



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

Notice of Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014668

[REDACTED]

Dear [REDACTED]

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 7, 2017 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).

This page intentionally left blank.

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

Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014668

[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 your spouse's enrollment in a Medicaid Managed Care plan was effective no earlier than February 1, 2017?

Procedural History

On December 2, 2016, NYSOH received the first application for insurance for you and your spouse.

On December 3, 2016, NYSOH issued a notice stating your spouse was conditionally eligible for Medicaid, effective December 1, 2016. The notice directed your spouse to "pick a health plan," because her current coverage would be ending on November 1, 2016. (Your spouse was not previously covered through NYSOH, and nothing in your application indicates that her coverage had ended on November 30, 2016.) The notice also directed you to submit proof of your household's income by December 17, 2016 to confirm your spouse's eligibility or she might lose her insurance or receive less help paying for her coverage.

On December 29, 2016, you household eligibility was systematically redetermined.

On December 30, 2016, NYSOH issued an eligibility determination notice stating your spouse remained conditionally eligible for Medicaid, effective December 1,

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).

2016. The notice directed your spouse to “pick a health plan.” The notice also directed you to submit proof of your household’s income by January 1, 2017 to confirm your spouse’s eligibility or she might lose her insurance or receive less help paying for her coverage.

On January 6, 2017, NYSOH received your family’s updated application for financial assistance with health insurance. That day a preliminary determination was prepared finding your family fully eligible for Medicaid, effective January 1, 2017. You selected a health plan for your family the same day.

Also on January 6, 2017, you spoke to NYSOH’s Account Review Unit and appealed the start date of your spouse’s enrollment in a Medicaid Managed Care plan, insofar as she was not covered for January 2017.

On January 7, 2017, NYSOH issued an eligibility determination notice stating your family, including your spouse, was eligible for Medicaid, effective January 1, 2017.

Also on January 7, 2017, NYSOH issued an enrollment notice, based on your January 6, 2017 plan selection, confirming your family, including your spouse, was enrolled in a Medicaid Managed Care plan, effective February 1, 2017.

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 submitted an application to NYSOH on December 2, 2016 requesting financial assistance with health insurance for your whole family. That application indicated your spouse was pregnant.
- 2) Your wife was granted presumptive Medicaid coverage, effective December 1, 2016, while NYSOH attempted to verify the income information listed in your application.
- 3) The eligibility determination notice issued by NYSOH on December 3, 2016, stated your spouse was conditionally eligible for Medicaid, effective December 1, 2016. The notice directed your spouse to “pick a health plan.”
- 4) You testified you went online several times in December to try to pick a health plan for your spouse but you were never given the option to do so.

There are indications in your account that attempts were made to enroll your spouse into a plan on December 2, 2016.

- 5) You testified you lost your job on November 30, 2016 and you filed for unemployment insurance benefits in December 2016.
- 6) On December 5, 2016, you uploaded a copy of an email from the Department of Labor dated December 5, 2016 confirming you filed a claim for Unemployment Insurance Benefits (UIB) (██████████).
- 7) On December 6, 2016, you uploaded a letter from your former employer dated December 5, 2016 indicating your last day of employment was November 20, 2016 (██████████).
- 8) On December 29, 2016, your household's eligibility was systematically redetermined and additional income documentation was requested.
- 9) Your spouse was determined to remain conditionally eligible for Medicaid. The eligibility determination notice issued on December 30, 2016 again directed your spouse to pick a health plan.
- 10) You testified you were not able to select a health plan for your spouse at that time.
- 11) On December 31, 2016, you uploaded a copy of an Official Record of Benefit Payment History from the NYS Department of Labor website indicating you had a benefit claim dated December 19, 2016 with a weekly benefit amount of \$430.00. According to this document, the week ending on December 25, 2016 was a "waiting week" and you received no benefit payment that week (██████████).
- 12) Also on December 31, 2016 you uploaded a letter from you indicating the only income for your whole household in December 2016 was one UIB payment in the gross amount of \$430.00 expected to be received the week of December 26, 2016 to January 1, 2017 (██████████).
- 13) NYSOH never verified any of the income documentation you submitted.
- 14) You testified, and your account confirms, ██████████ born on ██████████ ██████████.
- 15) Your ██████████ were added to your account on January 6, 2017 and your households eligibility was redetermined the same day.
- 16) Your whole family, including your spouse, was determined fully Medicaid eligible, effective January 1, 2017.

- 17) You were able to select a health plan for your whole family that day.
- 18) Your family's enrollment in your Medicaid Managed Care plan became effective February 1, 2017.
- 19) Your account confirms your spouse had fee-for-service Medicaid only in January 2017.
- 20) You testified you are seeking to have your spouse's coverage through your family's Medicaid Managed Care plan backdated to January 1, 2017 because she has outstanding medical bills relating to the birth of [REDACTED] in January 2017 and her provider does not accept fee-for-service Medicaid.
- 21) You testified this appeal involves your spouse's coverage only

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

Applicable Law and Regulations

Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If the Marketplace 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)).

