



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

## Notice of Decision

Decision Date: October 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018870

[REDACTED]

Dear [REDACTED]

On August 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 18, 2017 enrollment confirmation 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

Decision Date: October 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018870

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NYSOH properly determine your child's enrollment in her Medicaid Managed Care plan became effective no earlier than June 1, 2017?

## Procedural History

On May 28, 2016, NYSOH issued an eligibility determination notice stating your child was eligible for Medicaid, effective April 1, 2016. Your child was enrolled in a Medicaid Managed Care plan.

On February 3, 2017, NYSOH issued a renewal notice stating that based on state and federal sources there was insufficient information to determine whether your child qualified for financial help paying for her health coverage. The notice directed you to update your account by March 15, 2017 or the financial assistance your child was receiving might end.

On February 24, 2017, NYSOH receive an updated application for financial assistance submitted on behalf of your child.

On February 25, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal sources. You were directed to provide income documentation by March 11, 2017 or NYSOH would be unable to determine your child's eligibility for health coverage. That notice included a "Documentation List" indicating the types of documents accepted to prove various types of income. The list indicated

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that to prove self-employment income an applicant must submit three months of detailed earnings and expenses records, or three months of business payrolls and records, or a signed and dated tax return from the previous year if representative of attested income.

Also on February 25, 2017, NYSOH issued a disenrollment notice stating your child's coverage in her Medicaid Managed Care plan would end, effective March 31, 2017, because she was no longer eligible to enroll in the plan.

On March 22, 2017, NYSOH issued a notice stating the documentation received was insufficient to confirm the income information in your application. The notice directed you to submit additional documentation of your household income by April 10, 2017 or your child might lose her insurance or receive less help paying for coverage.

On April 7, 2017, NYSOH systematically redetermined your child's eligibility.

On April 8, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Medicaid, effective April 1, 2017. The notice directed you to "pick a health plan" for your child. The notice further indicated that if you did not choose a health plan for your child, one would be chosen for her.

Also on April 8, 2017, NYSOH issued a notice of enrollment confirming your enrollment in a health plan. That notice directed you to "pick a health plan now" for your child.

On April 18, 2017, NYSOH issued an enrollment notice, based on an April 17, 2017 automatic plan assignment, confirming your child was enrolled in a Medicaid Managed Care plan, effective June 1, 2017.

On May 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in her Medicaid Managed Care plan, insofar as it did not begin April 1, 2017.

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 held open until August 31, 2017 to allow you to submit supporting documentation. No documentation was received by the deadline provided and the record closed thereafter.

## Findings of Fact

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

- 1) You testified you are only appealing the effective date of your child's coverage.
- 2) Your child was enrolled in a Medicaid Managed Care plan in 2016.
- 3) An updated application was submitted on behalf of your child on February 24, 2017. According to your account, NYSOH was unable to verify the income information listed in that application and your child was disenrolled from her Medicaid Managed Care plan, effective March 31, 2017.
- 4) The notice issued by NYSOH on February 25, 2017, directed you to provide income documentation by March 11, 2017 or NYSOH would be unable to determine your child's eligibility for health coverage. That notice included a "Documentation List" indicating the types of documents accepted to prove various types of income. The list indicated that to prove self-employment income an applicant must submit three months of detailed earnings and expenses records, or three months of business payrolls and records, or a signed and dated tax return from the previous year if representative of attested income.
- 5) On March 10, 2017, NYSOH received several 1099 tax forms for your spouse from 2016. According to your account, these documents were invalidated by NYSOH as insufficient evidence of income.
- 6) NYSOH issued a notice on March 22, 2017, directing you to submit additional documentation of your household income by April 10, 2017 or your child might lose her insurance or receive less help paying for coverage. The notice included a "Documentation List."
- 7) You testified that you called NYSOH and requested an extension of time to submit income documentation, because your 2016 tax return was not yet completed. You testified the NYSOH representative advised you that your family's coverage would be extended as well.
- 8) You testified that you submitted a copy of your 2016 tax return as soon as it was available.
- 9) According to your account, NYSOH received a copy of a signed and dated 2016 joint tax return for you and your spouse. This document was verified by NYSOH on April 7, 2017 and your child's eligibility was systematically redetermined the same day. Your child was determined eligible for Medicaid, effective April 1, 2017.

