



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

Notice of Decision

Decision Date: June 29, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000016041

[REDACTED]

Dear [REDACTED],

On May 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 2, 2016 eligibility determination and December 7, 2016 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: June 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016041

[REDACTED]

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 household's Medicaid eligibility as of December 2, 2016?

Did NY State of Health properly determine that your household's Medicaid Managed Care plan began January 1, 2017?

Did NY State of Health properly determine your spouse was only eligible for presumptive Medicaid for the month of November, 2016?

Procedural History

On August 9, 2016, NY State of Health (NYSOH) issued a notice stating it was time to renew your household's coverage. The notice stated your household's coverage through Rockland County Department of Social Services would end on October 31, 2016.

On October 13, 2016, NYSOH received your household's completed application for financial assistance with your health insurance.

On October 14, 2016, NYSOH received your income documentation in the form of paystubs. See Document [REDACTED]

Also on October 14, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information

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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 October 28, 2016.

On October 25, 2016, a NYSOH representative invalidated your income documentation.

On October 26, 2016, NYSOH issued a notice stating the documentation it reviewed did not confirm the information in your application. The notice asked that you provide additional proof of your income by November 12, 2016.

On November 16, 2016, income documentation was uploaded to your NYSOH account. See Document [REDACTED].

On November 24, 2016, NYSOH issued an eligibility determination notice stating your household was eligible to purchase a qualified health plan at full cost effective January 1, 2017. The notice stated your household was not eligible for Medicaid because the requested information was not received to verify your income by the due date.

On December 1, 2016, a NYSOH representative verified your income documentation.

On December 2, 2016, NYSOH issued a notice stating your household was eligible for Medicaid effective December 1, 2016.

Also on December 2, 2016, NYSOH issued a notice stating your household was eligible for Medicaid for September 1, 2016 through November 30, 2016 because your monthly household income of \$1,500.00 was at or below the monthly income limit of \$6,616.00. The notice stated your spouse was eligible for Medicaid for August 1, 2016 through October 31, 2016.

On December 6, 2016, you selected a Medicaid Managed Care plan for your household.

On December 7, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on December 6, 2016. The notice confirmed your household's enrollment in a plan starting January 1, 2017.

On February 21, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your household's Medicaid Managed Care plan, requesting that it begin November 1, 2016.

On June 1, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open to allow the Hearing Officer time to review the telephone conversations you

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had with NYSOH in September and October 2016. The calls were reviewed and the record was closed.

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 household's Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your completed application for financial assistance on October 13, 2016.
- 3) You testified you had made multiple attempts online and over the phone to complete an application for your household before the October 13, 2016 application.
- 4) Your spouse was [REDACTED] with your [REDACTED] child at the time of your application.
- 5) Your [REDACTED] child was born on [REDACTED]
- 6) A review of the call placed to NYSOH on September 8, 2016, shows you attempted to finish your application over the phone with a NYSOH representative. You told the NYSOH representative you only had five more minutes to complete the application. The representative stated he would need more time to complete the application. The representative then stated your spouse Susan would need to close her account to apply on your account. You stated you would get her on the line. The call then ended and it is unclear whether you or the representative ended the call.
- 7) A review of the call placed to NYSOH on September 19, 2016, shows a NYSOH representative asked who was in your household and how much money you make, and whether you require financial assistance. The NYSOH representative stated there were multiple accounts, that to close the account out he would need to speak with the account holder of the other account, this happened to be your [REDACTED] daughter, you refused to place your daughter on the line. He stated he would not be able to help you and placed you on hold to see if there was a way he could assist you. The call was dropped after the hold; it is unclear who ended the call.
- 8) The income information you provided on October 13, 2016 listed an annual household income of \$18,000.00.

- 9) A review of the place placed to NYSOH on October 13, 2016, shows you that you needed to provide income documentation for your household, and that your spouse remained conditionally eligible for Medicaid due to her pregnancy.
- 10) On October 14, and 18, 2016, NYSOH received your income documentation in the form of paystubs.
- 11) The paystubs you submitted to NYSOH on October, 14, 2016 were dated September 12, 2016, and September 26, 2016, in the gross amounts of \$640.00 each. Document [REDACTED].
- 12) On October 25, 2016, a NYSOH representative invalidated your income documentation. The note in your NYSOH account indicates the paystubs you submitted were “not clear enough to decipher dates to confirm if valid. Monthly paycheck is required dated within the last 30 days of 10/13/16 required.”
- 13) On November 16, 2016, income documentation was uploaded to your NYSOH account in which you provided a letter from your employer dated November 10, 2016, stating your gross salary for 2016-2017 school year would be \$18,000.00. See Document [REDACTED]
- 14) On December 1, 2016, your letter from your employer was verified as acceptable income documentation.
- 15) Your household was found eligible for Medicaid effective December 1, 2016.
- 16) The record reflects that you selected a Medicaid Managed Care plan for your household on December 6, 2016, for a January 1, 2017 start date.
- 17) You testified that you want your Medicaid Managed Care plan to begin on November 1, 2016 for your household because you incurred medical bills which were not covered by Medicaid Fee for Service for the month of November, 2016.
- 18) A note in your NYSOH account confirms that on January 21, 2017 your spouse’s enrollment was updated from presumptive Medicaid coverage to Medicaid Fee for Service for November and December 2016.

