



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

Notice of Decision

Decision Date: June 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015819

[REDACTED]

Dear [REDACTED],

On May 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 8, 2017 eligibility determination and enrollment confirmation notices.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: June 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015819

[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 newborn child's Medicaid eligibility as of February 8, 2017?

Did NYSOH properly determine that your newborn child's Medicaid Managed Care plan began March 1, 2017?

Procedural History

On December 2, 2016, NYSOH received your application for financial assistance with your health insurance.

On December 3, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 17, 2016.

On December 15, 2016 NYSOH received your application for health insurance. Also on this date you sent an email to your certified application counselor containing proof of income documentation for your household.

Also on December 15, 2016, a letter from your spouse's employer was uploaded to your account stating that her employment had ended on October 14, 2016. A

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letter stating that your newborn child does not work was also uploaded to your account.

On December 28, 2016, NYSOH received your updated application for financial assistance with your health insurance.

On December 29, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by January 12, 2017.

On January 4, 2017, NYSOH invalidated the documentation previously submitted to your account.

On January 5, 2017, NYSOH issued a notice stating that the documentation you had submitted was insufficient. You were directed to produce additional documentation regarding your household income by January 27, 2017.

On January 17, 2017, you uploaded a letter to your online account indicating that you are the sole provider for your household. You also uploaded four paystubs.

On January 24, 2017, an application for financial assistance was run on your behalf.

On January 25, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by February 26, 2017.

On January 27, 2017, NYSOH received your application for financial assistance with your health insurance.

On January 28, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by February 28, 2017.

On February 7, 2017, NYSOH received your updated application for financial assistance with your health insurance and, you uploaded a letter from your employer stating that you had not worked since January 1, 2017.

On February 8, 2017, NYSOH issued an eligibility determination notice stating that your newborn child was eligible for Medicaid effective January 1, 2017.

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Also on February 8, 2017, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan for your newborn on February 7, 2017. The notice confirmed your newborn child's enrollment in a plan starting March 1, 2017.

On February 14, 2017, you uploaded a copy of the email you sent to your certified application counselor on December 15, 2016.

On February 14, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your newborn child's Medicaid Managed Care plan, requesting that it begin January 1, 2017.

On March 10, 2017, you uploaded four paystubs from November 2016.

On May 18, 2017, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On May 25, 2017, you had an adjourned 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 supports the following findings of fact:

- 1) You testified, and the record reflects, that you are appealing the enrollment start date of your newborn child's Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on December 2, 2016.
- 3) You testified that this application was completed with the assistance of a certified application counselor.
- 4) You testified that on December 15, 2016, you emailed your application counselor income documentation. You submitted a copy of this email to your online account on February 14, 2017. The email lists attachments including "[REDACTED]," "[REDACTED]," and "[REDACTED]." You testified that this email contained the documentation that you subsequently submitted.
- 5) The record reflects that your paystubs were not uploaded to your account on December 15, 2016.

- 6) On December 15, 2016, documentation regarding your spouse's end of employment on October 14, 2016 and your newborn child's inability to work to NYSOH for verification of the income stated in your December 2, 2016 application was uploaded to your online account.
- 7) On January 17, 2017, you submitted a letter to your online account indicating that you are the sole provider for your household. You also uploaded four paystubs:
 - a. dated December 9, 2016 for a gross \$180.00.
 - b. dated December 16, 2016 for a gross \$180.00.
 - c. dated December 23, 2016 for a gross \$180.00.
 - d. dated December 30, 2016 for a gross \$180.00.
- 8) On February 7, 2017, you uploaded a letter from your employer stating that you had not worked since January 1, 2017.
- 9) On March 10, 2017, you uploaded four paystubs:
 - a. dated November 4, 2016 for a gross \$180.00.
 - b. dated November 11, 2016 for a gross \$180.00.
 - c. dated November 18, 2016 for a gross \$180.00.
 - d. dated November 25, 2016 for a gross \$180.00.
- 10) The record reflects that you were not able to select a Medicaid Managed Care plan for your newborn child until February 7, 2017.
- 11) You testified that you want your newborn child's Medicaid Managed Care plan to begin on January 1, 2017.

