



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

### Notice of Decision

Decision Date: May 12, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014862

[REDACTED]

Dear [REDACTED],

On April 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 15, 2017, eligibility determination notice and the January 15, 2017, 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).

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## Decision

Decision Date: May 12, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014862

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your household's Medicaid eligibility as of January 14, 2017?

Did NY State of Health properly determine that you and your husband's eligibility for and enrollment in your Essential Plan was effective February 1, 2017?

Did NY State of Health properly determine that your child's eligibility for and enrollment in his Child Health Plus plan was effective February 1, 2017?

## Procedural History

On December 16, 2016, NYSOH received your updated application for financial assistance. That day, you also uploaded a copy of your 2015 income tax return.

On December 17, 2016, NYSOH issued a notice stating the income information in your application did not match what NYSOH received from state and federal data sources. The notice asked that you provide proof of your income by December 31, 2016.

Also on December 17, 2016, NYSOH issued a notice stating your household's coverage would end effective December 31, 2016.

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On January 7, 2017, NYSOH received your updated application for financial assistance reviewed the income documentation you submitted on December 16, 2016.

On January 8, 2017, NYSOH issued a notice based on your January 7, 2017 application stating the income information in your application does not match what NYSOH received from state and federal data sources. The notice asked that you provide proof of your income by December 31, 2016.

On January 8, 2017, NYSOH issued a notice stating the income documentation reviewed does not confirm the information in your application. You were asked to provide more proof by January 30, 2017.

On January 14, 2017, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating you and your husband were eligible to enroll in the Essential Plan for a limited time, and your child was eligible for Child Health Plus effective February 1, 2017.

On January 14, 2017, you enrolled yourself and your spouse in an Essential Plan, and your child in a Child Health Plus plan.

On January 14, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your household's enrollment start dates insofar as they did not begin on January 1, 2017.

On January 15, 2017, NYSOH issued a notice of eligibility determination stating that you and your husband were eligible to enroll in the Essential Plan for a limited time, and your child was eligible for Child Health Plus effective February 1, 2017.

Also on January 15, 2017, NYSOH issued an enrollment notice confirming your selection on January 14, 2017 of your and your husband's Essential Plan, and your child's Child Health Plus plan with a start date of February 1, 2017.

On April 17, 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 proceeding.

## **Findings of Fact**

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

- 1) The record reflects that on December 16, 2016 NYSOH received your updated application for health insurance.

- 2) You testified you were approved over the phone by a NYSOH representative on December 16, 2016, as being eligible for a January 1, 2017 start date.
- 3) You testified you received a notice requesting more income documentation to confirm your income.
- 4) On December 16, 2016, you attested to an annual household income of \$23,000.00 a year from [REDACTED]. The information was entered by a NYSOH representative.
- 5) On December 16, 2016, you uploaded a copy of your 2015 tax return.
- 6) On January 7, 2017, a NYSOH representative invalidated your 2015 tax return and entered a note that you were attesting to being employed with [REDACTED]. As you were not attesting to being self-employed on your application, 30 consecutive days of income dated from 12/16/2016 was required.
- 7) On January 7, 2017, a NYSOH representative entered information into your account that you attested to a household income of \$23,000.00, and entered additional income of \$38,022.00 in the form of a Business Loss, and \$5,000.00 from an IRA distribution. The income amount from this application stated you had an expected annual household income of - \$10,000.00.
- 8) On January 14, 2017, your application was updated to reflect you received \$34,840.04 annually.
- 9) On January 24, 2017, a NYSOH representative validated your 2015 tax return as an acceptable proof of income.
- 10) You testified you were not sure if the NYSOH representative entered your information incorrectly on your December 16, 2016, and January 7, 2017 applications, but that there may have been a "misunderstanding" regarding your income from your 1099 [REDACTED].
- 11) You reenrolled yourself and your spouse into an Essential Plan and your child into a Child Health Plus plan on January 14, 2017.
- 12) You testified that you are seeking to have coverage in the Essential Plan and Child Health Plus for the month of January, 2017.
- 13) You testified you incurred medical bills in the month of January, 2017 in the amount of approximately \$500.00.

14) You reside in [REDACTED] NY.

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

## **Applicable Law and Regulations**

### Medicaid

Medicaid can be provided through NYSOH 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)), NY Social Services Law § 366(1)(b)).

A child who is at least one year of age but younger than nineteen 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 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

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 \$20,160.00 for a three -person household (81 Fed. Reg. 4036).

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)).

### Verification Process

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).

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 notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

### Essential Plan Start

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); *see also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

### Child Health Plus Start

The State of New York has provided that a child's period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if 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 following month (*see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014*).

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).

## Legal Analysis

The first issue is whether NYSOH provided you with timely determination of your household's Medicaid eligibility as of January 14, 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 including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on December 16, 2016. On that date you attested to an annual household income of \$23,000.00 a year from [REDACTED]. The income amount that was entered in this application did not match federal and state data sources.

Because of the income amount of \$23,000.00, you attested to on December 16, 2016, your household was placed in a pending Medicaid status, based on the condition you provide income documentation to verify your income amount.

On December 16, 2016, you uploaded a copy of your 2015 income tax return. Therefore, your application was considered complete as of December 16, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. NYSOH must provide Medicaid applicants who are children 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 January 15, 2017 that stated you were eligible for the Essential Plan, and your child were eligible for Child Health Plus effective February 1, 2017. Since NYSOH issued an eligibility determination 30 days from the date your application was considered complete, the January 15, 2017 eligibility determination was timely.

The second issue is whether NYSOH properly determined that you and your husband's eligibility for and enrollment in your Essential Plan was effective February 1, 2017



The date on which the Essential 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 goes into effect on the first day of the following month.

Since you selected a health plan on January 14, 2017, it would have taken effect the first day of the month following January, that is on February 1, 2017.

Therefore, NYSOH's January 15, 2017, eligibility determination notice and enrollment confirmation notice are **AFFIRMED** since they properly began your and your spouse's eligibility for and enrollment in the Essential Plan on February 1, 2017.

The third issue is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective February 1, 2017.

You testified that you contacted NYSOH on January 14, 2017, and your child was found eligible for Child Health Plus, and you then enrolled your child into a Child Health Plus plan that day.

The date on which a Child Health Plus 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.

Since you enrolled your child into a plan on January 14, 2017, his plan would start the first day of month following January, that is February 1, 2017.

Therefore, the January 15, 2017, eligibility determination notice and enrollment confirmation notice stating that your child's enrollment and eligibility in his Child Health Plus plan was effective February 1, 2017, is correct and must be **AFFIRMED**.

## **Decision**

The January 15, 2017 eligibility determination notice was timely and is **AFFIRMED**.

The January 15, 2017 enrollment confirmation notice is **AFFIRMED**.

**Effective Date of this Decision: May 12, 2017**

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

Your and your husband's enrollment in your Essential Plan is February 1, 2017.

Your child's enrollment in his Child Health Plus plan is 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 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):**

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).

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 January 15, 2017 eligibility determination notice was timely is AFFIRMED.

The January 15, 2017 enrollment confirmation notice is AFFIRMED.

Your and your husband's enrollment in your Essential Plan is February 1, 2017.

Your child's enrollment in his Child Health Plus plan is 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।

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

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