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

Notice of Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000019059

[redacted]

[redacted]

On September 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 30, 2017 enrollment notice and May 26, 2017 eligibility determination 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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NY State of Health Account ID: [redacted]
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Issue

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

> Did NY State of Health (NYSOH) properly determine that your Medicaid Managed Care plan was effective June 1, 2017?
>
> Did NYSOH properly determine that the Medicaid coverage of your daughter began effective July 1, 2017?

Procedural History

On May 28, 2016, NYSOH issued an eligibility determination notice stating that you and your children remained eligible for Medicaid, effective July 1, 2016.

Also on May 28, 2016, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care (MMC) plan as of May 27, 2016. The notice stated that your MMC plan coverage would begin effective July 1, 2016. The notice also stated that the type of Medicaid coverage your children were eligible for did not require and/or allow them to enroll in an MMC plan.

On March 3, 2017, NYSOH issued a notice stating that it was time to renew the health insurance for you and your children for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether you and your children would qualify for financial help paying for health coverage, and that you needed to update your account by April 15, 2017 or you and your children might lose the financial assistance currently being received receiving.

On April 14, 2017, NYSOH received an update to your application for health insurance.

Also on April 14, 2017, NYSOH received one earnings statement issued to you by the [redacted] dated March 24, 2017.

On April 15, 2017, NYSOH issued a notice stated that the information in your application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your household, and provide proof of employer sponsored health insurance for your two children, by April 29, 2017 so that a determination could be issued.

Also on April 15, 2017, NYSOH issued a disenrollment notice stating that your MMC plan coverage would end effective April 30, 2017.

On April 15, 2017, NYSOH received an update to your application for health insurance.

On April 16, 2017, NYSOH issued a notice stated that the information in your application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your household, and provide proof of employer sponsored health insurance for your two children by April 29, 2017 so that a determination could be issued.

On April 18, 2017, NYSOH redetermined your eligibility for health insurance.

On April 19, 2017, NYSOH issued a notice stated that the information in your application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your household by April 29, 2017 so that a determination could be issued.

On April 19, 2017, NYSOH redetermined your eligibility for health insurance.

On April 21, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective May 1, 2017. The notice advised you to select an MMC plan. The notice also stated that your daughter was eligible for Medicaid coverage, effective May 1, 2017, but did not need to select a health plan.

Also on April 21, 2017, NYSOH issued a notice stating that you needed to provide income documentation for your son.

On April 30, 2017, NYSOH issued an enrollment notice confirming your selection of an MMC as of April 29, 2017. The notice stated that your MMC plan coverage would begin effective June 1, 2017.

On May 17, 2017, NYSOH received an update to your application for health insurance.

Also on May 17, 2017, NYSOH received (1) a printout issued by [redacted], (2) two earnings statements issued to you by [redacted].

Also on May 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the alleged failure of NYSOH to provide a timely eligibility determination, and the start date of your MMC plan coverage.

On May 21, 2017, NYSOH received a letter issued by [redacted] dated May 18, 2017, confirming your earnings between May 31, 2017 and May 12, 2017.

On May 25, 2017, NYSOH redetermined your eligibility for health insurance.

On May 26, 2017, NYSOH issued an eligibility determination notice stating that you and your daughter were eligible for Medicaid, effective July 1, 2017. The notice also stated that the Medicaid eligibility of your son was effective May 1, 2017.

On May 27, 2017, NYSOH received duplicate copies of both the letter issued by [redacted] on May 18, 2017, and all earnings statements previously provided by [redacted].

On September 27, 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 since the Medicaid coverage for your son was established as starting on May 1, 2017, as reflected in the May 26, 2017 eligibility determination notice, you were no longer seeking an appeal with respect to his eligibility.

2) You testified that you were still seeking a review of whether your MMC plan coverage should have begun as of May 1, 2017, rather than June 1, 2017, and whether the Medicaid coverage of your [redacted] also have

begun as of May 1, 2017, rather than July 1, 2017 as reflected in the May 26, 2017 eligibility determination notice.

3) According to your NYSOH account, after the March 3, 2017 renewal notice was issued, your revised application was received on April 14, 2017.

4) You testified, and your NYSOH account reflects, that on April 14, 2017, you provided one earnings statement issued to you by [redacted] which reflected that you received $230.00 on March 24, 2017.

5) On April 21, 2017, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid, effective May 1, 2017.

6) Your NYSOH account reflects that you selected an MMC on April 20, 2017.

7) On May 17, 2017, you provided to NYSOH (1) a printout issued by [redacted].

8) On May 21, 2017, NYSOH received a letter issued by [redacted], dated May 18, 2017, confirming your earnings between March 31, 2017 and May 12, 2017.

9) You testified that you want your MMC plan to begin on May 1, 2017 because you incurred several medical expenses that are not covered by straight Medicaid. You further testified that you were seeking clarification that your child was enrolled in Medicaid, effective May 1, 2017.

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)).

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

Legal Analysis

The first issue is whether NYSOH properly determined that your MMC plan was effective June 1, 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 April 14, 2017 and April 15, 2017. The income amounts entered into these applications did not match federal and state data sources. As a result, in response to each application update, NYSOH asked that you submit additional documentation to confirm your income.

However, it appears that based on the income documentation you provided on April 14, 2017, NYSOH redetermined your eligibility as of April 19, 2017, which found you eligible for Medicaid coverage, effective May 1, 2017.

Your account shows that you selected an MMC plan on April 20, 2017.

The date on which an MMC 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.

Because NYSOH evaluated your income documentation within the time required by regulations, and you selected your MMC plan on April 20, 2017, your MMC enrollment properly became effective June 1, 2017.

Therefore, the April 30, 2017 enrollment notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that the Medicaid coverage of your child began effective July 1, 2017.

You testified that you were seeking clarification that you daughter's Medicaid coverage was effective May 1, 2017, rather than July 1, 2017.

Your household's eligibility was redetermined on April 19, 2017, and you and your daughter were found eligible for Medicaid effective May 1, 2017.

While NYSOH subsequently found that she remained eligible for Medicaid coverage, effective July 1, 2017, as a result of the May 25, 2017 eligibility redetermination, this did not obviate the findings of the earlier determination issued on April 19, 2017 reflecting that your child was eligible for Medicaid coverage beginning effective May 1, 2017.

Accordingly, the May 26, 2017 eligibility determination notice is AFFIRMED.

Decision

The April 30, 2017 enrollment notice is AFFIRMED.

The May 26, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

The start date of your MMC plan coverage is June 1, 2017.

Your daughter's Medicaid Fee-For-Service coverage began effective May 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

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).

- 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 30, 2017 enrollment notice is AFFIRMED.

The May 26, 2017 eligibility determination notice is AFFIRMED.

The start date of your MMC plan coverage is June 1, 2017.

Your daughter's Medicaid Fee-For-Service coverage began effective May 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:

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)

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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 महत्त्वपूर्ण 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 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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