



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

Notice of Decision

Decision Date: August 31, 2017

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000017839

[REDACTED]

Dear [REDACTED]

On July 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 18, 2017 eligibility determination and 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 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 Date: August 31, 2017

NY State of Health Number: [REDACTED]
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[REDACTED]

Issues

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

Did NY State of Health (NYSOH) timely and properly determine that your youngest child was eligible for Medicaid, effective March 1, 2017?

DID NYSOH properly enroll your youngest child in a Medicaid Managed Care (MMC) plan, effective May 1, 2017?

Procedural History

On October 9, 2016, NYSOH issued a notice informing you it was time to renew insurance for you and your two children and, based on federal and state data sources, NYSOH could not decide whether your family qualified for financial help paying for your health coverage. The notice directed you to update the information in your NYSOH account by November 15, 2016, so a decision about your family's eligibility for financial assistance could be made. The notice further stated that, if you missed this deadline, the financial assistance your family was getting might end.

On November 4, 2016, based on your November 3, 2016 updated application, NYSOH issued a notice informing you that the income information in your application did not match what NYSOH received from federal and state data sources and additional information was required to confirm your family's eligibility for financial assistance. You were directed to provide proof of income by November 18, 2016 for all family members.

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Also on November 4, 2016, NYSOH issued a disenrollment notice stating that your family's 2016 coverage in your MMC plan would end November 30, 2016.

On November 19, 2016, NYSOH issued an eligibility determination notice stating that you and your eldest child were eligible for Medicaid, effective December 1, 2016, and needed to pick a health plan. You also you needed to submit proof of income for your youngest child.

Also on November 19, 2016, NYSOH issued a notice informing you that the income information in your application did not match what NYSOH received from federal and state data sources and additional information was required to confirm your youngest child's eligibility for financial assistance. You were directed to provide proof of income for that child.

On November 23, 2016, NYSOH issued a plan enrollment notice confirming that you and your eldest child were enrolled in an MMC plan, effective January 1, 2017.

On November 30, 2016, NYSOH issued an eligibility determination notice stating that you and your eldest child remained eligible for Medicaid, effective December 1, 2016, but you needed to provide additional information (proof of income) for your youngest child by December 14, 2016, so their eligibility for financial assistance could be determined.

Also on November 30, 2016, NYSOH issued a notice informing you that the income information in your application did not match what NYSOH received from federal and state data sources and additional information is required to confirm your youngest child's eligibility for financial assistance. You were directed to provide proof of income for that child by December 14, 2016, to confirm their eligibility.

Also on November 30, 2016. NYSOH issued a plan enrollment notice confirming that you and your eldest child were enrolled in an MMC plan with an enrollment start date of January 1, 2017.

On December 7, 2016, NYSOH issued a notice that the income documentation you submitted had been reviewed but did not confirm the information in your application. The notice directed you to provide additional income documentation for your youngest child by December 29, 2016.

On January 6, 2017, NYSOH issued an eligibility determination notice stating that you and your eldest child remained eligible for Medicaid, effective January 1, 2017. The notice directed you to provide more information (proof of income) for your youngest child by January 13, 2017.

Also on January 6, 2017, NYSOH issued a notice informing you that the income information in your application did not match what NYSOH received from federal and state data sources and additional information was required to confirm your youngest child's eligibility for financial assistance. You were directed to provide proof of income for that child by January 13, 2017.

Also on January 6, 2017, NYSOH issued a plan enrollment notice confirming that you and your eldest child were enrolled in an MMC plan, effective January 1, 2017.

On January 24, 2017, NYSOH issued a notice stating that the documents you submitted had been reviewed but did not confirm the information in your application. The notice directed you to submit additional income documentation for your youngest child by February 12, 2017.

On February 24 and 25, 2017, NYSOH issued eligibility determination notices stating in part that you needed to provide more income documentation by February 27, 2017, to confirm your youngest child's eligibility.

Also on February 24 and 25, 2017, NYSOH issued notices informing you that you needed to submit additional income documentation by February 27, 2017, to confirm your youngest child's eligibility.

On March 18, 2017, NYSOH issued an eligibility determination notice stating that you and your eldest child remained eligible for Medicaid effective March 1, 2017, and your youngest child was eligible for Medicaid, effective March 1, 2017.

Also on March 18, 2017, NYSOH issued a plan enrollment notice confirming that you and your eldest child were enrolled in an MMC plan, effective January 1, 2017, and the MMC plan you selected on March 17, 2017 for your youngest child would be May 1, 2017.

