (Documents # [REDACTED] and [REDACTED]). That proof of income was invalidated as insufficient on March 28, 2016.

On April 14, 2016, April 29, 2016 and May 17, 2016, NYSOH issued notices that more information was needed to make a determination on your family's eligibility.

You were asked to submit additional income documentation for your household by April 29, 2016, May 14, 2016 and June 1, 2016, respectively.

On May 17, 2016, NYSOH validated the proof of income documentation that was submitted on March 24, 2016. Therefore, your application should have been considered complete as of March 24, 2016 for purposes of determining your family's eligibility for financial assistance.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days 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.

NYSOH issued an enrollment confirmation notice on May 18, 2016 that stated you were eligible for Medicaid Managed Care effective July 1, 2016. Since NYSOH issued an eligibility determination 56 days from the date your application was considered complete, the May 18, 2016 enrollment confirmation notice was untimely.

The record reflects that you contacted NYSOH on May 17, 2016 and enrolled into a Medicaid Managed Care plan.

The date on which Medicaid Fee-For-Service takes effect is the first of the month your family is found eligible for Medicaid. 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 NYSOH did not validate your proof of income documentation until May 17, 2016, your family was not found eligible for Medicaid sooner nor were you able to enroll in a Medicaid Managed Care plan until May 17, 2016. As a result, your

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Medicaid Fee-For-Service coverage took effect on May 1, 2016 and your Medicaid Managed Care plan took place on the first day of the second following the month of May 2016; which is July 1, 2016.

However, it is reasonable to conclude that, since you provided the same income information on March 24, 2016 that was validated on May 18, 2016, NYSOH would have been able to validate your income information before the end of March 2016.

Had NYSOH validated your proof of income documentation in a timely manner, your family would have been found eligible for Medicaid in March 2016, which would have resulted in your family's Medicaid Fee-For-Service being effective on March 1, 2016 and your Medicaid Managed Care plan would properly take effect on the first day of the second month following the month of March 2016; that is, on May 1, 2016.

Therefore, the May 18, 2016 eligibility determination stating that your family's enrollment in Medicaid is effective May 1, 2016, must be MODIFIED to state that your family is enrolled in Medicaid, effective March 1, 2016.

Additionally, the May 18, 2016 enrollment confirmation notice stating that your family's enrollment in your Medicaid Managed Care plan would be effective July 1, 2016, must be MODIFIED to state that your family is enrolled in a Medicaid Managed Care Plan, effective May 1, 2016.

Your case is being RETURNED to NYSOH to ensure that your family is enrolled in Medicaid, effective March 1, 2016 and that your family is enrolled in your Medicaid Managed Care plan, effective May 1, 2016.

The third issue is whether NY State of Health properly determined that your oldest and youngest children's eligibility for and enrollment in Child Health Plus terminated effective February 29, 2016.

In order for your children to be eligible for Child Health Plus in the month of March 2016, they must not be eligible for, or enrolled in, Medicaid.

Since your children should have been properly found eligible for Medicaid effective March 1, 2016, and the May 18, 2016 eligibility determination and enrollment confirmation notices are being MODIFIED to implement this change to ensure that you and your children are covered for the month of March 2016 through Medicaid, your children are not eligible for Child Health Plus in March 2016.

Therefore, the February 5, 2016 disenrollment notice is AFFIRMED.

The fourth and final issue is whether NY State of Health properly determined that you and your children were ineligible for Retroactive Medicaid coverage for December 2015, January 2016 and February 2016.

Since your middle child should not have been terminated from Child Health Plus coverage on November 30, 2016 and your two other children should have had continuous Child Health Plus coverage from August 1, 2015 until February 29, 2016, the issue of your children's' retroactive Medicaid coverage for the months of December 2015, January 2016 and February 2016 is rendered moot and will not be addressed.

Thus the remaining portion of this issue is whether NYSOH properly determined that you were not eligible for Retroactive Medicaid for the months of December 2015, January 2016 and February 2016.

You are in a four-person household for purposes of this analysis. This is because you file your taxes with a tax filing status of Head of Household and claim 3 dependents on your tax return.

You were initially found eligible for Medicaid in the May 18, 2016 eligibility determination notice. According to this notice, your coverage with Medicaid began May 1, 2016.

You testified that you are seeking to have your Medicaid coverage retroactively applied for the months of October 2015, November 2015, December 2015, January 2016, February 2016, and April 2016.

According to your NYSOH account, although you applied on February 4, 2016 for health insurance, you did not request retroactive Medicaid benefits until you updated your account on March 8, 2016 and your application was not completed until you submitted valid income documentation on March 24, 2016.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied. Since you did not apply for, nor were you eligible for Medicaid benefits prior to March 2016, you would only be eligible for Retroactive Medicaid benefits for three months prior to March 2016, which would be the months of December 2015, January 2016 and February 2016.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in December 2015, January 2016 and February 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$2,788.75 per month for December 2015

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and \$2,794.50 for the months of January 2016 and February 2016. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during those months.

