



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

Notice of Decision

Decision Date: August 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017657



Dear [REDACTED],

On July 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 11, 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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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your Medicaid eligibility as of March 10, 2017?

Did NYSOH properly determine that your enrollment in your Medicaid Managed Care plan was effective April 1, 2017?

Procedural History

On December 9, 2016, NYSOH issued an eligibility determination notice, based on your December 8, 2016 updated application, stating in relevant part that you were eligible to enroll in the Essential Plan for a limited time with a \$20.00 monthly premium, effective January 1, 2017.

Also on December 9, 2016, NYSOH issued a plan enrollment notice confirming in relevant part that you were enrolled in Essential Plan 1, with \$20.00 per month premium and an enrollment start date of January 1, 2017.

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

On February 15, 2017, NYSOH issued an eligibility determination notice stating in part that you were eligible to enroll in the Essential Plan for a limited time with a \$20.00 monthly premium, effective March 1, 2017.

Also on February 15, 2017, NYSOH issued a plan enrollment notice confirming in part that you were enrolled in Essential Plan 1 with \$20.00 per month premium and an enrollment start date of January 1, 2017.

On February 22, 2017, NYSOH received your updated application for financial assistance with your health insurance. That application stated that you were pregnant and expecting one child with a due date of [REDACTED].

On February 23, 2017, NYSOH issued an eligibility determination notice finding you conditionally eligible for Medicaid, effective February 1, 2017. That notice directed you to produce income documentation for your household by March 9, 2017, to confirm your eligibility.

Also on February 23, 2017, NYSOH issued a notice indicating that the income information in your February 22, 2017 application did not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your application. The notice also directed you to submit income documentation for your household by March 9, 2017.

Also on February 23, 2017, NYSOH issued a disenrollment notice stating that your coverage with Essential Plan 1 would end on February 28, 2017. The notice further stated that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a plan.

On February 25, 2017, NYSOH issued a notice indicating the documentation you submitted was insufficient to confirm the income information listed in your application. The notice directed you to submit additional documentation to verify your household income by March 24, 2017.

On March 1, 2017, your NYSOH account was updated.

On March 2, 2017, NYSOH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid, effective March 1, 2017.

Also on March 2, 2017, NYSOH issued a notice indicating that the income information in your application does not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your application. The notice directed you to submit income documentation for your household by March 24, 2017.

On March 6, 2017, you uploaded to your account four earning statements for your spouse, dated January 18, 2017, January 25, 2017, February 1, 2017 and February 8, 2017 (see Documents [REDACTED]).

On March 9, 2017, NYSOH validated your household income documentation and adjusted the income information and a new application was submitted on your behalf.

On March 10, 2017, NYSOH issued an eligibility determination notice stating that you were fully eligible for Medicaid, effective March 1, 2017.

Also on March 10, 2017, you selected a Medicaid Managed Care plan.

On March 11, 2017, NYSOH issued a plan enrollment notice confirming your selection of a Medicaid Managed Care plan on March 10, 2017 with an enrollment start date of April 1, 2017.

On July 18, 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 that you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) According to your NYSOH account and your testimony, on February 22, 2017, you updated your account to reflect that you were pregnant and expecting one child with a due date of [REDACTED].
- 3) On March 6, 2017, you uploaded to your NYSOH account four consecutive earning statements of your spouse dated January 18, 2017, January 25, 2017, February 1, 2017 and February 8, 2017.
- 4) According to your NYSOH account, on March 9, 2017, your spouse's earning statements were verified as acceptable proof of income and your household income was adjusted.
- 5) According to your NYSOH account, your eligibility was re-run on March 9, 2017 and you were determined fully eligible for Medicaid, effective March 1, 2017.
- 6) According to your NYSOH account and your testimony, you selected your Medicaid Managed Care Plan on March 10, 2017, with an enrollment start date of April 1, 2017.

- 7) You testified that you want your Medicaid Managed Care plan to begin on March 1, 2017 because one of your doctor's that you treated with in March 2017 does not accept Medicaid Fee-For-Service and you have a \$450.00 bill for that visit and you cannot afford to pay for it.

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 pregnant Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application (18 NYCRR § 360.2.4(3)(i)).

Medicaid for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for 2 months after the month in which the pregnancy ends (N.Y. Soc. Serv. Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

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

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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 from state and federal data sources 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).

Legal Analysis

The first issue under review is whether NYSOH's provided you with timely determination of your Medicaid eligibility as of March 10, 2017.

For all individuals who apply for health insurance through NYSOH, NYSOH must determine their eligibility promptly and without undue delay. In order for NYSOH to make their final decision, an individual's application must be complete.

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data from state and federal data sources 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 February 22, 2017 to indicate that you were pregnant and expecting one child. As a result, you became presumptively (conditionally) eligible for Medicaid. In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination.

You were not found fully eligible for Medicaid at the time of the February 22, 2017 application because the income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH issued an eligibility determination notice finding you only conditionally eligible for

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Medicaid effective February 1, 2017. NYSOH directed you to submit additional documentation by March 9, 2017 to confirm your household income in order to complete your application and be found fully eligible for Medicaid.

On March 6, 2017, you submitted four consecutive earning statements of your spouse dated January 18, 2017, January 25, 2017, February 1, 2017 and February 8, 2017. Therefore, your application was considered complete as of March 6, 2017, for purposes of issuing a final eligibility determination.

NYSOH must provide pregnant Medicaid applicants 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 look at the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on March 10, 2017 that stated you were fully eligible for Medicaid effective March 1, 2017. Since NYSOH issued an eligibility determination 4 days from the date your application was considered complete, the March 10, 2017 eligibility determination notice was timely and is AFFIRMED.

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

The disenrollment notice issued on February 23, 2017 stated that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a plan. This is because individuals who are conditionally eligible for Medicaid are not able to enroll into a Medicaid Managed Care plan. Therefore, NYSOH was proper in not allowing you to enroll into a Medicaid Managed Care plan until you were found fully eligible for Medicaid.

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.

According to your NYSOH account, your household's income was verified on March 9, 2017. According to your NYSOH account and your testimony, on March 10, 2017 you selected and enrolled into a Medicaid Managed Care plan.

Since the March 10, 2017 eligibility determination notice finding you fully eligible for Medicaid was timely issued, you were able to select a Medicaid Managed Care plan as of that date, which is before the sixteenth day of the month.

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Therefore, your coverage in your Medicaid Managed Care plan would properly take effect on the first day of the following month after March 2017; that is, on April 1, 2017.

Therefore, the March 11, 2017 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2017, was correct and must be AFFIRMED.

Decision

The March 10, 2017 eligibility determination notice is AFFIRMED.

The March 11, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 23, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility for Medicaid.

The effective date of your 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:

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).

- 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 March 10, 2017 eligibility determination notice is AFFIRMED.

The March 11, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility for Medicaid.

The effective date of your 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:

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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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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