



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

## Notice of Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017362

[REDACTED]

Dear [REDACTED]

On July 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 28, 2017 plan enrollment 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017362

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) properly enroll your child in a Medicaid Managed Care (MMC) plan with an enrollment start date of May 1, 2017?

Did NYSOH properly enroll you in a MMC plan with an enrollment start date of May 1, 2017?

## Procedural History

On January 15, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, and your child was eligible for Child Health Plus with a monthly premium of \$9.00, both effective as of February 1, 2017.

On January 18, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan and your child's enrollment in a Child Health Plus plan, both with enrollment start dates of February 1, 2017.

On February 14, 2017, your NYSOH account was updated.

On February 15, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective as of February 1, 2017. The notice directed you to submit additional proof of income by March 1, 2017 to confirm your eligibility.

Also on February 15, 2017, NYSOH issued a notice stating in part that the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to submit additional income documentation by March 1, 2017, to confirm your child's eligibility.

On February 16, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan and your child's Child Health Plus coverages would end on February 28, 2017.

On March 6, 2017, additional documentation was uploaded to your NYSOH account (see Documents [REDACTED]).

On March 16, 2017, NYSOH issued a notice stating that the documentation submitted did not confirm the information in your application.

On March 20, 2017, your NYSOH account was updated.

Also on March 20, 2017, additional documentation was uploaded to your NYSOH account (see Document [REDACTED]).

On March 21, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective as of March 1, 2017. The notice directed you to submit additional proof of income by March 31, 2017 to confirm your eligibility.

Also on March 21, 2017, NYSOH issued a notice stating in part that the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to submit additional income documentation by March 31, 2017, to confirm your child's eligibility.

On March 27, 2017, your NYSOH account was updated.

Also on March 27, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your and your child's MMC plan of May 1, 2017.

On March 28, 2017, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid, effective as of March 1, 2017.

Also on March 28, 2017, NYSOH issued a plan enrollment notice confirming that on March 27, 2017, you and your child were enrolled in a MMC plan with an enrollment start date of May 1, 2017.

On July 11, 2017, 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 to request a recording of the February 14, 2017 telephone conversation you had with the NYSOH representative.

On July 12, 2017, the February 14, 2017, recording was received from NYSOH. That recording has been made part of the record as [REDACTED]

## Findings of Fact

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

- 1) According to your NYSOH account and testimony, you are applying for health insurance for yourself and your [REDACTED] child.
- 2) On February 14, 2017, you contacted NYSOH and updated your account to reflect that you were pregnant with a due date of [REDACTED] ([REDACTED]).
- 3) You did not enroll in a MMC plan on February 14, 2017 ([REDACTED]).
- 4) On February 15, 2017, NYSOH issued you a notice stating that you were conditionally eligible for Medicaid, effective as of February 1, 2017. The notice instructed you to enroll in a health plan and provided directions for choosing a MMC plan (see Document [REDACTED]).
- 5) According to your NYSOH account, you receive notices from NYSOH via regular mail.
- 6) According to your NYSOH account, none of the notices that were issued by NYSOH were returned by the postal service as undeliverable.
- 7) On March 6, 2017, four checks from your employer, [REDACTED] [REDACTED] were uploaded to your NYSOH account. The checks were dated, February 6, 2017; February 13, 2017; February 21, 2017, and February 27, 2017, respectively, and each check indicated gross income of \$550.00 in the memo line (see Document [REDACTED]).
- 8) On March 20, 2017, a letter from your employer was submitted to NYSOH. The letter stated that you are issued approximately \$550.00 in gross income per week, and your estimated annual income is between \$25,000.00 and \$26,400.00 (see Document [REDACTED]).
- 9) You testified that your employer does not issue traditional paycheck stubs or earnings statements.

10) According to your NYSOH account, you and your child were enrolled in a MMC plan on March 27, 2017.

11) You testified you want your and your child's MMC plan to be effective March 1, 2017, to cover any medical expenses incurred in the months of March 2017 and April 2017.

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

## **Applicable Law and Regulations**

### MMC Enrollment Start Date

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 - Income

NYSOH may accept self-attestation of information needed to determine the income eligibility of an individual for Medicaid (42 CFR § 435.945(a)). NYSOH must request information relating to financial eligibility from other agencies in the State, other States, and Federal programs to the extent NYSOH determines such information is useful to verifying the financial eligibility for an individual (42 CFR § 435.948(a)).

