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

Notice of Decision

Decision Date: October 04, 2017

NY State of Health Account ID [redacted]
Appeal Identification Number: AP000000019011

[redacted]

Dear [redacted],

On September 1, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 4, 2017 eligibility determination and May 4, 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: October 04, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000019011

[redacted]

Issues

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

> Did NY State of Health provide a timely determination of your child's Medicaid eligibility as of May 4, 2017?
>
> Did NY State of Health properly determine that your child's Medicaid Managed Care plan began June 1, 2017?

Procedural History

On September 22, 2016, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On September 23, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation 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 October 7, 2016.

On September 28, 2016, you submitted income documentation.

On October 6, 2016, NYSOH verified the income documentation you submitted on September 28, 2016.

On December 15, 2016, NYSOH received your application for health insurance. Also on this date you uploaded income documentation to your NYSOH account.

On January 5, 2017, NYSOH verified the income documentation you submitted on December 15, 2016.

On May 4, 2017, NYSOH issued an eligibility determination notice was issued finding your child eligible for Medicaid effective May 1, 2017.

Also on May 4, 2017, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan for your child on May 3, 2017. The notice confirmed your child's enrollment in a plan starting June 1, 2017.

On May 16, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your child's Medicaid Managed Care plan, requesting that it begin November 1, 2016.

On August 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Spanish interpreter [redacted] assisted with the hearing. You were unavailable that day, and requested an adjournment. The Hearing Officer agreed to adjourn the hearing to September 1, 2017.

On September 1, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Spanish interpreter [redacted] assisted with the hearing. 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, and the record reflects, that you are appealing your child's enrollment start date of her Medicaid Managed Care plan.

2) According to your NYSOH account, NYSOH received your application for financial assistance on September 22, 2016.

3) On September 28, 2016, you submitted a self-declaration of income form to NYSOH for verification of the income stated in your September 22, 2016 application. NYSOH verified this documentation on October 6, 2016.

4) On December 15, 2016, you submitted a self-declaration of income form to NYSOH for verification of your income. NYSOH verified this documentation on January 5, 2017.

5) The record reflects that although NYSOH verified your income documentation, an application was not run on your behalf.

6) The record reflects that you updated your application for financial assistance on May 3, 2017, and your child was determined eligible for Medicaid.

7) The record reflects that you selected a Medicaid Managed Care plan for your child on May 3, 2017.

8) On May 19, 2017, a complaint was created [redacted] which states that there was a defect on your account.

9) You testified that you want your child's Medicaid Managed Care plan to begin on November 1, 2016 because you have outstanding bills for medical services rendered.

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

Applicable Law and Regulations

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)).

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)).

If the Medicaid applicant is pregnant or a child, NYSOH must provide notice of their eligibility determination within 30 days from the date of the application (18 NYCRR 360-2.4(a(3)).

Legal Analysis

The first issue is whether NYSOH's provided you with timely determination of your child's Medicaid eligibility as of May 4, 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 September 22, 2016. 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 September 28, 2016, you uploaded a self-declaration of income form and on October 6, 2016, NYSOH verified this form as acceptable proof of income. The record reflects that NYSOH did not run an application on your behalf after verifying your income documentation.

Therefore, your application was considered complete as of September 28, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide child 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 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 4, 2017 that stated your child was eligible for Medicaid effective May 1, 2017. Since NYSOH issued an eligibility determination 218 days from the date your application was considered complete, the May 4, 2017 eligibility determination was not timely.

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

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 submitted sufficient documentation of your income on September 28, 2016. Had NYSOH properly verified your income documentation for your child, your child's eligibility could have been determined as soon as September 28, 2016. Had NYSOH issued an eligibility determination on September 28, 2016, you would have been able to select a Medicaid Managed Care plan for your child as soon as September 28, 2016. Were you able to select a Medicaid Managed Care plan for your child as of September 28, 2016, your child's enrollment in a Medicaid Managed Care plan would have taken effect on the first day of the second month following after September 28, 2016; that is, on November 1, 2016.

Therefore, the portion of the May 4, 2017 enrollment confirmation notice stating that your child's enrollment in a Medicaid Managed Care plan was effective as of June 1, 2017 is MODIFIED to state that your child's enrollment in her Medicaid Managed Care plan was effective as of November 1, 2016.

Your case is RETURNED to NYSOH to enroll your child into her Medicaid Managed Care plan as of November 1, 2016.

Decision

The May 4, 2017 eligibility determination was untimely as it applies to your child's eligibility.

The May 4, 2017 enrollment confirmation notice is MODIFIED insofar as your child's enrollment in a Medicaid Managed Care plan would be effective November 1, 2016.

Effective Date of this Decision: October 04, 2017

How this Decision Affects Your Eligibility

Your child's enrollment in her Medicaid Managed Care plan is effective November 1, 2016.

Your case is being sent back to NYSOH to enroll your child in a Medicaid Managed Care Plan as of November 1, 2016.

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

Summary

The May 4, 2017 eligibility determination was untimely as it applies to your child's eligibility.

The May 4, 2017 enrollment confirmation notice is MODIFIED insofar as your child's enrollment in a Medicaid Managed Care plan would be effective November 1, 2016.

Your child's enrollment in her Medicaid Managed Care plan is effective November 1, 2016.

Your case is being sent back to NYSOH to enroll your child in a Medicaid Managed Care Plan as of November 1, 2016.

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).

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)

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईले बोल्ने भाषामा तपाईलाई 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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