



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

## Notice of Decision

Decision Date: April 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013967

[REDACTED]

Dear [REDACTED]

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 14, 2016 enrollment confirmation notice, and November 23, 2016 disenrollment 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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## Decision

Decision Date: April 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013967



## 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 youngest child's Medicaid eligibility as of October 1, 2016?

Did NY State of Health properly determine that your youngest child's Medicaid Managed Care plan began December 1, 2016?

Did NY State of Health properly determine that your youngest child's enrollment in her Medicaid Managed Care plan ended on December 1, 2016?

## Procedural History

On October 14, 2016, you added your newborn child to your NYSOH account.

On October 15, 2016, NYSOH issued a notice stating that the information in your application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm the information in your application. The notice further directed you to submit income documentation for your household by October 29, 2016, as well as proof of your youngest child's citizenship status and Social Security number by January 12, 2017.

On October 27, 2016, income documentation was uploaded to your NYSOH account.

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).

On November 8, 2016, NYSOH reviewed this income documentation and determined it valid proof of income and submitted an updated application on your behalf.

On November 9, 2016, NYSOH issued a notice of eligibility determination, stating that your youngest child was conditionally eligible for Medicaid, effective October 1, 2016. The notice further stated that you needed to provide proof of citizenship status and the Social Security number for your youngest child by January 12, 2017.

Also on November 9, 2016, NYSOH issued a notice stating that proof of citizenship and proof of Social Security number was still required for your youngest child.

On November 15, 2016, NYSOH issued a notice of enrollment in the plan you selected for your youngest child on November 14, 2016, stating that your youngest child was enrolled in a Medicaid Managed Care plan, and that her coverage would start on December 1, 2016.

On November 15, 2016, an NYSOH representative resubmitted your application for financial assistance with health insurance.

On November 16, 2016, NYSOH issued a notice stating that the information in your application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm the information in your application. The notice further directed you to submit income documentation for your household by November 30, 2016, as well as proof of your youngest child's citizenship status and Social Security number by January 12, 2017.

On November 23, 2016, NYSOH issued a disenrollment notice stating that your youngest child's enrollment in her Medicaid Managed Care plan would end on December 1, 2016, because she was no longer eligible to enroll in her Medicaid Managed Care plan, and that you were sent a separate notice about your youngest child's eligibility.

On December 7, 2016, NYSOH issued a notice stating that the information in your December 6, 2016 application did not match what NYSOH received from state and federal data sources, and that more information was needed to confirm the information in your application. The notice further directed you to submit income documentation for your household by November 30, 2016, as well as proof of your youngest child's citizenship status and Social Security number by January 12, 2017.

On December 7, 2016, you updated your household's application for financial assistance with health insurance and provided your youngest child's Social Security number.

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 December 7, 2016, your youngest child's birth certificate was uploaded to your NYSOH account.

On December 8, 2016, NYSOH issued a notice of eligibility determination, based on the December 7, 2016 application, stating that your youngest child was eligible for Medicaid as of December 1, 2016.

Also on December 8, 2016, NYSOH issued a notice of enrollment in the plan you selected for your youngest child on December 7, 2016, stating that your youngest child was enrolled in a Medicaid Managed Care plan, and that her coverage would start on January 1, 2017.

On December 13, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's enrollment in her Medicaid Managed Care plan, insofar as it did not begin October 1, 2016.

On April 6, 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.

## **Findings of Fact**

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

- 1) You testified, and the record reflects, that you are appealing the enrollment start date of your youngest child's Medicaid Managed Care plan.
- 2) You testified that your youngest child was born on [REDACTED]
- 3) You testified that you had coverage outside of NYSOH at the time of your youngest child's birth.
- 4) Your NYSOH account reflects that you contacted NYSOH to apply for financial assistance with health insurance for your youngest child on October 14, 2016. That application listed an annual expected household income of \$36,825.62. You testified that you were asked for income documentation at that time. That application also indicates that you could not provide your youngest child's Social Security number as you were in the process of applying for her Social Security number.
- 5) On October 25, 2016, you faxed documentation of your paystubs to NYSOH for verification of the income stated in your October 14, 2016 application.

- 6) On November 8, 2016, your paystubs were verified as acceptable proof of income. That day, your youngest child's eligibility was determined based on an annual household income of \$36,825.62.
- 7) The record reflects that you selected a Medicaid Managed Care plan for your youngest child on November 14, 2016.
- 8) There is no indication that you submitted an application, or that NYSOH submitted an application on your behalf, on November 6, 2016.
- 9) Your NYSOH account reflects that you provided NYSOH with your youngest child's Social Security number on December 7, 2016.
- 10) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls between yourself and NYSOH.
- 11) The record reflects that on November 14, 2016 you contacted NYSOH. A review of the recording of that phone call reveals that you selected a Medicaid Managed Care plan for your youngest child at that time and were advised that the plan would begin on December 1, 2016. You requested that your youngest child's enrollment in her Medicaid Managed Care plan be made effective for October 2016. You were transferred to the Account Review Unit and advised that your case did not meet the criteria for a back date of her Medicaid Managed Care plan start date.
- 12) On November 15, 2016, you contacted NYSOH. A review of the recording of that phone call reveals that you were calling to request an earlier start date for your youngest child's Medicaid Managed Care plan. You did not request to update or resubmit your application for financial assistance with health insurance for your youngest child. The NYSOH representative advised you that he was submitting your request to "retrofit" your youngest child's enrollment. The NYSOH representative did not ask you to confirm any of the information in your application, nor did the NYSOH representative request your permission to resubmit your application or to initial the application on your behalf. The NYSOH representative did not advise you that your youngest child's eligibility was redetermined that day, nor were you advised that further income documentation was needed, or that your youngest child's eligibility had changed as a result of any application resubmission.
- 13) Your NYSOH account reflects that an NYSOH representative submitted your application for redetermination on November 15, 2016. The annual household income listed in that application was \$36,825.62.
- 14) You testified that you want your youngest child's Medicaid Managed Care plan to begin on October 1, 2016 because your youngest child had medical

