



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

Notice of Decision

Decision Date: August 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017883

[REDACTED]

Dear [REDACTED]

On July 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 2, 2017 eligibility determination and May 3, 2017 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: August 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017883

[REDACTED]

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 children's Medicaid eligibility as of May 2, 2017?

Did NYSOH properly determine that your children's Medicaid Managed Care plan began June 1, 2017?

Procedural History

On January 10, 2017, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On January 11, 2017, NYSOH issued a notice stating more information was needed to make a determination for your two oldest children. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by January 25, 2017.

Also on January 11, 2017, NYSOH issued an eligibility determination notice stating that your youngest child remained eligible for Medicaid, effective February 1, 2017.

Also on January 11, 2017, NYSOH issued an enrollment confirmation notice stating that your youngest child was enrolled in a Medicaid Managed Care plan, effective February 1, 2017.

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On January 19, 2017, an application for health insurance was run on your household's behalf.

On January 20, 2017, NYSOH issued a notice stating more information was needed to make a determination for your children. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your two oldest children by January 25, 2017 and your youngest child by February 3, 2017.

On January 21, 2017, NYSOH issued a disenrollment notice, stating that coverage for your youngest child would end effective February 28, 2017.

On January 23, 2017, you faxed income documentation to NYSOH, which were uploaded into your account on February 10, 2017.

On January 26, 2017, you uploaded additional income documentation to your account.

On February 13, 2017, NYSOH received your application for financial assistance with your health insurance.

On February 14, 2017, NYSOH issued a notice stating more information was needed to make a determination for your children. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your youngest child by February 3, 2017 and your two oldest children by February 9, 2017.

Also on February 14, 2017, an application for health insurance was run on your household's behalf.

On February 15, 2017, NYSOH issued an eligibility determination notice stating that if your youngest child was qualified for a special enrollment period, he was conditionally eligible to purchase a qualified health plan at full cost. The notice stated he was not eligible for Medicaid because NYSOH had not received information to verify his income by the due date. The notice also requested that you submit income documentation for your older two children by February 24, 2017.

On February 17, 2017, NYSOH invalidated the documentation you previously submitted.

On February 18, 2017, NYSOH issued a notice stating that the documentation that was reviewed did not confirm the information in your application. You were

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asked to provide additional documentation to prove your household's income by March 11, 2017 for your two oldest children.

On March 7, 2017, you uploaded additional income documentation.

On March 13, 2017, an application for health insurance was run on your behalf.

On March 14, 2017, NYSOH issued an eligibility determination notice stating that if your youngest child was qualified for a special enrollment period, he was conditionally eligible to purchase a qualified health plan at full cost, effective April 1, 2017. The notice stated he was not eligible for Medicaid because NYSOH had not received information to verify his income by the due date. The notice also requested that you submit income documentation for your older two children by March 11, 2017.

On March 16, 2017, an application for health insurance was run on your behalf.

On March 17, 2017, NYSOH issued a notice stating more information was needed to make a determination for your children. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by March 11, 2017 for your two oldest children and March 31, 2017 for your youngest child.

Also on March 17, 2017, NYSOH issued a notice stating that the documentation you provided was insufficient, and requested that you send additional documentation.

On March 25, 2017, you submitted additional income documentation.

On April 1, 2017, NYSOH issued a notice stating that the documentation you provided was insufficient, and requested that you send additional documentation by April 15, 2017 for your youngest child and April 25, 2017 for your two oldest children.

On April 3, 2017, you submitted additional income documentation and updated your application for financial assistance with health insurance.

On April 4, 2017, NYSOH issued a notice stating more information was needed to make a determination for your children. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by April 15, 2017 for your youngest child and April 25, 2017 for your two oldest children.

Also on April 4, 2017, NYSOH verified the documentation you submitted and an application for health insurance was run on your behalf.

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On April 5, 2017, NYSOH issued an eligibility determination notice, stating that your children were eligible for Child Health Plus with a \$9.00 premium, effective May 1, 2017.

On April 10, 2017, you contacted the NYSOH Account Review Unit and requested an appeal insofar as your children did not have coverage effective February 1, 2017.

On April 25, 2017, you submitted additional income documentation.

On May 1, 2017, NYSOH received your updated application for health insurance and additional income documentation.

On May 2, 2017, NYSOH issued an eligibility determination notice was issued stating that your children were eligible for Medicaid effective May 1, 2017.

Also on May 2, 2017 you selected a Medicaid Managed Care plan for your children.

On May 3, 2017, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on May 2, 2017. The notice confirmed your children's enrollment in a plan starting June 1, 2017.

On July 20, 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 the enrollment start date of your children's Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on January 10, 2017.
- 3) You testified that you have two employers, [REDACTED]. You are paid weekly at [REDACTED], and biweekly at [REDACTED].
- 4) You testified that your spouse had two employers until April 15, 2017. He worked for [REDACTED] and [REDACTED], and was paid weekly by each employer.

- 5) On January 23, 2017, and January 26, 2017 you submitted documentation of your paystubs from both employers to NYSOH:
 - a. [REDACTED]:
 - i. dated December 16, 2016 for a gross \$201.59
 - ii. dated December 30, 2016 for a gross \$212.20
 - iii. dated January 13, 2017 for a gross \$201.59
 - b. [REDACTED]:
 - i. dated December 16, 2016 for a gross \$153.55
 - ii. dated December 23, 2016 for a gross \$53.64
 - iii. dated December 30, 2016 for a gross 163.15
 - iv. dated January 6, 2017 for a gross \$82.94.

