



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

Notice of Decision

Decision Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013180

[REDACTED]

Dear [REDACTED]

On February 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 21, 2016 eligibility determination, August 3, 2016 enrollment confirmation and August 10, 2016 cancellation notices, and NYSOH's failure to provide a timely notice of your household's eligibility determination as of November 9, 2016.

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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Decision Date: May 9, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000013180

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse were not eligible for Medicaid coverage, effective July 1, 2016?

Did NYSOH properly determine that your newborns were eligible for Medicaid Managed Care coverage, effective September 1, 2016?

Did NYSOH provide you proper and adequate notice that your family's eligibility for and enrollment in health insurance terminated as of September 1, 2016?

Procedural History

On August 13, 2015, NYSOH issued an eligibility determination notice stating that your only child at that time was eligible to enroll in Child Health Plus (CHP), effective September 1, 2015.

On July 3, 2015, NYSOH issued a notice that it was time to renew that child's health insurance for 2016. The notice stated that NYSOH could not enroll your child in his current health plan and that you needed to update the information in your account between July 16, 2016 and August 15, 2016 so his eligibility could be redetermined and you could pick a plan for him.

On July 12, 2016, you updated your application for health insurance and added your newborn [REDACTED] to your application.

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On July 13, 2016, NYSOH issued a notice stating that more information was needed to confirm your family's eligibility for health insurance. That notice also stated that you needed to submit proof of income to confirm your family's eligibility by July 27, 2016.

On July 21, 2016, you submitted proof of income for your household, including your letter of termination of employment and your spouse's four consecutive paystubs (see Documents [REDACTED])

On July 22, 2016, NYSOH issued an eligibility redetermination notice stating that you and your spouse were eligible to enroll in the Essential Plan with a premium of \$20.00 per month and your oldest child was eligible for CHP, effective September 1, 2016.

Also on July 22, 2016, NYSOH issued a notice, based on your July 21, 2016 updated application, stating that more information was needed to confirm your newborn [REDACTED] eligibility for health insurance. That notice also stated that you needed to submit proof of income to confirm their eligibility by July 27, 2016.

On July 28, 2016, NYSOH validated the income documents you submitted on July 21, 2016.

On July 29, 2016, NYSOH issued an eligibility redetermination notice stating that your oldest child was eligible for CHP, effective September 1, 2016, and your newborns were conditionally eligible for Medicaid effective July 1, 2016. The notice also stated that you needed to submit proof of citizenship status and Social Security numbers to confirm your newborns' eligibilities by October 10, 2016.

Also on July 29, 2016, NYSOH issued an eligibility determination notice, based on your July 21, 2016 application, stating that you were not eligible for retroactive Medicaid from June 1, 2016 through June 30, 2016. This was because the program you were found eligible for cannot pay for any care you received in the past. The notice made no mention of your request for retroactive Medicaid coverage for your spouse.

On August 3, 2016, NYSOH issued an enrollment confirmation notice, based on your August 2, 2016 updated application, stating that you and your spouse were eligible to enroll in the Essential Plan with a premium of \$20.00 per month, your oldest child was enrolled in a CHP plan with no monthly premium, and your newborns were enrolled in a Medicaid Managed Care (MMC) plan, all effective September 1, 2016.

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On August 9, 2016, the system reran your children's eligibility and NYSOH determined that a defect occurred (Defect: [REDACTED]).

On August 10, 2016, NYSOH issued a notice, based on the August 9, 2016 system update, stating that more information was needed to confirm your family's eligibility for health insurance. That notice also stated that you needed to submit proof of income to confirm your family's eligibility by August 24, 2016.

Also on August 10, 2016, NYSOH issued a cancellation notice, stating that your family's coverages in their respective health plans would end effective September 1, 2016.

On September 5, 2016, NYSOH issued an eligibility redetermination notice, based on a September 4, 2016 system update, stating that your children were conditionally eligible to purchase a qualified health plan at full cost, effective October 1, 2016. The notice also stated that you needed to submit proof of citizenship status and Social Security numbers to confirm your newborns' eligibilities by October 10, 2016.

On September 7, 2016, you added your newborns' social security numbers to your application for health insurance.

On September 8, 2016, NYSOH issued a notice, based on the September 7, 2016 updated application, stating that more information was needed to confirm your children's eligibility for health insurance. That notice also stated that you needed to submit proof of income to confirm your children's eligibility by September 22, 2016.