An individual must not be required to provide additional information or documentation unless information needed by NYSOH cannot be obtained electronically or the information obtained electronically is not reasonably compatible with information provided by or on behalf of the individual (42 CFR § 435.952(c)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your child's MMC plan should have an enrollment start date of May 1, 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 by giving the applicant the opportunity to submit satisfactory documentary evidence.

On February 14, 2017, you submitted a financial assistance application through NYSOH. The household income that you attested to in your application did not match the federal and state data sources. As a result, NYSOH issued you a notice on February 15, 2017, directing you to submit additional proof of income to NYSOH to confirm your child's eligibility for financial assistance. The notice provided an acceptable documentation list including, paycheck stubs for the last 4 weeks (see Document [REDACTED]).

The record reflects that, on March 6, 2017, the last four weekly checks issued by your employer were submitted to NYSOH. Each check was issued for the amount of \$405.87 and indicated a gross income of \$550.00 in the memo line (see Document [REDACTED]). You testified that your employer does not issue traditional paycheck stubs or earnings statements.

The record supports that the documentation submitted on March 6, 2017, was sufficient to satisfy NYSOH's request for additional documentation and render an eligibility determination as of that date.

If a MMC plan was selected for your child on March 6, 2017, the plan enrollment start date would have been effective on the first day of the first month following March 6, 2017; that is, on April 1, 2017.

Therefore, the March 28, 2017 plan enrollment notice is MODIFIED, in relevant part, to state that your child was enrolled in a MMC plan with an enrollment start date of April 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's MMC plan coverage as of April 1, 2017.

The second issue under review is whether NYSOH properly determined that your MMC plan should have an enrollment start date of May 1, 2017.

On February 14, 2017, you submitted a financial assistance application through NYSOH. Based on that application, you were determined conditionally eligible for Medicaid.

According to the record, an MMC plan was not chosen on February 14, 2017 ([REDACTED]). Furthermore, on February 15, 2017, NYSOH issued you a notice directing you to enroll in a health plan and provided instructions for choosing a MMC plan (see Document [REDACTED]).

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 NYSOH account confirms, that you elected to receive notifications by regular mail, and there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable. Therefore, NYSOH notified you that a health plan needed to be selected to ensure that you were enrolled in MMC plan.

The record reflects that on March 27, 2017, you were enrolled in a MMC plan.

The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since your MMC plan was selected on March 27, 2017, it must take effect on the first day of the second following after March 27, 2017; that is, on May 1, 2017.

Therefore, the March 28, 2017 plan enrollment notice as it relates to your MMC plan enrollment start date of May 1, 2017, is AFFIRMED.

## **Decision**

The March 28, 2017, enrollment notice is MODIFIED to state in relevant part that your child was enrolled in a MMC plan with an enrollment start date of April 1, 2017.

Your child's case is RETURNED to NYSOH to effectuate your child's MMC plan coverage, effective April 1, 2017, and to notify you accordingly.

The March 28, 2017 enrollment notice, insofar as stating that you were enrolled in a MMC plan with an enrollment start date is May 1, 2017, is AFFIRMED.

**Effective Date of this Decision:** July 26, 2017

## **How this Decision Affects Your Eligibility**

By this Decision, your child's MMC plan is effective April 1, 2017.

Your child's case is being sent back to NYSOH to effectuate their MMC plan coverage effective April 1, 2017. NYSOH will notify you once this has been done.

Your MMC plan remains effective May 1, 2017.

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).



## **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:

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).

NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The March 28, 2017, enrollment notice is MODIFIED to state in relevant part that your child was enrolled in a MMC plan with an enrollment start date of April 1, 2017.

Your child's case is RETURNED to NYSOH to effectuate your child's MMC plan coverage, effective April 1, 2017, and to notify you accordingly.

The March 28, 2017 enrollment notice, insofar as stating that you were enrolled in a MMC plan with an enrollment start date is May 1, 2017, is AFFIRMED.

By this Decision, your child's MMC plan is effective April 1, 2017.

Your child's case is being sent back to NYSOH to effectuate their MMC plan coverage effective April 1, 2017. NYSOH will notify you once this has been done.

Your MMC plan remains effective May 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)

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).

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 नि:शुल्क 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 नि:शुल्क 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 b etumi ama wo obi a okyer e 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 דאלמענטשער 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).

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