



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

Notice of Decision

Decision Date: June 16, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000016082

[REDACTED]

Dear [REDACTED]

On May 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 28, 2017 eligibility determination and February 7, 2017 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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Decision Date: June 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016082

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that you and your children were eligible for Medicaid coverage with an effective date of January 1, 2017?

Did NYSOH properly determine that you and your children were enrolled in your Medicaid Managed Care (MMC) plan beginning March 1, 2017?

Procedural History

On December 15, 2016, you filed an application for financial assistance with NYSOH on behalf of yourself and your two children.

On December 16, 2016, NYSOH issued a notice stating that your December 15, 2016 application had been received, but that the income information in your application did not match the information NYSOH received from state and federal data sources. The notice directed you to submit documentation of your household income by December 30, 2016.

On January 10, 2017, NYSOH uploaded documentation to your NYSOH account, which you had faxed to NYSOH on December 29, 2016.

On January 11, 2017, NYSOH issued a notice of eligibility determination, stating that you and your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective February 1, 2017. The notice further stated that

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you and your children were not eligible for Medicaid, Child Health Plus, the Essential Plan, or advance premium tax credits because NYSOH did not receive the income documentation needed to verify the income listed in your application.

On January 28, 2017, NYSOH issued a notice of eligibility determination stating that you and your children were eligible for Medicaid, effective January 1, 2017.

On February 7, 2017, NYSOH issued a notice of enrollment confirmation, confirming that you and your children were enrolled in an MMC plan, beginning March 1, 2017.

On February 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your children's eligibility for Medicaid, and enrollment in your MMC plan, insofar as they did not both begin on December 1, 2016.

On May 26, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open through June 12, 2017 to provide you with time to submit documentation of your income in the month of December 2016. As of June 13, 2017, no documentation was received by NYSOH. The record is now closed.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on December 15, 2016.
- 2) You testified that you thought you had filed an application for health insurance in October of 2016 because someone had come to your home that month and taken pictures of all of your documentation. You testified that you did not know that this individual did not file an application for health insurance on your behalf.
- 3) You testified that you applied for coverage through NYSOH when your child was in the hospital in December 2016, and you discovered that you did not have insurance.
- 4) You testified that someone from the hospital assisted you with your NYSOH application.
- 5) You testified that, when you completed the application at the hospital, you were asked for documentation, but that you and your application counselor uploaded a letter that you thought was sufficient.

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- 6) Your NYSOH account reflects that, on December 15, 2016, a document was uploaded to your NYSOH account stating, "I, [REDACTED], am currently not employed. My family provides support" (Document [REDACTED])
- 7) You testified that you received the December 16, 2016 notice stating that you needed to provide income documentation, but that you did not receive it until close to the end of December.
- 8) You testified that the letter told you that you could upload, fax or mail income documentation, and that you chose to fax income documents.
- 9) Your NYSOH account reflects that, on January 10, 2017, NYSOH uploaded several documents to your account, that appear to consist of pages of a fax you sent to NYSOH on December 29, 2016. The documents uploaded were:
 - a. A one-page barcoded fax cover sheet;
 - b. A copy of the December 16, 2016 notice from NYSOH stating that you needed to provide income documentation;
 - c. A one-page [REDACTED] Federal Tax Return Summary comparing Year 2014 and Year 20115;
 - d. A copy of the first page of your 2015 IRS Form 1040;
 - e. A copy of a 2015 IRS Schedule EIC for the Earned Income Credit (Document [REDACTED], comprised of these five documents);
 - f. A letter written by you describing your earnings in 2016, and stating that your 2016 tax year earnings will total \$12,175.00 (Document [REDACTED]);
 - g. A copy of a [REDACTED] notice, along with typed notes describing expenses that you pay, and stating that you are submitting your taxes from 2015 to "exemplify my qualification" to receive Medicaid (Document [REDACTED]);
 - h. A one page document that reads "Kindly, [REDACTED]" at the top, and has some other illegible information;
 - i. A one-page letter from [REDACTED] stating that you finished working for [REDACTED] on June 1st, 2015 (Document [REDACTED], comprised of documents "h" and "i");
 - j. A one-page document from the "[REDACTED]" dated December 29, 2016, stating that you are a part-time [REDACTED] from September 2016 to the present. The letter also states that you receive a "standard weekly net salary of \$420," and that you often volunteer your time as well (Document [REDACTED]);
 - k. A one-page document consisting of a letter from [REDACTED]" stating that you and your children reside with her in Brooklyn, and

have resided with her since March 15, 2016, “rent free” (Document [REDACTED]).