On October 10, 2016, NYSOH issued an eligibility redetermination notice, based on an October 6, 2016 system update, stating that your children were eligible for qualified health plan at full cost, effective November 1, 2016.

On October 22, 2016, November 1, 2016 and November 2, 2016, NYSOH issued three notices, based on your October 21, 2016, October 31, 2016 and November 1, 2016 updated applications, stating that more information was needed to confirm your family's eligibility for health insurance. According to the last notice, you needed to submit proof of income by January 30, 2017.

On November 1, 2016 and November 2, 2016, NYSOH issued two eligibility determination notices stating that your oldest child was eligible for CHP for a limited time, effective December 1, 2016. These notices also stated that you must provide proof of income by December 30, 2016 to confirm his eligibility.

On November 9, 2016, NYSOH prepared a preliminary eligibility redetermination, based on your updated application of that day, stating that more information was needed to confirm your children's eligibilities.

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Also on November 9, 2016, you spoke to NYSOH's Account Review Unit and appealed that preliminary redetermination insofar as your children were not yet enrolled in CHP or MMC plans.

Also on November 9, 2016, you uploaded a letter from your spouse's former employer indicating that your spouse resigned his position with his former employer on November 8, 2016.

On November 10, 2016, NYSOH issued a notice, based on your November 9, 2016 updated application, stating that more information was needed to confirm your children's eligibility for health insurance. That notice also stated that you needed to submit proof of income to confirm your children's eligibility by November 24, 2016.

On November 17, 2016, NYSOH issued an enrollment confirmation notice, based on your November 16, 2016 plan selection, stating that your oldest child was enrolled in a CHP plan, effective December 1, 2016 and your newborns were enrolled in an MMC plan effective December 1, 2016.

On February 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open until March 1, 2017 to allow you to submit supporting documents.

On February 28, 2017, you submitted proof of termination of third party health insurance, indicating that you lost your third-party health insurance, effective June 30, 2016. This document was added to the record and marked "Appellant's Exhibit A." Since no further information was required the record was closed the same day.

Findings of Fact

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

- 1) On July 12, 2016, you updated your family's application for health insurance and added your newborns to your application for financial assistance, who were born on [REDACTED]. On that day, NYSOH determined that more information was needed to confirm your family's eligibility for health insurance. Your application was put in pending status for submission of proof of your household's income.
- 2) On July 21, 2016, you submitted proof of income for your household, including a letter from your employer stating that you were no longer employed as of June 16, 2016 and four current consecutive paystubs from your spouse, dated June 25, 2016 through July 15, 2016 (see

Documents # [REDACTED]). This proof of income was verified by NYSOH on July 28, 2016.

- 3) According to your NYSOH account, you updated your account on July 21, 2016, and requested help paying for medical bills you incurred in the three previous months; specifically, for the [REDACTED] of your newborn children. You were found ineligible for Medicaid because the program you were found eligible for cannot pay for any care you received in the past.
- 4) According to an eMedNY report dated March 30, 2017, your newborns were covered with full Medicaid Fee-For Service from July 1, 2016 through August 31, 2016.
- 5) On August 2, 2016, you updated your family's application for health insurance and enrolled them in their respective plans, effective September 1, 2016.
- 6) You testified that you attempted to select a new health plan on August 8, 2016, you and your family were cancelled from your respective health plans, and you were unable to enroll your family members in new plans.
- 7) According to your NYSOH account and your testimony, you tried numerous times to enroll your family into health plans thereafter but were unable to do so. NYSOH kept requesting that you submit further proof of income.
- 8) You testified, and submitted documentation showing, that you and your spouse had medical insurance through your employer until June 16, 2016 (see Appellant's Exhibit A).
- 9) According to your NYSOH account, the system updated your application on August 17, 2016 and you were able to select an MMC plan on that day. You selected a plan on that day and your enrollment was effective October 1, 2016.
- 10) You testified that you want your newborns' MMC plan to begin on September 1, 2016 because you have bills from their doctor's that are not covered by Medicaid Fee-For-Service.
- 11) You testified that you want your and your spouse's Medicaid coverage to start effective July 1, 2016 because you have many medical bills that were not covered and that you are worried about tax implications for not being covered those months.