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-

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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 an infant 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 newborn child's Medicaid eligibility as of February 8, 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.

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You updated your NYSOH account on December 2, 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 by December 17, 2016.

The record reflects that NYSOH did not receive sufficient documentation by the deadline. However, you credibly testified that you were aware that you were required to submit documentation, and that you had provided it via email to your certified application counselor on December 15, 2016. You submitted a copy of the email you sent to your certified application counselor as proof. This documentation did not reach NYSOH for purposes of confirming your income in your application.

Therefore, it is concluded that the failure to submit sufficient documentation by the requested deadline was not due to any inaction on your part. Had your certified application counselor properly forwarded your income documentation to NYSOH on your behalf, your application would have been complete as of December 15, 2016 for the purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are an infant 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 February 8, 2017 that stated your newborn child was eligible for Medicaid effective January 1, 2017. Since NYSOH issued an eligibility determination 55 days from the date your application was considered complete, the February 8, 2017 eligibility determination was not timely.

The second issue is whether NYSOH properly determined that your newborn child's enrollment in a Medicaid Managed Care plan was effective March 1, 2017.

The record reflects that you contacted NYSOH on February 7, 2017 and enrolled your newborn child into a Medicaid Managed Care plan. Based on that selection, NYSOH issued an enrollment confirmation notice on February 8, 2017, stating that your newborn child was enrolled in a Medicaid Managed Care plan effective March 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.

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Based on a February 7, 2017 plan selection, NYSOH properly determined that your newborn child was enrolled in a Medicaid Managed Care plan effective March 1, 2017.

However, you submitted sufficient documentation to your certified application counselor on December 15, 2016. Had it been properly submitted to be verified, your newborn child's eligibility could have been determined as soon as December 15, 2016. Had NYSOH issued an eligibility determination, you would have been able to select a Medicaid Managed Care plan for your newborn child as soon as December 15, 2016. Were you able to select a Medicaid Managed Care plan for your newborn child as of December 15, 2016, your newborn child's enrollment in a Medicaid Managed Care plan would have taken effect on the first day of the first month following after December 2016; that is, on January 1, 2017.

Therefore, the February 8, 2017 enrollment confirmation notice stating that your newborn child's enrollment in a Medicaid Managed Care plan is effective March 1, 2017, is MODIFIED to state that your newborn child's enrollment in a Medicaid Managed Care plan is effective as of January 1, 2017.

Your case is RETURNED to NYSOH to enroll your newborn child into a Medicaid Managed Care plan as of January 1, 2017.

Decision

The February 8, 2017 eligibility determination notice was untimely as it applies to your newborn child's eligibility.

The February 8, 2017 enrollment confirmation notice is MODIFIED insofar as your newborn child's enrollment in his Medicaid Managed Care plan is effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll your newborn child into a Medicaid Managed Care plan as of January 1, 2017.

Effective Date of this Decision: June 19, 2017

How this Decision Affects Your Eligibility

Your newborn child's enrollment in his Medicaid Managed Care plan is effective January 1, 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).

Your case is being sent back to NYSOH to enroll your newborn child in a Medicaid Managed Care Plan as of January 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):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 8, 2017 eligibility determination notice was untimely as it applies to your newborn child's eligibility.

The February 8, 2017 enrollment confirmation notice is MODIFIED insofar as your newborn child's enrollment in his Medicaid Managed Care plan is effective January 1, 2017.

Your newborn child's enrollment in his Medicaid Managed Care plan is effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll your newborn child in a Medicaid Managed Care Plan as of January 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。我们可以为您免费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)

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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&tumi 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.

שׂוּדִישׁ (Yiddish)

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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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