- 10) Though these documents were uploaded to your NYSOH account on January 10, 2017, there are no notes to indicate that they were reviewed or verified.
- 11) On January 27, 2017, a NYSOH employee reviewed the letter that you uploaded on December 15, 2016, and entered a note into your NYSOH account stating “valid proof of no income based on [REDACTED] attestation to no income and no current or previous quarter wage hits.”
- 12) On January 28, 2017, NYSOH issued an eligibility determination stating that you and your children were eligible for Medicaid, effective January 1, 2017.
- 13) You testified that you did work in the month of December 2016, as indicated in the letter from “[REDACTED] [REDACTED].” You testified that you were paid \$420.00 per week in cash, and that no taxes were deducted from your pay.
- 14) You testified that you stopped working at that job in 2017 because there was an [REDACTED] going on at [REDACTED], and you did not want to be there because of this.
- 15) You testified that you do not currently have any income.
- 16) You testified that, at some point, you spoke to someone at NYSOH who told you that you did not receive an eligibility determination sooner because it takes longer for NYSOH to review documents that are faxed, rather than uploaded.
- 17) You testified that there is nothing in the notices from NYSOH to indicate that it will take longer for your documents to be reviewed if you fax them.
- 18) The record reflects that you were enrolled into an MMC plan by NYSOH’s system on February 6, 2017, which resulted in an MMC plan start date of March 1, 2017 for you and your children.
- 19) You testified that you are appealing to have both your Medicaid Fee-For-Service and your MMC coverage backdated to December 1, 2016 because you have hospital bills for one of your children from that month.
- 20) After the hearing, the record was left open to allow you time to submit documentation of your gross income for December 2016. However, no documentation was submitted.

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your, and your children's, eligibility for Medicaid began no earlier than January 1, 2017.

You filed an application for financial assistance on December 15, 2016, and submitted income documentation stating that you were not employed on that same day. On December 16, 2016, NYSOH issued a notice informing you that you needed to submit income documentation by December 30, 2016 to confirm the information in your application. You faxed income documentation to NYSOH on December 29, 2016 that was uploaded to your account on January 10, 2017. Before this documentation was reviewed, NYSOH's system redetermined your eligibility and issued a notice dated January 11, 2017 stating that you and your children were eligible to purchase a qualified health plan at full cost through NYSOH because the requested income documentation was not received.

On January 27, 2017, NYSOH reran your application after reviewing the income documentation you submitted on December 15, 2016, and determined that you and your children were eligible for Medicaid, effective January 1, 2017. You filed an appeal requesting that your household's Medicaid coverage be backdated to December 1, 2016.

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. However, there is no basis in the record for backdating your coverage. Although you and your children were found eligible based on documentation you submitted on December 15, 2016, subsequent documentation submitted on December 29, 2016, as well as your testimony during the hearing, indicate that your income was not, in fact, \$0.00 in December 2016, but was at least \$420.00 per week. Further, although the record was left open after the hearing for you to submit income documentation clarifying how much your household's gross income in the month of December 2016 amounted to, no additional information was submitted.

Therefore, NYSOH properly determined that you and your children were eligible for Medicaid effective January 1, 2017, and the January 28, 2017 eligibility determination is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your, and your children's, enrollment in your MMC plan was effective March 1, 2017.

The date on which an MMC 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.

The record reflects that you and your children were automatically enrolled into an MMC plan on February 6, 2017. The enrollment confirmation notice indicates that this plan was selected for you because you did not select a health plan.

You testified that you are looking for your MMC plan to begin as of December 1, 2016 because you have medical bills for one of your children from the month of December 2016. You testified that you do not think it is right that it took NYSOH ten days to review the documents that you faxed on December 29, 2016.

Since you applied for coverage through NYSOH on December 15, 2016, the earliest possible date that you and your children could have had MMC plan coverage would have been January 1, 2017, if you had been found immediately eligible for Medicaid on that day, and had selected a plan on that day. However, since your December 15, 2016 application resulted in a request for income documentation, and the documentation that more accurately reflected your income was not faxed to NYSOH until December 29, 2016, there was no way for you and your children to have an MMC start date of January 1, 2017.

Even if you had been able to select an MMC plan on January 27, 2017, the date that NYSOH determined that you and your children were found eligible for

Medicaid, your MMC plan still would not have started until the first date of the second following month, which would have been March 1, 2017.

On February 6, 2017, NYSOH selected an MMC plan for you and your children, so it properly took effect on the first day of the month following February; that is, on March 1, 2017.

Therefore, the February 7, 2017 enrollment confirmation notice, stating that your and your children's enrollment in your MMC plan would be effective March 1, 2017, was correct and must be AFFIRMED.

Decision

The January 28, 2017 eligibility determination is AFFIRMED.

The February 7, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 16, 2017

How this Decision Affects Your Eligibility

This decision does not change your household's eligibility.

You and your children were eligible for Medicaid effective January 1, 2017.

The effective date of your and your children's MMC plan is March 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

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

Summary

The January 28, 2017 eligibility determination is AFFIRMED.

The February 7, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your household's eligibility.

You and your children were eligible for Medicaid effective January 1, 2017.

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The effective date of your and your children's MMC plan is March 1, 2017.

Legal Authority

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

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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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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।

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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