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

Applicable Law and Regulations

De Novo Review

NYSOH's 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).

Household Composition

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid for Pregnant Women

Medicaid can be provided through the Marketplace 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 FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) for the applicable family size (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

"Family size" means the number of persons counted as members of an individual's household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

For purposes of Medicaid eligibility, the family size of a pregnant woman includes the pregnant woman and the number of children she expects to deliver (42 CFR

§ 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

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 2016 applications under review, that was the 2015 FPL, which is \$28,410.00 for a five-person household (80 Fed. Reg. 3236, 3237).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

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 2016 FPL, which is \$28,440.00 for a one-person household (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)).

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).

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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 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).

Medicaid Effective Dates

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)).
) (c); 18 NYCRR § 360-10.3(h)).

Child Health Plus Effective Date - General

Child Health Plus is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

The State of New York has provided that a child's period of eligibility for CHP begins on the first day of the month during which a child is eligible. A child will

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become eligible on the first day of the next month of 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 subsequent month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

Your and Your Spouse's Eligibility for Retroactive Medicaid Coverage

The first issue under review is whether NYSOH properly determined that you and your spouse were not eligible for retroactive Medicaid coverage as of July 1, 2016.

The record reflects that you updated your account and applied for Medicaid for your family on July 12, 2016. On July 29, 2016, NYSOH issued an eligibility determination notice stating that you were denied retroactive Medicaid for the month of June 2016. Your spouse was included in that application and listed as needing health insurance. According to your NYSOH account and your testimony, you called on numerous occasions trying to rectify the situation and to have coverage backdated for you and your spouse, effective July 1, 2016.

Although the record contains a July 29, 2016 eligibility determination notice on the issue of retroactive Medicaid eligibility for June 2016, it is silent as to your request for Medicaid to cover your hospital bills for [REDACTED] of your newborn [REDACTED] in July 2016. It is also silent as to your spouse's request for Medicaid coverage effective July 1, 2016. The record does contain evidence of numerous updates and phone calls to NYSOH in which you request to backdate your family's coverage to July 1, 2016. You provided credible testimony to this effect, as well. There is also a November 10, 2016 appeal request which identifies you and your spouse as the appellants and the issue on appeal as "Failure of the Exchange to provide timely notice of eligibility determination."

Here, the lack of a notice of eligibility determination on the issue of Medicaid for you and your spouse does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are as entitled to appeal NYSOH failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination. The text of the November 10, 2016 notice acknowledges the appeal on the issue of your timely notice of eligibility and the record as developed on this issue demonstrate you made numerous phone calls made to NYSOH to rectify the situation, in which you stated you wanted you and your spouse's coverage backdated to July 1, 2016. In addition, your application dated July 12, 2016 indicates you requested help with paying medical bills from the three months

prior. The totality of this evidence permits an inference that the NYSOH did deny your request for Medicaid for you and your spouse in the month of July 2016.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to an eligibility determination had it been issued. Therefore, the issue under review remains as whether you and your spouse were properly denied Medicaid benefits, effective July 1, 2016.

On July 12, 2016, the application you submitted listed an income of \$33,344.00 per year, which includes your employment income of \$13,244.00 and your spouse's employment income of \$20,100.00.

Generally, when individuals' income cannot be verified by state and federal data sources to determine eligibility, NYSOH must attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence. If individuals are found eligible for Medicaid, their eligibility is effective the first day of the month in which they are found eligible. Because NYSOH could not verify your attested income on July 12, 2016, you were required to submit proof of income to confirm your family's eligibility.

In your case, on July 21, 2016, you submitted a request for retroactive Medicaid along with proof of income for your household, including a letter from your employer stating that you were no longer employed as of June 16, 2016 and four current consecutive paystubs from your spouse, dated June 25, 2016 through July 15, 2016 (see Documents # [REDACTED]). This proof of income was verified by NYSOH on July 28, 2016.

Once your income was verified, NYSOH was able to redetermine your and your spouse's eligibility for financial assistance. You and your spouse were found eligible for the Essential Plan, effective September 1, 2016, and you alone were found ineligible for retroactive Medicaid because "the program you were found eligible for cannot pay for any care you received in the past."

