



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

Notice of Decision

Decision Date: July 06, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000016751

[REDACTED]

Dear [REDACTED],

On June 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 10, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 6, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000016751

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide you with a timely determination of your children's eligibility following your January 9, 2017 updated application?

Did NYSOH properly determine your children's fee-for-service Medicaid coverage became effective no earlier than March 1, 2017?

Did NYSOH properly determine your children's enrollment in their Medicaid Managed Care plan was effective no earlier than April 1, 2017?

Procedural History

On May 11, 2016, NYSOH issued an eligibility determination notice stating your children were eligible for Child Health Plus, effective June 1, 2016. Your children were subsequently enrolled in a Child Health Plus plan.

On January 9, 2017, NYSOH received your updated application for financial assistance with your children's health insurance.

On January 10, 2017, NYSOH issued a notice stating the income information listed in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household's income by January 24, 2017 or NYSOH would not be able to determine your children's eligibility for health insurance.

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Also on January 10, 2017, NYSOH issued a disenrollment notice stating your children's Child Health Plus plan coverage was terminated, effective January 31, 2017, because they were no longer eligible to remain enrolled in the plan.

On January 21, 2017, NYSOH received income documentation uploaded to your account.

On January 26, 2017, NYSOH received your updated application for financial assistance with your children's health insurance.

On January 27, 2017, NYSOH issued a notice stating the income information listed in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household's income by January 24, 2017 or NYSOH would not be able to determine your children's eligibility for health insurance.

On March 9, 2017, NYSOH systematically redetermined your children's eligibility, that day a preliminary eligibility determination was prepared finding your children eligible for Medicaid, effective March 1, 2017. Your children were enrolled in a plan the same day with an effective date of April 1, 2017.

Also on March 9, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your children's Medicaid coverage insofar as they did not have coverage in February 2017.

On June 1, 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 support the following findings of fact:

- 1) Your children were enrolled in a Child Health Plus plan, effective June 1, 2016.
- 2) You updated your application online on January 9, 2017, reducing your attested annual income to \$26,202.00. You testified your income decreased because you lost a part time job you had in 2016.
- 3) According to your account, NYSOH was unable to confirm the income amount listed in your application and income documentation was requested by January 24, 2017 to confirm your children's eligibility for health insurance.

- 4) Your children were disenrolled from their Child Health Plus plan, effective January 31, 2017, because they were no longer eligible for Child Health Plus based on the income information listed in the January 9, 2017 application.
- 5) On January 21, 2017, you uploaded four consecutive weekly paystubs to your NYSOH account [REDACTED].
- 6) On January 26, 2017, you submitted an updated application online. The income information listed in that application remained unchanged from the information listed in the January 9, 2017 application.
- 7) NYSOH issued a notice on January 27, 2017, indicating income documentation was required to confirm the information listed in your application. The notice directed you to submit documentation by January 24, 2017.
- 8) On March 9, 2017, NYSOH verified the income documentation submitted on January 21, 2017. The same day your children's eligibility was systematically redetermined, based on the confirmed income information listed in the January 2017 applications, and your children were determined eligible for Medicaid, effective March 1, 2017.
- 9) You testified, and your account confirms, you selected a Medicaid Managed Care plan for your children online on March 9, 2017. The coverage through that plan became effective April 1, 2017.
- 10) Your account confirms that your children had no health coverage in February 2017.
- 11) Your account confirms your children had fee-for-service Medicaid coverage only in March 2017.
- 12) You testified your child has outstanding medical bills from February 2017.
- 13) You testified you are only appealing your children's coverage start dates.
- 14) You testified your children's medical provider accepts fee-for-service Medicaid, so you are seeking to have that coverage backdated to February 1, 2017 to cover outstanding bills from that month. You testified you would like the children's Medicaid Managed Care plan backdated as well.
- 15) According to your account, at the time of both January 2017 applications, your children were [REDACTED].

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

Applicable Law and Regulations

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 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)).

Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If the Marketplace 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)).

Medicaid Effective Dates of Coverage

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)).

Legal Analysis

The first issue under review is whether NYSOH provided you with a timely determination of your children's eligibility following your January 9, 2017 updated application.

You updated your application online on January 9, 2017, reducing your attested annual income to \$26,202.00. According to your account, NYSOH was unable to confirm the income amount listed in your application.

Pursuant to the above regulations, for all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data to verify the household's income. If the Marketplace 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. Following your updated application, NYSOH issued a notice on January 10, 2017, requesting proof of your household's income, by January 24, 2017, to confirm your children's eligibility for health insurance.