Medicaid – Effective Dates of Coverage

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)).

Legal Analysis

The issue is whether NYSOH properly determined your spouse's enrollment in a Medicaid Managed Care plan was effective no earlier than February 1, 2017.

You submitted an application for financial assistance with health insurance for your family on December 2, 2016. That application indicated your spouse was pregnant. The eligibility determination notice issued by NYSOH on December 3, 2016, stated your spouse was conditionally eligible for Medicaid, effective December 1, 2016. The notice directed your spouse to "pick a health plan." You testified you went online several times in December to try to pick a health plan for your spouse but you were never given the option to do so. There are also indications in your account that corroborate your testimony that attempts were made to enroll your spouse into a plan.

Although you submitted documentation evidencing you lost your job as of November 30, 2016 and had filed a claim for UIB on December 5, 2016, according to your account, NYSOH failed to consider this documentation and requested additional proof of your income.

Your account indicates NYSOH systematically redetermined your family's eligibility on December 29, 2016. As a result, NYSOH issued an eligibility determination notice on December 30, 2016 indicating your spouse remained conditionally Medicaid eligible and requested additional income documentation to confirm her eligibility. This notice also directed your spouse to "pick a health plan"; however, you testified you were not able to select a health plan for your spouse at that time either.

On January 6, 2017, your [REDACTED] added to your account and NYSOH redetermined your family's eligibility that day. Your whole family, including your spouse, was determined fully Medicaid eligible, effective January 1, 2017. You were able to select a health plan for your whole family that day, and your Medicaid Managed Care plan became effective February 1, 2017.

You testified, and your account confirms, your spouse had fee-for-service Medicaid only in January 2017. You testified you are seeking to have your spouse's coverage through your family's Medicaid Managed Care plan backdated to January 1, 2017 because she has outstanding medical bills relating to the birth of [REDACTED] in January 2017 and her provider does not accept fee-for-service Medicaid.

Pursuant to the above cited regulations, if the Marketplace cannot verify the attested income information in the application required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. According to your account, NYSOH was unable to verify the income information listed in the

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).

December 2, 2016 application and, therefore, directed you to submit proof of your income. However, due to your spouse's reported pregnancy, she was granted presumptive Medicaid coverage, effective December 1, 2016, while NYSOH attempted to verify the income information in your application.

According to your account, you submitted income information on December 5, 2016 and December 6, 2016, but NYSOH failed to consider this documentation. There is no evidence that NYSOH deemed this documentation invalid; however, additional documentation was requested following a December 29, 2016 systematic eligibility redetermination. It is concluded this was improper. NYSOH should not have requested additional income documentation prior to considering the documentation already submitted.

Moreover, the eligibility determination notice issued on December 3, 2016 stating your spouse was conditionally eligible for Medicaid, effective December 1, 2016, also directed your spouse to "pick a health plan." You credibly testified that you were online several times in December 2016 to select a health plan for your spouse, but you were unable to do so. Given this evidence it is concluded your spouse should have been permitted to select a Medicaid Managed Care plan as of the date of the eligibility determination notice directing her to do so, December 3, 2016.

Pursuant to the regulation, the date a Medicaid Managed Care plan enrollment can take effect depends on the day on which it is selected. 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.

As discussed above, your spouse should have been permitted to select a Medicaid Managed Care plan on December 2, 2016. As this occurred prior to the fifteenth day of the month the coverage through that plan would have become effective on the first day of the next following month; that is, January 1, 2017.

Accordingly, your case is RETURNED to NYSOH to assist your spouse in enrolling in an individual Medicaid Managed Care plan for the month of January 2017.

Decision

Your case is RETURNED to NYSOH to assist your spouse in enrolling in an individual Medicaid Managed Care plan for the month of January 2017.

Effective Date of this Decision: May 30, 2017

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).

How this Decision Affects Your Eligibility

Your spouse should have been permitted to enroll in an individual Medicaid Managed Care plan on December 3, 2016, pursuant to the eligibility determination notice issued that day.

Your case is being sent back to NYSOH to assist your spouse in enrolling in an individual Medicaid Managed Care plan for the month of January 2017.

The start date of your family's Medicaid Managed Care plan remains February 1, 2017.

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

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).

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

Your case is RETURNED to NYSOH to assist your spouse in enrolling in an individual Medicaid Managed Care plan for the month of January 2017.

The January 7, 2017 enrollment confirmation notice is AFFIRMED.

Your spouse should have been permitted to enroll in an individual Medicaid Managed Care plan on December 3, 2016, pursuant to the eligibility determination notice issued that day.

The start date of your family's Medicaid Managed Care plan remains February 1, 2017.

Legal Authority

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

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।

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).

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 okyerE 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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).