



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

## Notice of Decision

Decision Date: March 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013577

[REDACTED]

Dear [REDACTED]

On March 2, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 2016, enrollment notice.

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

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

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

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the 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).

This page intentionally left blank.



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

## Decision

Decision Date: March 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013577

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly determine that your newborn child was enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of January 1, 2017?

## Procedural History

On August 29, 2016, your NYSOH account was updated and your newborn child was added to the account.

On August 30, 2016, NYSOH issued a notice stating that your newborn child may be eligible for health insurance through NYSOH but more information was needed to make a determination. The notice directed you to submit proof of income by September 13, 2016, and proof of citizenship status and Social Security number by November 27, 2016.

On September 2, 2016, and September 14, 2016, additional income documentation was uploaded to your NYSOH account ([REDACTED]).

On September 15, 2016, your NYSOH account was updated.

On September 16, 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. The notice directed you to provide proof of income by September 28, 2016 to confirm your newborn child's eligibility.

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).

Also on September 16, 2016, NYSOH issued a notice stating that you have submitted documentation to resolve the inconsistency with your account; however the documentation appears to be insufficient to resolve the request. The notice stated that additional proof of income was required to confirm or make an eligibility determination.

On September 28, 2016 and September 29, 2016, NYSOH issued notices stating that the documentation reviewed does not confirm the information in your application. The notices directed you to submit additional proof of income by October 13, 2016 and October 28, 2016.

On October 10, 2016; October 13, 2016; October 25, 2016, and November 2, 2016 you uploaded additional employment and income documentation to your NYSOH account ([REDACTED])

On November 5, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Medicaid effective as of September 1, 2016.

On November 5, 2016 and November 9, 2016, NYSOH issued enrollment notices, stating in relevant part, to “[p]lease pick a health plan” for your newborn child.

On November 24, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your newborn child was enrolled in a MMC plan with an enrollment start date of January 1, 2017.

On November 28, 2016, you spoke to NYSOH’s Account Review Unit and requested an appeal insofar as the enrollment start date of your child’s MMC plan.

On March 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. Testimony was taken during the hearing and the record was closed at the end of the proceeding.

## **Findings of Fact**

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

- 1) You testified that you are appealing the enrollment start date of your newborn child’s MMC plan.
- 2) According to your NYSOH account and testimony, your newborn child was born on [REDACTED].

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).

- 3) According to your NYSOH account, your newborn child was added to your account on August 29, 2016.
- 4) On August 30, 2016; September 16, 2016; September 28, 2016; and September 29, 2016 NYSOH issued notices stating, in relevant part, that additional of proof of income was needed to confirm your newborn child's eligibility ( [REDACTED] ). Each notice included a list of acceptable documentation that included:
  - Paycheck stubs (for the last 4 weeks);
  - Letter from employer on company letterhead, signed by the employer and dated
- 5) On September 2, 2016, a signed and dated letter from your spouse's employer, [REDACTED] was uploaded to your account. The letter states that your year-to-date gross income was \$8,785.50 [REDACTED].
- 6) On September 14, 2016, a signed and dated letter from your employer, [REDACTED], was uploaded to your account. The letter states that your year-to-date gross income was \$20,000.00 [REDACTED].
- 7) On September 14, 2016, a signed and dated letter from your spouse's employer, [REDACTED], was uploaded to your account. The letter states that your year-to-date gross income was \$11,050.00 [REDACTED].
- 8) According to the "Account Notes" in your NYSOH account, the letters uploaded to demonstrate your spouse's income were determined to be invalid on October 19, 2016, because the letters stated your spouse's year-to-date gross income and not gross income for the year.
- 9) According to the notes in your NYSOH account, on November 4, 2016 the documentation submitted on September 2, 2016, and September 14, 2016 was determined to be valid. The notes state in relevant part:

Valid proof of income. Submitted a valid letter from an employer signed and dated on company letterhead, stating gross wages. [REDACTED]
- 10) You testified that you want your newborn child to be enrolled in a MMC plan effective August 1, 2016 to cover any outstanding medical costs from August 1, 2016 through December 31, 2016.

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

## **Applicable Law and Regulations**

### Medicaid – Newborn Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Health Administrative Directive 13 ADM-03).

### 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).

### MMC Enrollment Start Date

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined your newborn child's MMC plan should have an enrollment start date of January 1, 2017.

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 by giving the applicant the opportunity to submit satisfactory documentary evidence.

On August 29, 2016, you added to your newborn child to the account and submitted an application for financial assistance on their behalf. The income amounts that were entered into that application did not match federal and state data sources. As a result, NYSOH issued a notice on August 30, 2016 directing you to submit additional of proof of income to NYSOH to confirm your newborn child's eligibility.

On September 2, 2016, and September 14, 2016, signed and dated letters from your and your spouse's employers, stating year-to-date gross incomes, were submitted to NYSOH (see [REDACTED]). On October 19, 2016, NYSOH determined that the documentation that was submitted was invalid because they stated year-to-date gross income and not gross income for the year.

However, the record supports that NYSOH determined that the income documentation that was submitted on September 2, 2016 and September 14, 2016 to be valid on November 4, 2016. Based on that validity determination, your newborn child was determined to be eligible for Medicaid.

The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

The record supports that the income documentation provided to NYSOH on September 2, 2016, and September 14, 2016 was determined to be valid. NYSOH had sufficient information to render an eligibility determination as of September 14, 2016.

Therefore, the November 24, 2016, enrollment notice is MODIFIED to state that your newborn child is enrolled in a MMC plan with an enrollment start date of October 1, 2016.

Your child's case is RETURNED to NYSOH to effectuate your newborn child's MMC coverage from October 1, 2016 through December 31, 2016.

## **Decision**

The November 24, 2016, enrollment notice is MODIFIED to state that your newborn child is enrolled in a MMC plan with an enrollment start date of October 1, 2016.

Your child's case is RETURNED to NYSOH to effectuate your newborn child's MMC coverage from October 1, 2016 through December 31, 2016.

**Effective Date of this Decision:** March 30, 2017

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

Your newborn child's MMC enrollment is effective 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.

## **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

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).



## **Summary**

The November 24, 2016, enrollment notice is MODIFIED to state that your newborn child is enrolled in a MMC plan with an enrollment start date of October 1, 2016.

Your child's case is RETURNED to NYSOH to effectuate your newborn child's MMC coverage from October 1, 2016 through December 31, 2016.

Your newborn child's MMC enrollment is effective 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:**

