



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

Notice of Decision

Decision Date: July 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017210

[REDACTED]

Dear [REDACTED]

On June 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2017 eligibility determination and February 25, 2017 plan enrollment 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).

This page intentionally left blank.

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

Decision

Decision Date: July 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017210

[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 youngest child's Medicaid eligibility as of February 17, 2017?

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

Procedural History

On November 13, 2016, NY State of Health (NYSOH) received your application for financial assistance with your health insurance. Also on this date, you uploaded two documents to your NYSOH account.

On November 14, 2016, NYSOH issued an eligibility determination stating that your youngest child was eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective December 1, 2016. This notice directed you to submit additional income documentation to confirm the eligibility for the members of your household by February 11, 2017.

On November 27, 2016, NYSOH issued a plan enrollment notice confirming your youngest child's enrollment in a Child Health Plus plan with a \$9.00 monthly premium, effective December 1, 2016.

On November 29, 2016, NYSOH invalidated the income documentation you uploaded to your NYSOH account on November 13, 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).

On November 30, 2016, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information listed in your application. This notice directed you to submit additional documentation by February 11, 2017.

On February 6, 2017, you uploaded one document to your NYSOH account.

On February 16, 2017, NYSOH validated the income documentation you submitted on February 6, 2017, and an updated application was run on your family's behalf.

On February 17, 2017, NYOSH issued an eligibility determination stating that your youngest child was eligible for Medicaid, effective March 1, 2017. This notice directed you to select a plan for enrollment.

Also on February 17, 2017, NYSOH issued a plan disenrollment notice stating that your youngest child was disenrolled from her Child Health Plus plan, effective February 28, 2017. This notice further stated that this was because your youngest [REDACTED] was no longer eligible to enroll in a Child Health Plus plan.

On February 25, 2017, NYSOH issued a plan enrollment notice confirming your youngest child's enrollment in a Medicaid Managed Care plan, effective April 1, 2017.

On March 23, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your youngest child's Medicaid Managed Care plan, requesting that it begin March 1, 2017.

On June 28, 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 youngest child's enrollment start date of her Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on November 13, 2016, and your youngest child was found eligible for a Child Health Plus plan, effective December 1, 2016.

- 3) According to your NYSOH account, you enrolled your youngest child into a Child Health Plus plan with a December 1, 2016 start date.
- 4) You testified that you selected your youngest child's Child Health Plus plan based on the fact that [REDACTED] doctor accepted it.
- 5) You testified that it was important that your youngest child's doctor accepted [REDACTED] health insurance because your youngest child was undergoing continuous treatment.
- 6) You testified that your youngest child's doctor does not accept fee-for-service Medicaid.
- 7) On November 13, 2016 and November 18, 2015, you uploaded a separation letter from your employer dated November 13, 2015.
- 8) On November 29, 2016, NYSOH invalidated the separation letter because you were attesting to additional income on your November 13, 2016 application, and NYSOH needed proof of that additional income.
- 9) On February 6, 2017, you uploaded your 2016 federal tax return.
- 10) On February 16, 2017, NYSOH validated your 2016 federal tax return, and submitted an updated application for health insurance on your family's behalf.
- 11) The February 16, 2017 application changed your expected household income from \$45,550.00, which was listed in your November 13, 2016 application, to \$35,694.00.
- 12) The record reflects that you selected a Medicaid Managed Care plan for your youngest child on February 24, 2017.
- 13) You testified that you want your youngest child's Medicaid Managed Care plan to begin on March 1, 2017 because your youngest child's doctor does not accept fee-for-service Medicaid and you had to pay out of pocket for your child's treatment for the month of March 2017.
- 14) You testified that you believe your youngest child's Medicaid Managed Care plan should start on March 1, 2017 because you were not informed of your youngest child's Medicaid eligibility until after the 15th of February; which prevented you from getting a March 1, 2017 start date.

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)).

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 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)).

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).

Legal Analysis

The first issue is whether NYSOH's provided you with timely determination of your youngest child's Medicaid eligibility as of February 17, 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.

You updated your NYSOH account on November 13, 2016. At that time, your youngest child was found eligible for Child Health Plus with a \$9.00 monthly premium, effective December 1, 2016. NYSOH also directed you to submit household income documentation to confirm your household members' eligibility by February 11, 2017.

On November 13, 2016, you uploaded a separation letter from your former employer, dated November 13, 2015. NYSOH invalidated this documentation on November 29, 2016 because you did not submit proof of your additional income that you attested to in your November 13, 2016 application. Subsequently, on November 30, 2016, NYSOH issued a notice stating that the documentation you submitted did not match the information in your application, and requested that additional income documentation be submitted by February 11, 2017.

On February 6, 2017, you uploaded your 2016 federal tax return.

Therefore, your NYSOH account contained a more accurate expected household income amount as of February 6, 2017 for purposes of confirming your household's eligibility.

NYSOH must provide Medicaid applicants who are at least 1 year of age but younger than 19 years 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 17, 2017 that stated your youngest child was eligible for Medicaid effective March 1, 2017. Since NYSOH issued an eligibility determination 10 days from the date your application contained a more accurate expected household annual income amount, the February 17, 2017 eligibility determination was timely.

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).

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

The record reflects that you contacted NYSOH on February 24, 2017 and enrolled your youngest child into a Medicaid Managed Care plan.

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 February 17, 2017 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan for your youngest child as of February 17, 2017. However, you did not select a plan for your youngest child until February 24, 2017. Therefore, your youngest child's plan would properly take effect on the first day of the next month following after February 2017; that is, on April 1, 2017.

Therefore, the February 25, 2017 enrollment confirmation notice stating that your youngest child's enrollment in her Medicaid Managed Care plan would be effective April 1, 2017, was correct and must be AFFIRMED.

Decision

The February 17, 2017 eligibility determination was timely is AFFIRMED.

The February 25, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 05, 2017

How this Decision Affects Your Eligibility

This decision does not affect your youngest child's eligibility.

Your youngest child's enrollment in her Medicaid Managed Care plan is 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 17, 2017 eligibility determination was timely is AFFIRMED.

The February 25, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not affect your youngest child's eligibility.

Your youngest child's enrollment in her Medicaid Managed Care plan is 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 مجاناً.

বাংলা (Bengali)

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).

000 00 00000000000000 0000 000 00000 00000 000 0000000000 000000000 00 00000,
00000000 000 1-855-355-5777 0000000 00 000000 00000 00 0000000 0000 00000
000000000000 00000 00000000 00000 00000000 00000 0000000

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.

שׂוֹדִישׁ (Yiddish)

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).

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.

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).