However, since you were pregnant in July 2016 and had pending Medicaid status, you and your spouse might have been eligible for Medicaid effective July 1, 2016, provided you met the nonfinancial and financial requirements. There is no indication in the record that you and your spouse would not have been eligible for Medicaid based on non-financial criteria during the month of July 2016. Therefore, the analysis turns to the financial requirements of Medicaid.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

According to your NYSOH account and your testimony, you expect to file your 2016 taxes with a tax filing status of married filing jointly and to claim three dependents on your tax return. In July 2016, you were pregnant with two

children. Generally, a pregnant woman and the number of children she is expected to deliver is included in determining household size for Medicaid eligibility. Since you were pregnant in July 2016 with two children, who are now two of the three dependents in your household, and you resided with your spouse, you are in a five-person household for purposes of this analysis.

To be eligible for Medicaid in July 2016, since you were pregnant that month, you would have needed to have an income no greater than 223% of the 2016 FPL, which is \$5,286.00 per month, or \$63,422.00 per year for a five-person household size.

Your spouse would have to meet the non-financial criteria and have an income no greater than 138% of the 2016 FPL, which is \$3,271.00 per month, or \$39,248.00 per year for a five-person household.

Although your July 12, 2016 application attests to an annual income of \$33,344.00, your NYSOH records reflect that you were working until June 16, 2016 and that your spouse had sporadic jobs throughout 2016. Further, your unemployment benefits received in 2016 were not included in the application at that time. Although NYSOH validated your income on July 28, 2016, your record was insufficient for NYSOH to decide your and your spouse's eligibility for Medicaid, effective July 1, 2016.

Therefore, you will need to supply further income documentation for your and your spouse's eligibility to be determined, including proof of your household's 2016 income; your executed 2016 income tax return with all schedules and 2016 W-2 wage statements and your 2016 unemployment statement. Also, include all proofs of income for the month of July 2016; including each paystub (income) you and your spouse **received** in July 2016, a letter from your employer indicating when your last paystub was issued to you and the payments you received in July 2016 along with your total year to date earnings, your online unemployment benefit history statement from July 1, 2016 through July 2016, and a letter indicating your spouse's last day of work and last pay date for [REDACTED]

If you provide sufficient documentation that NYSOH can verify and validate, then NYSOH is directed to REDETERMINE your and your spouse's eligibility, effective July 1, 2016, utilizing 223% of the 2016 FPL for you and 138% of the 2016 FPL or your spouse, and a household size of five people.

NYSOH is directed to assist you and your spouse in effectuating health insurance coverage after your and your spouse's eligibility has been redetermined, and to make the appropriate MODIFICATIONS, if any, effective July 1, 2016.

Newborns' Conditional Eligibility for Medicaid and MMC Plan Start Date

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The next issue under review is whether NYSOH properly determined your newborns were eligible to enroll in an MMC plan, effective September 1, 2016.

You updated your application for financial assistance and added your newborns to that application on July 12, 2016. For 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. The income amount that was entered did not match federal and state data sources and, therefore, NYSOH asked that you submit additional documentation to confirm your newborns' eligibilities.

On July 21, 2016, you submitted proof of income for your household, including a letter from your employer stating that you were no longer employed as of June 16, 2016 and four current consecutive paystubs from your spouse, dated June 25, 2016 through July 15, 2016 (see Documents # [REDACTED] and [REDACTED]). This proof of income was verified by NYSOH on July 28, 2016.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. An application is considered complete when NYSOH receives sufficient proof of your household income; which in your newborns' case was as of July 28, 2016. To assess whether an eligibility determination was untimely, NYSOH must base the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an enrollment confirmation notice on July 29, 2016 that stated your newborns were eligible for Medicaid Managed Care effective September 1, 2016. Since NYSOH issued an eligibility determination 8 days from the date your application was considered complete, the July 29, 2016 enrollment confirmation notice was timely.

The date on which Medicaid Fee-For Service takes effect is the first of the month your family is found eligible for Medicaid. In your newborns' case, they were found conditionally eligible for Medicaid Fee-For-Service, effective July 1, 2016. To be fully eligible for Medicaid Fee-For-Service as of July 1, 2016, so that the costs associated to their delivery might be covered, NYSOH required proof of the newborns' citizenship status and valid Social Security numbers. Since this information was provided on September 7, 2016, their eligibility for full Medicaid should have been determined.