Your account confirms you uploaded four consecutive weekly paystubs to your account on January 21, 2017, prior to the January 24, 2017 deadline for same. Subsequently, according to your account, you submitted another updated application on January 26, 2017 listing the same income information. As the income documentation, you uploaded on January 21, 2017 had not yet been verified, NYSOH again requested income documentation to confirm the income information listed in the application.

Your account confirms the income documentation you submitted on January 21, 2017 was not verified by NYSOH until March 9, 2017. An eligibility determination notice finding your children eligible for Medicaid, effective March 1, 2017, was issued the following day, on March 10, 2017.

According to the regulations, NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application for a child who is at least 1 year of age but younger than 19 years of age.

As discussed above, you submitted an updated application of January 9, 2017; however, NYSOH was unable to verify the income information listed in that application and additional documentation was requested. Therefore, the application was not deemed complete until NYSOH received your, later verified, income documentation on January 21, 2017. However, your account confirms

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you submitted a subsequent updated application on January 26, 2017 and, as such, this application superseded the prior January 9, 2017 application. Although NYSOH requested income documentation to verify the income amount listed in the January 26, 2017 application, the income amount was the same as listed in the prior January 9, 2017 application and income documentation confirming that amount had already been submitted on January 21, 2017. Accordingly, the facts of the case establish that you submitted a completed application on January 26, 2017. According to the regulations, NYSOH had 30 days from the date of that application; that is, February 25, 2017, to provide your children with an eligibility determination.

The evidence establishes NYSOH did not provide you with a determination of your children's eligibility until March 10, 2017, more than 30 days from the date of your last completed application. Accordingly, the March 10, 2017 eligibility determination notice was untimely.

The second issue under review is whether NYSOH properly determined your children's fee-for-service Medicaid coverage became effective no earlier than March 1, 2017.

As discussed above, you submitted a completed application for financial assistance with your children's health insurance on January 26, 2017 and, therefore, NYSOH had until February 25, 2017 to issue a determination of their eligibility based on that application.

Pursuant to the regulations, 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. Had NYSOH issued the eligibility determination timely, by February 25, 2017, your children would have been eligible for fee-for-service Medicaid coverage on the first day of that month; that is, February 1, 2017.

Accordingly, the March 10, 2016 eligibility determination notice is MODIFIED to reflect your children were eligible for fee-for-service Medicaid, effective February 1, 2017.

The third issue under review is whether NYSOH properly determined your children's enrollment in their Medicaid Managed Care plan was effective no earlier than April 1, 2017.

As previously discussed, the March 10, 2017 eligibility determination notice finding your children eligible for Medicaid, effective March 1, 2017, was untimely and should have been issued no later than February 25, 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.

Given the evidence you selected a plan for enrollment for your children immediately upon learning their eligibility on March 9, 2017, it is assumed you would have selected the same plan immediately had the subject eligibility determination been issued timely, by February 25, 2017. In accordance with the regulation, a plan selected on February 25, 2017 would have become effective the first day of the second following month; that is April 1, 2017.

Accordingly, the March 10, 2017 enrollment confirmation notice stating your children were enrolled in a Medicaid Managed Care plan, effective April 1, 2017, is correct and must be AFFIRMED.

Decision

The March 10, 2017 eligibility determination notice was untimely.

The March 10, 2016 eligibility determination notice is MODIFIED to reflect your children were eligible for fee-for-service Medicaid, effective February 1, 2017.

Your case is RETURNED to NYSOH to ensure your children's effective dates of coverage are corrected in accordance with this decision.

The March 10, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 6, 2017

How this Decision Affects Your Eligibility

Your children's fee-for-service Medicaid coverage became effective February 1, 2017.

Your case is being sent back to NYSOH to ensure your children's effective dates of coverage are corrected in accordance with this decision.

Your children's Medicaid Managed Care plan coverage was not effective until April 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
- By mail at:

NY State of Health Appeals
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 10, 2017 eligibility determination notice was untimely.

The March 10, 2016 eligibility determination notice is MODIFIED to reflect your children were eligible for fee-for-service Medicaid, effective February 1, 2017.

Your case is RETURNED to NYSOH to ensure your children's effective dates of coverage are corrected in accordance with this decision.

The March 10, 2017 enrollment confirmation notice is AFFIRMED.

Your children's fee-for-service Medicaid coverage became effective February 1, 2017.

Your children's Medicaid Managed Care plan coverage was not effective until April 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 مجانًا.

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. y&b&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.

שׂוֹדִיִּשׁ (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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