On April 7, 2017, you spoke to NYSOH's Account Review Unit and appealed your youngest child's eligibility for Medicaid as of March 1, 2017, and their MMC plan enrollment start date of May 1, 2017, insofar as their eligibility for Medicaid was not effective December 1, 2016 and their MMC plan enrollment was not effective January 1, 2017.

On July 25, 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 proceeding.

Findings of Fact

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

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- 1) According to your NYSOH account and the November 4, 2016 disenrollment notice, the health insurance coverage you, your eldest child, and your youngest child had in 2016 through an MMC plan ended November 30, 2016. This fact is not in dispute.
- 2) Through this appeal, you are seeking to have your youngest child's health insurance coverage in Medicaid backdated to December 1, 2016 and in their MMC plan as of January 1, 2017.
- 3) According to your NYSOH account, you expected to file your 2017 tax return with a tax filing status of Head of Household with Qualifying Individual. You will claim your eldest child as a dependent on that tax return.
- 4) Your application states that neither your eldest child nor your youngest child have any income and will not be filing taxes. You testified that you support both children financially. You also indicated that you are the guardian of your youngest child.
- 5) At the time of your application, your youngest child was [REDACTED] and turned [REDACTED] on [REDACTED].
- 6) According to your November 3, 2016 application, the annual household income was listed as \$18,980.00 in earnings you receive from employment.
- 7) According to your NYSOH account, your household income was validated by NYSOH on November 18, 2016.
- 8) According to your NYSOH account, on November 19, 2016, NYSOH issued notices stating that you and your eldest child were determined to be Medicaid eligible upon renewal, effective December 1, 2016, and were enrolled in an MMC plan, effective January 1, 2017.
- 9) According to your NYSOH account, your youngest child's eligibility for financial assistance could not be determined because proof of their income was needed. A total of ten notices were sent to you from November 19, 2016 through February 25, 2017, informing you that additional information was needed to confirm your youngest child's eligibility for Medicaid.
- 10) According to your NYSOH account, on December 6, 2016, the paystubs you submitted were invalidated as outdated, except for one paystub that was current but from an employer you had not attested to working for.

- 11) According to your NYSOH account, on January 23, 2017, the self-attestation you submitted was invalidated and a notice was sent referring you to an attached acceptable documents list to prove income.
- 12) According to your NYSOH account, on February 13, 2017, two earnings statements with pay dates of January 19, 2017 and January 27, 2017, were uploaded to your NYSOH under the generic documents for your youngest child's (see Document [REDACTED]).
- 13) According to your NYSOH, on February 17, 2017, three earnings statements with pay dates of December 29, 2016, January 5, 2017 and January 12, 2017, were uploaded to your NYSOH account under generic documents for you (see Document [REDACTED]).
- 14) According to your NYSOH account, on February 23, 2017, the household income for your youngest child was validated and the annual household income was updated from \$18,980.00 to \$19,656.00. You testified at hearing that \$19,656.00 was a good estimate of your projected 2017 annual gross household income.
- 15) According to your NYSOH account, on March 10, 2017, the household income for your youngest child was again validated and the annual household income was updated from \$18,980.00 to \$19,656.00.
- 16) Your application states that you will not be taking any deductions on your 2017 tax return.
- 17) Your youngest child was determined eligible for Medicaid Fee-For-Service as of March 1, 2017, and you enrolled them in an MMC plan on March 17, 2017, with a May 1, 2017 enrollment start date.
- 18) According to your NYSOH account, both your children reside with you in Kings County, NY.
- 19) You testified that your youngest child was [REDACTED] in February 2017 and April 2017, and you incurred medical bills that you need covered.
- 20) You testified that you would like your youngest child's eligibility for Medicaid to be made effective December 1, 2016, and their enrollment in their MMC plan effective January 1, 2017, similar to your and your eldest child's eligibility for Medicaid and MMC plan enrollment.

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

Applicable Law and Regulations

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 Eligibility Determination

When an individual applies for insurance, 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 45 days from the date of the completed application (42 CFR § 435.912). 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 (18 NYCRR 360-2.4(a)(3)(ii)).

Legal Analysis

Initially, it is noted that your child's eligibility for Medicaid is not in dispute.

Instead, the issue under review is whether NYSOH fail to issue a timely eligibility determination based on the income documentation you had submitted and that had been verified on November 18, 2016.