According to an eMedNY report dated March 30, 2017, your newborns were covered with full Medicaid Fee-For Service from July 1, 2016 through August 31, 2016. However, none of the notices issued by NYSOH reflect that this is the case. Therefore, your case is returned to NYSOH to MODIFY the July 29, 2016 eligibility determination notice in relevant part to remove the condition on their

Medicaid eligibility and find them fully eligible for Medicaid with coverage under Medicaid Fee-For-Service as of July 1, 2016.

As to the newborns' effective start date of their MMC plan, the date on which an MMC 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.

The record reflects that you contacted NYSOH on August 2, 2016 and enrolled your newborns into an MMC plan, so it properly took effect on the first day of the month following August 2016; that is, on September 1, 2016.

Therefore, the August 3, 2016 enrollment confirmation notice stating that your newborns' enrollment in their MMC plan is effective September 1, 2016, was correct and must be AFFIRMED in relevant part.

Proper and Adequate Notice of Termination

The final issue under review is whether NYSOH provided you proper and adequate notice that your family's eligibility for and enrollment in health insurance terminated as of September 1, 2016.

On July 12, 2016, you updated your family's application for health insurance and added your newborns to your application. Based on the information provided in that application, NYSOH needed proof of income to confirm your family's eligibility for health insurance. You needed to submit proof of income to confirm your eligibilities by July 27, 2016.

As already established, on July 21, 2016, you submitted proof of income for your household, which was subsequently validated on July 28, 2016 (see Documents # [REDACTED]).

On July 22, 2016, NYSOH issued an eligibility determination notice, based on your July 21, 2016 updated application, stating that your family was eligible for health insurance, effective September 1, 2016.

On August 9, 2016, you updated your family's application for health insurance and attempted to change health plans. After you updated application for health insurance, the system reran your children's eligibility resulting in a defect (Defect: [REDACTED]) and on August 10, 2016, your family's coverage in their respective health plans was cancelled effective September 1, 2016. According to your NYSOH account, this defect went unresolved until October 21, 2016, when you were able to reenroll in coverage.

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The record indicates that on November 16, 2016, you updated your NYSOH account and submitted an updated application for your family.

Generally, when changes are made to an individual's application after the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next following month. This resulted in your family's effective date of coverage beginning December 1, 2016.

However, since your family's coverage was cancelled due to a defect on August 10, 2016, your family should not have been terminated from their respective health plans, effective September 1, 2016. Therefore, the August 10, 2016 cancellation notice is RESCINDED.

Your case is being RETURNED to NYSOH to REINSTATE your family into their respective health plans, effective September 1, 2016 through October 31, 2016.

This decision does not affect any subsequent eligibility determination notices or enrollment confirmation notice issued by NYSOH relative to your family members' current eligibilities and enrollments as of November 1, 2016.

Decision

If you provide sufficient income documentation for the month of July 2016 that NYSOH can verify and validate, then NYSOH is directed to REDETERMINE your and your spouse's eligibility for retroactive Medicaid, effective July 1, 2016, utilizing 223% of the 2016 FPL for you and 138% of the 2016 FPL for your spouse, and a household of five people.

This is not a final determination of your and your spouse's eligibility for retroactive Medicaid for the month of July 2016. You will need to supply further income documentation as stated in this Decisions for your and your spouse's eligibility to be determined.

NYSOH is directed to assist you and your spouse in enrolling you in your appropriate health plans after your and your spouse's eligibility has been redetermined, and to make the appropriate MODIFICATIONS, if any, effective July 1, 2016.

The July 29, 2016 eligibility determination notice is MODIFIED in relevant part to remove the condition on your newborns' Medicaid eligibility and to state that they are fully eligible for Medicaid with coverage under Medicaid Fee-For-Service as of July 1, 2016.

The August 3, 2016, enrollment confirmation notice is AFFIRMED, insofar as it reflects your newborns' Medicaid Managed Care plan is effective as of September 1, 2016.

The August 10, 2016 cancellation notice is RESCINDED.

Your case is being RETURNED to NYSOH to REINSTATE your family into their respective health plans, effective September 1, 2016 through October 31, 2016.

This decision does not affect any subsequent eligibility determination notices or enrollment confirmation notice issued by NYSOH relative to your family members' current eligibilities and enrollments as of November 1, 2016.

Effective Date of this Decision: May 9, 2017

How this Decision Affects Your Eligibility

This is not a final determination of your and your spouse's eligibility for retroactive Medicaid in the month of July 2016. You will need to supply further income documentation for your and your spouse's eligibility to be determined.

