



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

Notice of Decision

Decision Date: July 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016237

[REDACTED]

Dear [REDACTED]

On June 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2017, eligibility determination notice and February 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).

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Decision

Decision Date: July 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016237



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 Medicaid eligibility as of February 4, 2017?

Did NY State of Health properly determine your Medicaid Managed Care plan began March 1, 2017?

Procedural History

On October 25, 2016, NY State of Health (NYSOH) received your updated application for financial assistance.

On October 26, 2016, NYSOH issued a notice stating the income information in your application does not match what NYSOH received from federal and state data sources. The notice request you provide proof of your income by November 9, 2016.

Also on October 26, 2016, NYSOH issued a notice stating you were conditionally eligible for Medicaid, effective October 1, 2016.

On November 7, 2016, NYSOH received your income documentation. See Document [REDACTED].

On November 20, 2016, NYSOH issued a notice stating you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2017. The notice stated you did not qualify for Medicaid or the Essential Plan because NYSOH did not receive the income documentation needed to verify the income listed in your application.

On November 22, 2016, a NYSOH representative invalidated your income documentation.

On November 23, 2016, NYSOH issued a notice stating the documentation reviewed did not confirm the information in your application. You were asked to provide additional proof of income by January 23, 2017.

You uploaded additional proof of your income on January 25, 2017.

On February 4, 2017, NYSOH issued a notice stating you were eligible for Medicaid effective February 1, 2017.

On February 7, 2017, NYSOH issued an enrollment notice confirming your enrollment on February 6, 2017, in a Medicaid Managed Care plan starting March 1, 2017.

On February 24, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin February 1, 2017.

On June 2, 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 supports the following findings of fact:

- 1) You testified, and the record reflects, that you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) NYSOH received your application for financial assistance on October 25, 2016.
- 3) The October 26, 2016, eligibility determination notice asked you to provide proof of your household income by November 9, 2016.
- 4) On November 7, 2016, NYSOH received copies of your income documentation in the form of paystubs from your spouse's employer with

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check dates of October 14, and 28, 2016. Those checks included a pay period from 9/19/16- 10/2/16, and 10/3/16- 10/16/16. See Document [REDACTED].

- 5) Your income documentation was determined invalid by a NYSOH representative on November 22, 2016. The notes in your NYSOH account state this was because you needed to provide 4 consecutive weeks of paystubs dated within November 20, 2016 or more recent.
- 6) On January 25, 2017, you submitted documentation of your spouse's paystubs to NYSOH for verification of the income stated in your application. The documents included two paystubs from your spouse's employer with check dates of January 6, and 20, and 2017. See Documents [REDACTED].
- 7) On February 24, 2017, your spouse's paystubs were verified as acceptable proof of income.
- 8) The record reflects you were determined eligible for Medicaid on February 3, 2017.
- 9) The record reflects that you selected a Medicaid Managed Care plan on February 6, 2017.
- 10) You testified that you want your Medicaid Managed Care plan to begin on February 1, 2017, because you incurred medical bills for that month due to the birth of your child which were not covered by Medicaid.

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);

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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 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 you with timely determination of your Medicaid eligibility as of February 4, 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 October 25, 2016. The income amount that was entered into this application did not match federal and state data sources. You were determined presumptively eligible for Medicaid due to the fact you were pregnant during your application, effective October 1, 2016. NYSOH asked that you submit additional documentation to confirm your income by November 9, 2016.

On November 7, 2016, you uploaded to your NYSOH account income documentation in the form of paystubs from your spouse's employer with check dates of October 14, and 28, 2016.

Your income documentation was determined to be invalid by a NYSOH representative on November 22, 2016. The note left by the NYSOH representative in your account stated the reason for invalidation was because you needed to provide 4 consecutive weeks of paystubs dated within November 20, 2016 or more recent.

However, on November 7, 2016, you provided two paystubs showing four weeks of pay and included a pay period from 9/19/16- 10/2/16, and 10/3/16- 10/16/16. The October 26, 2016, notice asked you to provide four weeks of consecutive paystubs for the last four weeks by November 9, 2016. The last four weeks counting back from your October 26, 2016 notice would be within the date range of the check dates you provided to NYSOH on November 7, 2016, which were October 14, and October 28, 2016.

Therefore, your application was considered complete as of November 7, 2016, for purposes of issuing an eligibility determination notice.

NYSOH must provide Medicaid applicants that are pregnant 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 4, 2017, that stated you were eligible for Medicaid effective February 1, 2017. Since NYSOH issued an eligibility determination beyond thirty days the date your application was considered complete due to the improper invalidation of your income documentation, the February 4, 2017, eligibility determination was untimely.

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

You contacted NYSOH on February 6, 2017 and enrolled into a Medicaid Managed Care plan.

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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.

However, since the February 4, 2017 eligibility determination notice was not timely issued, you were unable to select a Medicaid Managed Care plan as of your November 7, 2016 completed application date. Had your income documentation been reviewed, a determination on your eligibility could have been made, and you would have been able to select a health plan by November 7, 2016.

Your plan would therefore properly take effect on the first day of the next month following November; that is, on December 1, 2016.

Therefore, the February 7, 2017, enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective March 1, 2017, is MODIFIED to reflect your Medicaid Managed Care plan should have begun December 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan effective December 1, 2016.

Decision

The February 4, 2017, eligibility determination was untimely and is MODIFIED to state that you were eligible for Medicaid effective November 1, 2016.

The February 7, 2017, enrollment confirmation notice is MODIFIED to reflect your Medicaid Managed Care plan began December 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan effective December 1, 2016.

Effective Date of this Decision: July 13, 2017

How this Decision Affects Your Eligibility

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 enrollment in your Medicaid Managed Care plan is December 1, 2016.

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of December 1, 2016.

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).

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- By fax: 1-855-900-5557

Summary

The February 4, 2017, eligibility determination was untimely and is MODIFIED to state that you were eligible for Medicaid effective November 1, 2016.

The February 7, 2017, enrollment confirmation notice is MODIFIED to reflect your Medicaid Managed Care plan began December 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan effective December 1, 2016.

Your enrollment in your Medicaid Managed Care plan is December 1, 2016.

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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