You testified that you were unemployed from October 2015 to June 2016. However, you uploaded and faxed paystubs from the month of February 2016. Although your testimony conflicts with the credible evidence of the record, it does not mean that you were ineligible for Medicaid for those months. Due to the fact that there is insufficient information in the record to determine if you would be eligible for retroactive Medicaid for December 2015, January 2016 and February 2016, your case is RETURNED to NYSOH to consider your request for retroactive coverage for those months based on a household size of four people. You may be required to supply NYSOH additional income documentation to prove eligibility for each of these months.

Decision

In order to properly align NYSOH with this decision, the following changes must occur:

The November 3, 2016 eligibility determination and November 4, 2016 disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your middle child into her Child Health Plus plan for the months of December 2015, January 2016, and February 2016.

The May 18, 2016 eligibility determination was untimely and is MODIFIED to state that your family's Medicaid is effective March 1, 2016.

Your case is being RETURNED to NYSOH to ensure that your family is enrolled in Medicaid Fee-For-Service, effective March 1, 2016.

The May 18, 2016 enrollment confirmation notice is MODIFIED to state that your family's enrollment in their Medicaid Managed Care plan is effective May 1, 2016.

Your case is being RETURNED to NYSOH to ensure that your family is enrolled in your Medicaid Managed Care plan, effective May 1, 2016.

The February 5, 2016 disenrollment notice stating that your oldest and youngest children's Child Health Plus coverage would end on February 29, 2016 is AFFIRMED.

Your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for yourself in the months of December 2015, January 2016

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and February 2016 based on a household size of four people. You will need to provide NYSOH proof of income for each of those months.

Effective Date of this Decision: date
How this Decision Affects Your Eligibility

Your middle child should not have been terminated from her Child Health Plus plan in November 2015 for failure to submit proof of her citizenship status and Social Security number.

Your case is being sent back to NYSOH to reinstate your middle child into her Child Health Plus for the months of December 2015, January 2016 and February 2016.

Your family's eligibility for Medicaid was effective March 1, 2016.

Your family's enrollment in your Medicaid Managed Care plan is effective May 1, 2016.

Your case is being returned to NYSOH to effectuate your family's enrollment in Medicaid Fee-For-Service as of March 1, 2016 and Medicaid Managed Care plan you selected as of May 1, 2016. NYSOH will notify you once this has been completed.

This is not a final determination of your eligibility for retroactive Medicaid. Your case is sent back to NYSOH to redetermine your eligibility for retroactive Medicaid for the months of December 2015, January 2016 and February 2016. You will need to provide proof of income documentation for each of those months.

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

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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

In order to properly align NYSOH with this decision, the following changes must occur:

The November 3, 2016 eligibility determination and November 4, 2016 disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your middle child into her Child Health Plus plan for the months of December 2015, January 2016, and February 2016.

The May 18, 2016 eligibility determination was untimely and is **MODIFIED** to state that your family's Medicaid is effective March 1, 2016.

Your case is being **RETURNED** to NYSOH to ensure that your family is enrolled in Medicaid Fee-For-Service, effective March 1, 2016.

The May 18, 2016 enrollment confirmation notice is **MODIFIED** to state that your family's enrollment in their Medicaid Managed Care plan is effective May 1, 2016.

Your case is being **RETURNED** to NYSOH to ensure that your family is enrolled in your Medicaid Managed Care plan, effective May 1, 2016.

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).

The February 5, 2016 disenrollment notice stating that your oldest and youngest children's Child Health Plus coverage would end on February 29, 2016 is AFFIRMED.

Your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for yourself in the months of December 2015, January 2016 and February 2016 based on a household size of four people. You will need to provide NYSOH proof of income for each of those months.

Your middle child should not have been terminated from her Child Health Plus plan in November 2015 for failure to submit proof of her citizenship status and Social Security number.

Your case is being sent back to NYSOH to reinstate your middle child into her Child Health Plus for the months of December 2015, January 2016 and February 2016.

Your family's eligibility for Medicaid was effective March 1, 2016.

Your family's enrollment in your Medicaid Managed Care plan is effective May 1, 2016.

Your case is being returned to NYSOH to effectuate your family's enrollment in Medicaid Fee-For-Service as of March 1, 2016 and Medicaid Managed Care plan you selected as of May 1, 2016. NYSOH will notify you once this has been completed.

This is not a final determination of your eligibility for retroactive Medicaid. Your case is sent back to NYSOH to redetermine your eligibility for retroactive Medicaid for the months of December 2015, January 2016 and February 2016. You will need to provide proof of income documentation for each of those months.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