- 10) Both notices issued by NYSOH on April 8, 2017 directed you to “pick a health plan” for your child. You testified you do not remember if you received those notices.
- 11) Your account confirms that you have elected to receive your communication from NYSOH by regular mail.
- 12) You confirmed that the mailing address listed on the April 18, 2017 notices was your mailing address at that time and there is no record of any notice issued to you by NYSH being returned as undeliverable.
- 13) You testified you did not know you had to select a new health plan for your child. You testified you thought her coverage would remain the same once it was renewed.
- 14) Your account confirms you did not select a health plan for your child and one was automatically assigned to her on April 17, 2017. Coverage through that plan became effective on June 1, 2017.
- 15) You testified your child has outstanding medical bills from April 2017, because your child’s provider does not accept fee-for-service Medicaid, so you are seeking to have her Medicaid Managed Care plan coverage backdated to April 1, 2017.

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

## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a

redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR §155.335(h)).

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 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) 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; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-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).

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

## Legal Analysis

The issue under review is whether NYSOH properly determined your child's enrollment in her Medicaid Managed Care plan became effective no earlier than June 1, 2017.

An updated application was submitted on behalf of your child on February 24, 2017. According to your account, NYSOH was unable to verify the income information listed in that application and your child was disenrolled from her Medicaid Managed Care plan, effective March 31, 2017. Documentation to confirm the income information in your application was requested prior to determining your child's eligibility for health insurance.

It is noted that the disenrollment notice issued by NYSOH on February 25, 2017, providing that your child's Medicaid Managed Care plan coverage would end on March 31, 2017, is not properly under review, because the appeal in this matter was filed after the 60-day period in which an appeal could be filed with regard to that notice.

Your account confirms that NYSOH did not receive documentation sufficient to confirm your household income until March 21, 2017. That document was verified by NYSOH on April 7, 2017 and your child's eligibility was systematically redetermined the same day. Your child was determined eligible for Medicaid, effective April 1, 2017.

Your account confirms that NYSOH issued two notices on April 8, 2017, directing you to "pick a health plan" for your child.

Although you testified you do not remember if you received the April 8, 2017 notices and you were unaware that you had to select a new health plan for your child, you confirmed that the mailing address listed on those notices was your mailing address and there is no record of any notices issued to you by NYSOH being returned as undeliverable. Accordingly, the evidence establishes that NYSOH provided you with adequate notice that you were required to select a new health plan for your child.

Your account confirms that your child was automatically assigned a health plan on April 17, 2017, because you did not select a new health plan for her prior to that time. Coverage through that plan became effective on June 1, 2017. You appealed insofar as her coverage did not begin April 1, 2017.

However, pursuant to the regulations, the date on which a Medicaid Managed Care plan can take effect depends on the day a plan is selected 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

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selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since a Medicaid Managed Care plan was not selected for your child until April 17, 2017, after the fifteenth day of the month, her coverage through that plan properly became effective on the first day of the second following month; that is, on June 1, 2017.

Thus, the April 18, 2017 enrollment confirmation notice stating your child's coverage through her Medicaid Managed Care plan became effective on June 1, 2017, was correct and is AFFIRMED.

It is noted that you testified that you received an extension of time to submit your income documentation and you were advised by a NYSOH representative that your family's coverage would be extended until your documentation was received. However, the record establishes that your child had already been disenrolled from her Medicaid Managed Care plan pursuant to the February 25, 2017 disenrollment notice and, as discussed above, that notice and/or disenrollment is not properly under review. Furthermore, your account confirms that your child's fee-for-service Medicaid coverage was made retroactively effective as of April 1, 2017. Thus, your child did not have a gap in coverage.

## **Decision**

The April 18, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 6, 2017

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

This decision does not change your child's eligibility.

The effective date of your child's Medicaid Managed Care plan is June 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

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

### **Summary**

The April 18, 2017 enrollment confirmation notice is **AFFIRMED**.

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This decision does not change your child's eligibility.

The effective date of your child's Medicaid Managed Care plan is June 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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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 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 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 אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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