- 6) On January 23, 2017, you faxed your spouse's paystubs to NYSOH:
 - a. [REDACTED]:
 - i. dated December 22, 2016 for a gross \$699.80
 - ii. dated December 29, 2016 for a gross \$560.00
 - b. [REDACTED]:
 - i. dated December 17, 2016 for a gross \$96.00
 - ii. dated December 24, 2016 for a gross \$190.46
 - iii. dated December 31, 2016 for a gross \$88.00
 - iv. dated January 7, 2017 for a gross \$78.40

- 7) On January 26, 2017, you submitted additional paystubs for your spouse from [REDACTED]:
 - a. dated January 5, 2017 for a gross \$572.18
 - b. dated January 12, 2017 for a gross \$558.88

- 8) The record reflects that you submitted additional income documentation at the request of NYSOH on March 7, 2017, March 25, 2017, April 3, 2017, April 25, 2017, May 1, 2017, and May 8, 2017.

- 9) On April 4, 2017, your documentation was verified as acceptable proof of income, and your children were determined eligible for Child Health Plus.

- 10) On May 1, 2017, your additional documentation was verified as acceptable proof of income, and your children were determined eligible for Medicaid.

- 11) The record reflects that you selected a Medicaid Managed Care plan for your children on May 2, 2017.

- 12) You testified that you want your children's Medicaid Managed Care plan to begin on February 1, 2017 because you have outstanding bills.

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

Applicable Law and Regulations

Medicaid

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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 who are an infant younger than one year of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(i)).

Legal Analysis

The first issue is whether NYSOH's provided you with timely determination of your children's Medicaid eligibility as of May 2, 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 January 10, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On January 23, 2017 and January 26, 2017, you uploaded copies of your and your spouse's paystubs. On February 17, 2017, NYSOH invalidated those paystubs as untimely.

However, your submissions on January 23, 2017 and January 26, 2017 contained four weeks of paystubs from all of the employers for you and your spouse and were within 30 days from the date of your January 10, 2017 application. Therefore, your application was considered complete as of January 26, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are an infant younger than one year of age notice of their eligibility determination within 30 days from the date of the 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 May 2, 2017 that stated your children were eligible for Medicaid effective May 1, 2017. Since NYSOH issued the May 2, 2017 eligibility determination 96 days from the date your application

was considered complete, the May 2, 2017 eligibility determination was not timely.

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. Since your children would have been eligible for Medicaid based on your submission of documentation on January 26, 2017, your children would have been eligible for fee for service Medicaid as of January 1, 2017.

Therefore, the May 2, 2017 eligibility determination notice is MODIFIED to state that your children are eligible for Medicaid, effective January 1, 2017

The second issue is whether NYSOH properly determined that your children's enrollment in a Medicaid Managed Care plan was effective June 1, 2017.

The record reflects that you contacted NYSOH on May 2, 2017 and enrolled 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.

You had submitted sufficient documentation of your income on January 26, 2017. Had NYSOH properly verified your income documentation for your children, your children's eligibility could have been determined as early as January 26, 2017. Had NYSOH issued an eligibility determination on January 26, 2017, you would have been able to select a Medicaid Managed Care plan for your children as soon as January 26, 2017. Were you able to select a Medicaid Managed Care plan for your children on January 26, 2017, their enrollment in a Medicaid Managed Care plan would have taken effect on the first day of the second month following January 26, 2017, or March 1, 2017.

Therefore, the portion of the May 3, 2017 enrollment confirmation notice stating that your children's enrollment in a Medicaid Managed Care plan would be effective June 1, 2017, is MODIFIED to state that your children's enrollment in a Medicaid Managed Care plan is effective as of March 1, 2017.

Decision

The May 2, 2017 eligibility determination was not timely and is MODIFIED to state that your children were eligible for Medicaid effective January 1, 2017.

The May 3, 2017 enrollment confirmation notice is MODIFIED to state that your children's enrollment in a Medicaid Managed Care plan is effective March 1, 2017.

Your case is RETURNED to enroll your children into fee-for-service Medicaid as of January 1, 2017 and to enroll your children into their Medicaid Managed Care plan effective March 1, 2017.

Effective Date of this Decision: August 11, 2017

How this Decision Affects Your Eligibility

Your children should have been determined eligible for Medicaid effective January 1, 2017.

Your children's enrollment in their Medicaid Managed Care plan is March 1, 2017.

Your case is being sent back to NYSOH to effectuate the changes listed above.

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 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 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

The May 2, 2017 eligibility determination was not timely and is MODIFIED to state that your children were eligible for Medicaid effective January 1, 2017.

The May 3, 2017 enrollment confirmation notice is MODIFIED to state that your children's enrollment in a Medicaid Managed Care plan is effective March 1, 2017.

Your children should have been determined eligible for Medicaid effective January 1, 2017.

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Your children's enrollment in their Medicaid Managed Care plan is March 1, 2017.

Your case is RETURNED to enroll your children into fee-for-service Medicaid as of January 1, 2017 and to enroll your children into their Medicaid Managed Care plan effective March 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.

שׂוֹדִישׁ (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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