



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

Notice of Decision

Decision Date: August 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018864

[REDACTED]

Dear [REDACTED],

On August 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 21, 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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Decision Date: August 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018864



Issues

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

Did NY State of Health (NYSOH) properly determine that your spouse was enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of April 1, 2017?

Did NYSOH properly determine that your child was enrolled in a MMC plan with an enrollment start date of April 1, 2017?

Procedural History

On January 30, 2017, you submitted an application for financial assistance through NYSOH.

On January 31, 2017, NYSOH issued three notices:

- (1) An eligibility determination notice stating, in relevant part, that your spouse was conditionally eligible for Medicaid effective January 1, 2017. The notice instructed to you to provide proof of income by February 14, 2017, to confirm your spouse's eligibility;
- (2) A notice stating, in relevant part, that your January 30, 2017 application had been reviewed and the income information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you, in relevant part, to submit proof of income by February 14, 2017, to confirm your child's eligibility;

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(3) An enrollment notice confirming, in relevant part, that your spouse needed to “pick a health plan.”

On February 7, 2017, additional documentation was uploaded to your account (Documents [REDACTED])

On February 17, 2017, your NYSOH account was systemically updated.

On February 18, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your spouse remained eligible for Medicaid, effective February 1, 2017 without condition, and your child was eligible for Medicaid, effective March 1, 2017.

On February 22, 2017, NYSOH issued a plan enrollment notice confirming, that as of February 21, 2017, your spouse and child were enrolled in an MMC plan with an enrollment start date of April 1, 2017.

On May 10, 2017, you spoke with NYSOH’s Account Review Unit and requested an appeal relative to the April 1, 2017 enrollment start date of your spouse and child’s MMC plan.

On August 17, 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 spouse’s and child’s MMC plan enrollment start dates.
- 2) According to the enrollment history in your account, your spouse was enrolled in an Essential Plan, through Emblem Health, from May 1, 2016 through January 31, 2017.
- 3) According to your NYSOH account and testimony, your account was updated on January 30, 2017, with the assistance of a navigator.
- 4) You testified that, on January 30, 2017, you instructed the navigator to enroll your spouse in the same health insurance plan that they were enrolled in with the Essential Plan.

- 5) On January 30, 2017, your account was updated to reflect that your spouse was pregnant with a due date of October 1, 2017.
- 6) According to the January 31, 2017 eligibility determination notice, your spouse was conditionally eligible for Medicaid, effective January 1, 2017, pending submission of income documents to confirm their eligibility.
- 7) According to your January 30, 2017 application, your household's only source of income was [REDACTED].
- 8) On February 7, 2017, four weekly paystubs from [REDACTED] were submitted to NYSOH. The pay dates were: January 13, 2017, January 20, 2017, January 27, 2017, and February 3, 2017 (see Documents [REDACTED]).
- 9) According to your NYSOH account, on February 16, 2017 the documentation submitted was determined to be valid proof of income.
- 10) According to your NYSOH account, on February 21, 2017, your spouse and child were enrolled in an MMC plan.
- 11) You testified you want your spouse and child's MMC plan to start March 1, 2017, to cover any medical expenses that were incurred that month.

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

Applicable Law and Regulations

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)).

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NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912). 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)).

Medicaid 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)).

Medicaid – Presumptive Eligibility for Pregnant Women

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size, and who meet the presumptive eligibility requirements (see 42 CFR § 435.116(c); NY Department of Health Administrative Directive 13ADM-03).

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)).

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)).

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Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse and child were each enrolled in an MMC plan with an enrollment start date of April 1, 2017.

The record reflects that your spouse was enrolled in an Essential Plan, through Emblem Health, from May 1, 2016 through January 31, 2017. Your NYSOH account was updated on January 30, 2017, with the assistance of a navigator, to reflect that your spouse was pregnant. Based on that update, your spouse was determined conditionally eligible for Medicaid; otherwise known as “presumptive eligibility” for Medicaid.

Judicial notice is taken that a health plan enrollee, who is determined to be presumptively eligible for Medicaid cannot enroll in an MMC plan until and unless their full and unconditional eligibility for Medicaid has been determined.

Although you credibly testified that you instructed the navigator to enroll your spouse in the same health plan that they were enrolled in under the Essential Plan, an MMC plan could not be selected for your spouse that day because they were only presumptively eligible for Medicaid. Thus, the January 31, 2017 plan enrollment notice stating your spouse needed to pick a plan was in error, since the NYSOH computer system would not allow an MMC plan to be selected while they were only presumptively eligible for Medicaid.

In your January 30, 2017 application, you attested that your household’s only source of income was [REDACTED].

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.

The income information that was entered into this application did not match federal and state data sources. As a result, on January 31, 2017 NYSOH issued a notice directing you to submit additional income documentation. The notice issued by NYSOH directed you to submit additional documentation that included a list of acceptable documentation to provide proof of your household income.

On February 7, 2017, you submitted four weekly paystubs from [REDACTED]. (see Documents [REDACTED]). On February 16, 2017, the documentation submitted was determined by NYSOH to be valid proof of income. Therefore, your application was complete as of February 16, 2017 at the latest.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. A notice of eligibility determination, for a child who is at least one year of age but younger than 19, must be issued within 30 days from the date of the completed application.

On February 18, 2017, NYSOH issued an eligibility determination notice stating that your spouse remained eligible for Medicaid without condition, effective February 1, 2017, and your child was eligible for Medicaid, effective March 1, 2017. Since NYSOH issued an eligibility determination two days from the date your application was considered complete, the February 18, 2017 eligibility determination notice was timely issued.

The record reflects that, on February 21, 2017, you selected an MMC plan for your spouse and child and they were enrolled that same day with an April 1, 2017 enrollment start date.

The date on which enrollment in a MMC 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 month following plan selection.

Since the MMC plan for your spouse and child was selected on February 21, 2017, their coverage in that plan would properly take effect on the first day of the second month after February 21, 2017; that is, on April 1, 2017.

Therefore, the February 22, 2017 plan enrollment notice is AFFIRMED.

Decision

The February 22, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: August 25, 2017

How this Decision Affects Your Eligibility

Your spouse was determined presumptively eligible for Medicaid as of January 1, 2017, and fully eligible for Medicaid as of February 1, 2017. Your spouse had Medicaid Fee-For-Service until March 31, 2017.

Your spouse and child's enrollment start date in their MMC 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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 22, 2017 plan enrollment notice is AFFIRMED.

Your spouse was determined presumptively eligible for Medicaid as of January 1, 2017, and fully eligible for Medicaid as of February 1, 2017. Your spouse had Medicaid Fee-For-Service until March 31, 2017.

Your spouse and child's enrollment start date in their MMC 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)

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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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