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

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eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

On November 3, 2016, you submitted an updated application for health insurance for your family through NYSOH. In that application, you attested to earnings of \$18,980.00. Your income was verified by NYSOH on November 19, 2016, and you and your eldest child were determined eligible for Medicaid as of December 1, 2016, and enrolled in an MMC plan, effective January 1, 2017, as stated in the corresponding November 19, 2016 notices. However, your youngest child's eligibility for Medicaid was pending proof of income for several months.

NYSOH reported that your youngest child's eligibility not being determined along with your and your eldest child's eligibilities was a defect in that the system was not satisfying the income verification request for your youngest child when it had verified income, eligibility for Medicaid, and enrollment in an MMC plan for you and your eldest child.

Therefore, it is concluded that this defect resulted in NYSOH not issuing a timely eligibility determination notice for your youngest child even though it was clear from the record that, as of November 18, 2016, there was enough information to issue an eligibility determination for the other people in your household.

Since NYSOH failed to issue a timely notice of eligibility determination, even though you had submitted the required documentation, it is determined that your youngest child's Medicaid coverage should be effective as of December 1, 2016, and their enrollment in their MMC plan should be effective as of January 1, 2017.

Therefore, the March 18, 2017 eligibility determination notice is MODIFIED in relevant part to state that your youngest child was eligible for Medicaid, effective December 1, 2017.

The March 18, 2017 plan enrollment notice is MODIFIED in relevant part to state your youngest child was enrolled in the MMC plan you selected for them on March 17, 2017, as of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate these changes if it has not already done so, and to notify you accordingly.

Decision

NYSOH failed to issue a timely notice of eligibility determination for your youngest child.

The March 18, 2017 eligibility determination notice is MODIFIED insofar as it states your youngest child is eligible for Medicaid, effective March 1, 2017, to

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instead state your youngest child is eligible for Medicaid, effective December 1, 2017.

The March 18, 2017 plan enrollment notice is MODIFIED in relevant part to state your youngest child's enrollment in their MMC plan is effective January 1, 2017.

This Decision supersedes (overrides) all previous eligibility determination notices issued and pending Medicaid statuses made by NYSOH regarding your youngest child only.

Your case is RETURNED to NYSOH to effectuate your youngest child's coverage in Medicaid Fee-For-Service, effective December 1, 2016, and their coverage in their MMC plan, effective January 1, 2017, and to notify you accordingly.

Effective Date of this Decision: August 31, 2017

How this Decision Affects Your Eligibility

Your youngest child should have been determined Medicaid eligible as of December 1, 2016, with coverage through Medicaid Fee-For-Service as of that date and coverage in their MMC plan as of January 1, 2017.

Your case is being sent back to NYSOH to change your youngest child's eligibility for Medicaid to December 1, 2016, as well as their coverage in Medicaid Fee-For-Service as of that date and coverage in their MMC plan as of January 1, 2017. NYSOH will notify you once these changes have been made.

This change in your youngest child's Medicaid eligibility will affect the 12 months of continuous coverage they currently have as of March 1, 2017, in that it will now begin as of December 1, 2016 and end on November 30, 2017, at the same time as your and your eldest child's 12 months of Medicaid continuous coverage.

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.

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

NYSOH failed to issue a timely notice of eligibility determination for your youngest child.

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The March 18, 2017 eligibility determination notice is MODIFIED insofar as it states your youngest child is eligible for Medicaid, effective March 1, 2017, to instead state your youngest child is eligible for Medicaid, effective December 1, 2017.

The March 18, 2017 plan enrollment notice is MODIFIED in relevant part to state your youngest child's enrollment in their MMC plan is effective January 1, 2017.

This Decision supersedes (overrides) all previous eligibility determination notices issued and pending Medicaid statuses made by NYSOH regarding your youngest child only.

Your case is RETURNED to NYSOH to effectuate your youngest child's coverage in Medicaid Fee-For-Service, effective December 1, 2016, and their coverage in their MMC plan, effective January 1, 2017, and to notify you accordingly.

Your youngest child should have been determined Medicaid eligible as of December 1, 2016, with coverage through Medicaid Fee-For-Service as of that date and coverage in their MMC plan as of January 1, 2017.

Your case is being sent back to NYSOH to change your youngest child's eligibility for Medicaid to December 1, 2016, as well as their coverage in Medicaid Fee-For-Service as of that date and coverage in their MMC plan as of January 1, 2017. NYSOH will notify you once these changes have been made.

This change in your youngest child's Medicaid eligibility will affect the 12 months of continuous coverage they currently have as of March 1, 2017, in that it will now begin as of December 1, 2016 and end on November 30, 2017, at the same time as your and your eldest child's 12 months of Medicaid continuous coverage.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 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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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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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