expenses related to her birth that were 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 § 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)).

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number (N.Y. Soc. Serv. Law § 366(4)(c)).

### Medicaid for Newborns

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

### 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)).

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)).

### 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 an infant of younger than one year of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(i)).

## **Legal Analysis**

The first issue is whether NYSOH provided you with timely determination of your youngest child's Medicaid eligibility as of October 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 on October 14, 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 household income.

On October 25, 2016, you faxed a copy of your paystubs and on November 8, 2016, NYSOH verified those paystubs as acceptable proofs of income.

Therefore, your application was considered complete as of October 25, 2016 for purposes of issuing an eligibility determination.

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).



NYSOH must provide Medicaid applicants who are an infant of younger than one year 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 9, 2016 that stated your youngest child was eligible for Medicaid effective October 1, 2016. Since NYSOH issued an eligibility determination 15 days from the date your application was considered complete, the November 9, 2016 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your youngest child's enrollment in her Medicaid Managed Care plan was effective December 1, 2016.

The record reflects that you contacted NYSOH on November 14, 2016 and enrolled your youngest child into a Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since the November 9, 2016 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan for your youngest child as of November 9, 2016, and you selected a plan on November 14, 2016. Your youngest child's plan therefore properly took effect on the first day of the next month following after November 2016; that is, on December 1, 2016.

In New York State, Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth. The record reflects that you were not receiving Medicaid on the date of your child's birth through NYSOH. Therefore, your newborn child is not mandated to receive coverage through a Medicaid Managed Care plan as of the date of birth.

Therefore, the November 15, 2016 enrollment confirmation notice stating that your youngest child's enrollment in her Medicaid Managed Care plan would be effective December 1, 2016, was correct and must be AFFIRMED.

The third issue is whether NYSOH properly determined that your youngest child's enrollment in her Medicaid Managed Care plan ended on December 1, 2016.

Your youngest child was found eligible for Medicaid, effective October 1, 2016, and enrolled into a Medicaid Managed Care plan on November 14, 2016, effective December 1, 2016.

On November 15, 2016, you contacted NYSOH to request an earlier start date for your youngest child's enrollment in her Medicaid Managed Care plan. That day, the NYSOH representative you spoke with submitted an application on your account. You did not request to submit a new application. The NYSOH representative did not confirm the information in the application, nor did they request your permission to initial the application on your behalf. Therefore, there is no indication that you intended to submit a new application on November 15, 2016.

As a result of this application, your youngest child was placed in a Medicaid pending status, and additional income documentation was requested. However, the annual household income listed in the November 15, 2016 application was identical to the annual household income amount listed in the November 8, 2016 application, which NYSOH submitted on your behalf as based on the income documentation you submitted and that NYSOH verified on November 8, 2016.

Additionally, NYSOH did not issue an eligibility determination notice based on the November 15, 2016 application stating that your youngest child was no longer eligible for Medicaid.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number.

There is no indication in the record that your youngest child became ineligible to remain enrolled in her Medicaid Managed Care plan due to incarceration or moving out of state. Additionally, you indicated in your application that you were in the process of applying for a Social Security number for your child.

Therefore, your youngest child should not have been disenrolled from her Medicaid Managed Care plan as of December 1, 2016.

The November 23, 2016 disenrollment notice is therefore RESCINDED.

## **Decision**

The November 9, 2016 eligibility determination notice was timely.

The November 14, 2016 enrollment confirmation notice is **AFFIRMED**.

The November 23, 2016 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your youngest child in her Medicaid Managed Care plan as of December 1, 2016.

**Effective Date of this Decision:** April 19, 2017

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

The effective date of your youngest child's Medicaid Managed Care plan is December 1, 2016.

Your case is being sent back to NYSOH to enroll your youngest child in her Medicaid Managed Care plan as of December 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

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).

- 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 Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

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

### **Summary**

The November 9, 2016 eligibility determination notice was timely.

The November 14, 2016 enrollment confirmation notice is **AFFIRMED**.

The November 23, 2016 disenrollment notice is **RESCINDED**.

The effective date of your youngest child's Medicaid Managed Care plan is December 1, 2016.

Your case is **RETURNED** to NYSOH to reinstate your youngest child in her Medicaid Managed Care plan as of December 1, 2016.

### **Legal Authority**

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).

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 مجاناً.

### বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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## **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&etumi 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)**

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.

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