If sufficient documentation can be verified and validated, your case is being sent back to NYSOH to redetermine your and your spouse's eligibility effective July 1, 2016 and to notify you accordingly.

NYSOH is directed to assist you and your spouse in enrolling you in your appropriate health plans if your and your spouse's eligibility has been redetermined, and to make the appropriate MODIFICATIONS to your health insurance coverage, if any, effective July 1, 2016.

The effective date of newborns' full Medicaid coverage is July 1, 2016.

Your family should not have been disenrolled from their respective health plans as of September 1, 2016.

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

The effective date of your newborns' Medicaid Managed Care plan is September 1, 2016.

The effective date of your oldest child's Child Health Plus plan is September 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).

Your case is being sent back to NYSOH to reinstate your family into their respective health plans, effective September 1, 2016 through October 31, 2016. NYSOH will notify you once this has been done.

If applicable, you will be responsible to pay directly to your family's respective health plans the monthly premiums for September 2016 and October 2016.

This decision does not affect any subsequent eligibility determination notices or enrollment confirmation notice issued by NYSOH relative to your family members' current eligibilities and enrollments as of November 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

If you provide sufficient income documentation for the month of July 2016 that NYSOH can verify and validate, then NYSOH is directed to REDETERMINE your and your spouse's eligibility for retroactive Medicaid, effective July 1, 2016, utilizing 223% of the 2016 FPL for you and 138% of the 2016 FPL for your spouse, and a household of five people.

This is not a final determination of your and your spouse's eligibility for retroactive Medicaid for the month of July 2016. You will need to supply further income documentation as stated in this Decisions for your and your spouse's eligibility to be determined.

NYSOH is directed to assist you and your spouse in enrolling you in your appropriate health plans after your and your spouse's eligibility has been redetermined, and to make the appropriate MODIFICATIONS, if any, effective July 1, 2016.

The July 29, 2016 eligibility determination notice is MODIFIED in relevant part to remove the condition on your newborns' Medicaid eligibility and to state that they are fully eligible for Medicaid with coverage under Medicaid Fee-For-Service as of July 1, 2016.

The August 3, 2016, enrollment confirmation notice is AFFIRMED, insofar as it reflects your newborns' Medicaid Managed Care plan is effective as of September 1, 2016.

The August 10, 2016 cancellation notice is RESCINDED.

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).

Your case is being RETURNED to NYSOH to REINSTATE your family into their respective health plans, effective September 1, 2016 through October 31, 2016.

This decision does not affect any subsequent eligibility determination notices or enrollment confirmation notice issued by NYSOH relative to your family members' current eligibilities and enrollments as of November 1, 2016.

This is not a final determination of your and your spouse's eligibility for retroactive Medicaid in the month of July 2016. You will need to supply further income documentation for your and your spouse's eligibility to be determined.

If sufficient documentation can be verified and validated, your case is being sent back to NYSOH to redetermine your and your spouse's eligibility effective July 1, 2016 and to notify you accordingly.

NYSOH is directed to assist you and your spouse in enrolling you in your appropriate health plans if your and your spouse's eligibility has been redetermined, and to make the appropriate MODIFICATIONS to your health insurance coverage, if any, effective July 1, 2016.

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Your case is being sent back to NYSOH to reinstate your family into their respective health plans, effective September 1, 2016 through October 31, 2016. NYSOH will notify you once this has been done.

If applicable, you will be responsible to pay directly to your family's respective health plans the monthly premiums for September 2016 and October 2016.

This decision does not affect any subsequent eligibility determination notices or enrollment confirmation notice issued by NYSOH relative to your family members' current eligibilities and enrollments as of November 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어(Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية(Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

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).

বাংলা (Bengali)

এই নথি গুরুত্বপূর্ণ। আপনি এটি বুঝতে সাহায্যের জন্য 1-855-355-5777-এ কল করুন।
আপনার ভাষায় অনুবাদকারী প্রদান করা হবে।
এই নথি গুরুত্বপূর্ণ। আপনি এটি বুঝতে সাহায্যের জন্য 1-855-355-5777-এ কল করুন।
আপনার ভাষায় অনুবাদকারী প্রদান করা হবে।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bεtumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

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).

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.