



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

**Notice of Decision**

Decision Date: March 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013407

[REDACTED]

Dear [REDACTED]

On February 23, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health’s November 16, 2016 enrollment confirmation notice and November 17, 2016 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
 NY State of Health Appeals  
 P.O. Box 11729  
 Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

**Legal Authority**

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

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

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: March 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013407

[REDACTED]

## Issues

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

Did NY State of Health provide a timely determination of your, your spouse's, and your nine oldest children's Medicaid eligibility as of November 16, 2016?

Did NY State of Health properly determine that your and your nine oldest children's Medicaid Managed Care plans began December 1, 2016, and that your spouse's Medicaid Managed Care plan began January 1, 2017?

## Procedural History

On September 1, 2016, NY State of Health (NYSOH) received your household's application for financial assistance with your health insurance.

On September 2, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard to your, your spouse's, and your nine oldest children's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit income documentation for your household by September 16, 2016.

On September 13, 2016 and September 15, 2016, income documentation was uploaded to your NYSOH account.

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On September 21, 2016, NYSOH reviewed the income documentation you submitted and found it insufficient to resolve the inconsistency in your NYSOH account, as your oldest daughter had submitted four valid weekly paystubs, however, you only submitted two paystubs that were not consecutive, and the required documentation was four weeks of consecutive pay dated within 30 days of your application.

On September 22, 2016, NYSOH issued a notice advising you that the documentation you submitted did not confirm the information in your application. This same notice requested that you submit additional proof of income for yourself and seven of your children by October 1, 2016, and for your spouse and your two oldest children by September 16, 2016.

On September 29, 2016, additional income documentation was uploaded to your NYSOH account.

On October 5, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On October 6, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard to seven of your children's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit income documentation for your household by October 1, 2016.

On October 10, 2016, NYSOH issued a notice of eligibility determination, based on the October 5, 2016 redetermination, stating that your spouse and your two oldest children were eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2016. This was because the requested information to verify household income was not received by the due date.

On October 11, 2016, NYSOH reviewed the income documentation uploaded on September 29, 2016 and found it insufficient to resolve the inconsistency in your NYSOH account, as only three paystubs for your oldest daughter were submitted and the required documentation was four current consecutive pay stubs dated within 30 days of the application date.

On October 12, 2016, NYSOH issued a notice stating that the documentation you provided did not confirm the information in your application. This same notice requested that you submit additional proof of income for yourself and seven of your children by October 31, 2016.

On October 31, 2016 and November 9, 2016, additional income documentation was uploaded to your NYSOH account.

On November 9, 2016, you updated your household's application for financial assistance with health insurance.

On November 10, 2016, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources and that more information was needed to make a determination with regard to you, your spouse's, and your nine oldest children's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit income documentation for seven of your children by November 15, 2016 and for yourself, your spouse, and your two oldest children by November 24, 2016.

On November 15, 2016, NYSOH reviewed the income documentation you submitted on October 31, 2016 and November 9, 2016 and found this sufficient to determine your household's eligibility for financial assistance with health insurance.

On November 16, 2016, NYSOH issued an eligibility determination notice finding you, your spouse, and your nine oldest children eligible for Medicaid effective September 1, 2016.

On November 15, 2016 you selected a Medicaid Managed Care plan for yourself and your nine oldest children.

On November 16, 2016, you selected a Medicaid Managed Care plan for your spouse.

On November 16, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan for yourself and your nine oldest children on November 15, 2016. The notice confirmed your and your nine oldest children's enrollment in a plan starting December 1, 2016.

On November 17, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan for your spouse on November 16, 2016. The notice confirmed your spouse's enrollment in a plan starting January 1, 2017.

On November 22, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your, your spouse's, and your nine oldest children's Medicaid Managed Care plans, requesting that they begin October 1, 2016.

On February 23, 2017, 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.

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## Findings of Fact

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

- 1) You testified that you are appealing your, your spouse's, and your nine oldest children's enrollment start date of your Medicaid Managed Care plans.
- 2) You testified that your youngest child has coverage outside of NYSOH, and therefore is not involved in the present appeal.
- 3) According to your NYSOH account, NYSOH received your application for financial assistance on September 1, 2016, and that you updated this application on November 9, 2016.
- 4) On September 6, 2016, you faxed income documentation for your household to NYSOH. This consisted of two paystubs for yourself; the first for pay date June 29, 2016 and the second for pay date July 13, 2016; and four paystubs for your oldest child; the first for pay date August 9, 2016, the second for pay date August 16, 2016, the third for pay date August 23, 2016, and the fourth for pay date August 31, 2016.
- 5) On September 12, 2016 you faxed income documentation for your household to NYSOH. This consisted of two paystubs for yourself; the first for pay date August 24, 2016 and the second for pay date September 7, 2016; and four paystubs for your oldest child; the first for pay date August 9, 2016, the second for pay date August 16, 2016, the third for pay date August 23, 2016, and the fourth for pay date August 31, 2016.
- 6) On September 21, 2016, NYSOH reviewed the income documentation submitted on September 6, 2016 and September 12, 2016 and invalidated the documentation, indicating that your paystubs were not consecutive and four weeks of consecutive paystubs dated within 30 days of the September 1, 2016 application were required.
- 7) On September 28, 2016 you faxed additional income documentation for your household. This consisted of two paystubs for yourself; the first for pay date September 7, 2016 and the second for pay date September 21, 2016; and for paystubs for your oldest child; the first for pay date August 31, 2016, the second for pay date September 6, 2016, the third for pay date September 13, 2016, and the fourth for pay date September 20, 2016.
- 8) On October 11, 2016, NYSOH reviewed the income documentation submitted on September 28, 2016 and invalidated the documentation,

indicating that you had only submitted three valid paystubs for your oldest child.