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

Applicable Law and Regulations

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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)).

Presumptive Eligibility for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for 2 months after the month in which the pregnancy ends (N.Y. Soc. Serv. Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

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

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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).

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)).

NYSOH must provide Medicaid applicants who are a pregnant woman 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 a timely determination of your household's Medicaid eligibility as of December 2, 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 and provided a completed application on October 13, 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.

You submitted copies of your paystubs to NYSOH on October, 14, 2016. Those paystubs were dated September 12, 2016, and September 26, 2016, in the gross amounts of \$640.00 each. [REDACTED] [REDACTED]

On October 25, 2016, a NYSOH representative invalidated your income documentation. The note in your NYSOH account indicates the paystubs you submitted were “not clear enough to decipher dates to confirm if valid. Monthly paycheck is required dated within the last 30 days of 10/13/16 required.”

Because of the invalidation of your documents NYSOH issued a notice on October 26, 2016, stating the documentation it reviewed did not confirm the information in your application. The notice asked that you provide additional proof of your income by November 12, 2016.

On November 16, 2016, income documentation was uploaded to your NYSOH account in which you provided a letter from your employer dated November 10, 2016, stating your gross salary for 2016-2017 school year would be \$18,000.00. See Document [REDACTED].

On December 1, 2016, NYSOH verified the letter from your employer as acceptable proof of income.

Therefore, your application was considered complete as of November 16, 2016 for purposes of issuing an eligibility determination. Your household was determined eligible for Medicaid effective December 1, 2016, and enrolled in a Medicaid Managed Care Plan on December 6, 2016 for a January 1, 2017 start date.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. For pregnant women and children under one year of age the time is within 30 days. 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 December 2, 2016 that stated your household was eligible for Medicaid effective December 1, 2016. Since NYSOH issued an eligibility determination 16 days from the date your application was considered complete or November 16, 2016, the December 2, 2016 eligibility determination was timely.

During your telephone hearing you testified you had attempted to submit completed applications earlier than the October 13, 2016 application, but were met with technical difficulties both online and over the phone with NYSOH representatives.

After reviewing the call you made to NYSOH on September 8, 2016, you had began the call by requesting to apply for your household. There is no indication in the call that there were any technical difficulties that prevented you from

submitting a complete application. Additionally, when the call ended it is unclear whether you or the representative ended the call.

A review of a subsequent call made to NYSOH on September 19, 2016 shows after beginning to process your application, but before the application could be complete, the call was dropped after the hold; it is unclear who ended the call.

Although it is clear there were attempts made on your behalf to submit a completed application prior to October 13, 2016, there is insufficient evidence in the record to indicate that a NYSOH representative was the cause of the delay in the completion of your application. Additionally, the gap in time between your initial call to NYSOH on September 8, 2016, and the September 19, 2016 call shows there were points in which you were not attempting to complete the application. Therefore, the first completed application must be considered as October 13, 2016 for purposes of your appeal.

Therefore, the December 2, 2016 eligibility determination notice finding your household eligible for Medicaid effective December 1, 2016 was timely and is **AFFIRMED**.

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

The record reflects that you contacted NYSOH on December 6, 2016 and enrolled your household into a Medicaid Managed Care plan with a start date of January 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.

Since the December 2, 2016, eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan as of December 6, 2016. Your plan would therefore properly take effect on the first day of the month following after December; that is, on January 1, 2017.

Therefore, the December 7, 2016 enrollment confirmation notice stating that your household's enrollment in your Medicaid Managed Care plan would be effective January 1, 2017, was correct and must be **AFFIRMED**.

The third issue is whether NYSOH properly determined your spouse was only eligible for presumptive Medicaid for the month of November, 2016.

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).

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination.

The record supports while your household was still waiting for a determination on their eligibility for Medicaid, your spouse was determined presumptively eligible based upon her pregnancy. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination.

A note in your NYSOH account confirms that on January 21, 2017 your spouse's enrollment was updated from presumptive Medicaid coverage to Medicaid Fee for Service for November and December 2016.

Since it appears based on the record that your spouse was found fully eligible for Fee for Service Medicaid in November 2016, there is no reason to reach the merits of the issue. However, your case is RETURNED to NYSOH to ensure your spouse's eligibility for full Medicaid Fee for Service benefits for the month of November is in effect.

Decision

The December 2, 2016 eligibility determination was timely is AFFIRMED.

The December 7, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure your spouse's eligibility for full Medicaid Fee for Service benefits for the month of November is in effect.

Effective Date of this Decision: June 29, 2017

How this Decision Affects Your Eligibility

Your household's eligibility for Medicaid was timely.

Your household's enrollment in your Medicaid Managed Care plan started January 1, 2017.

Your case is being sent back to NYSOH to ensure your spouse's enrollment in Medicaid Fee for Service for the month of November 2016.

If You Disagree with this Decision (Appeal Rights)

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 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):

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- 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

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- By fax: 1-855-900-5557

Summary

The December 2, 2016 eligibility determination was timely is AFFIRMED.

The December 7, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure your spouse's eligibility for full Medicaid Fee for Service benefits for the month of November is in effect.

Your household's eligibility for Medicaid was timely.

Your household's enrollment in your Medicaid Managed Care plan started 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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