- 9) On October 31, 2016 additional income documentation was uploaded to your NYSOH account. This consisted of three paystubs for yourself; the first for pay date September 7, 2016, the second for pay date September 21, 2016, and the third for pay date October 5, 2016; and seven paystubs for your oldest child, the first for pay date September 6, 2016, the second for pay date September 13, 2016, the third for pay date September 20, 2016, the fourth for pay date September 27, 2016, the fifth for pay date October 5, 2016, the sixth for pay date October 11, 2016, and the seventh for pay date October 27, 2016.
- 10) On November 9, 2016, a letter from your employer was uploaded to your NYSOH account. This letter indicated that you are paid biweekly and your biweekly salary is \$550.00.
- 11) On November 15, 2016 your paystubs, your oldest child's paystubs, and the letter from your employer were verified as acceptable proof of income.
- 12) The record reflects that you selected a Medicaid Managed Care plan for yourself and your nine children on November 15, 2016 and for your spouse on November 16, 2016.
- 13) You testified that only you and your oldest child have income.
- 14) You testified that you only have one employer and are paid biweekly.
- 15) You testified that your oldest child only has one employer and is paid weekly.
- 16) You testified that you want your, your spouse's, and your oldest nine children's Medicaid Managed Care plan to begin on October 1, 2016 because your family has outstanding medical bills that are not covered under Fee-For Service Medicaid.

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

## **Applicable Law and Regulations**

### Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR §

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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)).

### 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 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 who are at least 19 years of age notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).



## Legal Analysis

The first issue is whether NYSOH provided you, your spouse, and your oldest nine children with a timely determination of your household's Medicaid eligibility as of November 16, 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 on September 1, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On September 12, 2016 you submitted a copy of your and your oldest child's paystubs to NYSOH.

On September 21, 2016, NYSOH deemed these documents insufficient proof of income as you had not submitted four consecutive weeks of earnings records dated within 30-days of your September 1, 2016 application and the pay dates on your paystubs were not consecutive.

However, the record reflects that you were paid on a biweekly basis, therefore, the two paystubs you submitted on September 12, 2016 represented four consecutive weeks of earnings within 30 days of your September 1, 2016 application.

Therefore, your application was complete as of September 12, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are at least 19 years of age 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 must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 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 eligibility determination notice on November 16, 2016 that stated you, your spouse, and your nine oldest children were eligible for Medicaid effective September 1, 2016. Since NYSOH issued an eligibility determination 65 days from the date your application was considered complete, the November 16, 2016 eligibility determination was untimely.

The second issue is whether NYSOH properly determined that your and your nine oldest children's enrollment in your Medicaid Managed Care plans was effective December 1, 2016, and your spouse's enrollment in her Medicaid Managed Care plan was effective January 1, 2017.

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.

You submitted sufficient documentation of your household's income on September 12, 2016. Had NYSOH properly verified your income documentation, your, your spouse's, and your nine oldest children's eligibility could have been determined as soon as September 12, 2016. Had NYSOH issued an eligibility determination on September 12, 2016, you would have been able to select Medicaid Managed Care plans for your household as soon as September 12, 2016. Were you able to select Medicaid Managed Care plans for your household as of September 12, 2016, your, your spouse's, and your nine oldest children's enrollment in your Medicaid Managed Care plans would have taken effect on the first day of the first month following after September 12, 2016; that is, on October 1, 2016.

Therefore, the November 16, 2016 and November 17, 2016 enrollment confirmation notices are MODIFIED to state that your, your spouse's, and your nine oldest children's enrollment in your Medicaid Managed Care plans was effective as of October 1, 2016.

Your case is RETURNED to NYSOH to enroll you, your spouse, and your nine oldest children into your Medicaid Managed Care plans as of October 1, 2016.

## **Decision**

The November 16, 2016 and November 17, 2016 enrollment confirmation notices are MODIFIED to state that your, your spouse's, and your nine oldest children's enrollment in your Medicaid Managed Care plans was effective as of October 1, 2016.

Your case is RETURNED to NYSOH to enroll you, your spouse, and your nine oldest children into your Medicaid Managed Care plans as of October 1, 2016.

**Effective Date of this Decision:** March 3, 2017

## **How this Decision Affects Your Eligibility**

Your, your spouse's, and your oldest nine children's enrollment in your Medicaid Managed Care plans is October 1, 2016.

Your case is being sent back to NYSOH to enroll you, your spouse, and your nine oldest children in your Medicaid Managed Care plans as of October 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

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

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

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

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

## **Summary**

The November 16, 2016 and November 17, 2016 enrollment confirmation notices are MODIFIED to state that your, your spouse's, and your nine oldest children's enrollment in your Medicaid Managed Care plans was effective as of October 1, 2016.

Your, your spouse's, and your oldest nine children's enrollment in your Medicaid Managed Care plans is October 1, 2016.

Your case is RETURNED to NYSOH to enroll you, your spouse, and your nine oldest children into your Medicaid Managed Care plans as of October 1, 2016.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

