



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022350

[REDACTED]

[REDACTED]

On December 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 31, 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
PO 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: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022350



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 children's enrollment in a Medicaid Managed Care (MMC) plan was effective October 1, 2017?

Procedural History

On August 7, 2017, you submitted an updated application for health insurance that included your children.

Also on August 7, 2017, you uploaded to your NYSOH account a copy of your 2015 income tax return.

On August 8, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were requested to provide income documentation for your household by August 22, 2017 so that a determination could be issued.

On August 16, 2017, you uploaded to your NYSOH account your signed letter dated August 15, 2017 stating, in part, that you were on extension to file your 2016 income tax return. That day, NYSOH reviewed the documentation you submitted and determined it was invalid as proof of income.

On August 17, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were

requested to provide income documentation for your household by September 6, 2017 so that a determination could be issued.

On August 23, 2017, you uploaded to your NYSOH account a copy of IRS 2016 Form 4868 "Application for Automatic Extension" which was acknowledged as accepted on April 15, 2017 by the IRS. You also submitted another copy of your 2015 income tax return. On August 24, 2017, that documentation was reviewed and invalidated as proof of income by NYSOH.

On August 25, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were requested to provide income documentation for your household by September 21, 2017 so that a determination could be issued.

On August 29, 2017, you uploaded to your NYSOH account your signed letter dated August 28, 2017, a copy of IRS 2016 Form 4868 "Application for Automatic Extension" which was acknowledged as accepted on April 15, 2017 by the IRS, and another copy of your 2015 income tax return. That same day, the documentation you submitted was reviewed and validated and an application for health insurance was submitted on your behalf for your children.

On August 30, 2017, NYSOH issued an eligibility determination notice stating in part, that your children were eligible for Medicaid, effective September 1, 2017. This notice advised you to select a MMC plan for coverage for your children.

On August 31, 2017, NYSOH issued an enrollment notice confirming the plan you selected for your children on August 30, 2017, stating that you had selected a MMC plan, and that your children's coverage under that plan would start on October 1, 2017.

On September 12, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's enrollment in their MMC plan, insofar as it did not begin on September 1, 2017.

On December 8, 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 support the following findings of fact:

- 1) You applied to NYSOH for financial assistance with your children's health insurance on August 7, 2017.

- 2) You testified that you are appealing your children's eligibility.
- 3) According to your NYSOH account and your testimony, you uploaded a copy of your 2015 income tax return on August 7, 2017.
- 4) You testified that after receiving the August 8, 2017 notice, you spoke with your accountant and he told you that your 2016 income tax return was not available yet and that you had been granted an extension to file your 2016 tax return.
- 5) You testified that you spoke with a customer service representative and was told to submit the 2015 income tax return and a letter explaining that you were on extension.
- 6) According to your NYSOH account, on August 16, 2017, you uploaded your signed letter dated August 15, 2017, that stated you had filed an extension on your 2016 tax return, you were the sole source of income for your family, your income projection for 2017 was \$63,700.00, and you support your spouse and four children. You also submitted a copy of your 2015 income tax return.
- 7) According to your NYSOH account, the documentation you submitted on August 16, 2017 was reviewed that day and invalidated.
- 8) You testified that following receipt of the August 17, 2017 notice, that you spoke with a NYSOH representative and you were told to submit a copy of your IRS 2016 Form 4868 "Application for Automatic Extension" along with a letter of explanation.
- 9) NYSOH's records indicate that on August 18, 2017, a NYSOH representative noted that tax records from a previous year are only acceptable until the end of the tax season for the current year, unless an applicant states an extension request has been filed with the IRS. "Proof of filing an extension is not required."
- 10) According to your NYSOH account and your testimony, on August 29, 2017 you uploaded the IRS Form 4868, your signed letter dated August 28, 2017 and another copy of your 2015 income tax return.
- 11) According to your NYSOH account, the documentation you submitted on August 29, 2017 was reviewed and verified that day and your children were systematically determined eligible for Medicaid effective September 1, 2017.

12) You testified, and the record reflects, that you selected your children's MMC plan on August 30, 2017 and that your children's enrollment in their plan was effective as of October 1, 2017.

13) You testified that you wanted coverage under your children's MMC plan to begin on September 1, 2017 because the children's pediatrician does not accept fee-for-service Medicaid and at least one of your children had medical treatment in September 2107.

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

Applicable Law and Regulations

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)). 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)).

Medicaid Start Dates

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 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)).

Legal Analysis

The issue is whether NYSOH properly determined that your children's enrollment in their MMC plan was effective October 1, 2017.

According to your NYSOH account and your testimony, on August 7, 2017 you submitted to NYSOH an updated application for health insurance that included your children and attested to an annual household income of \$25,256.00. You testified and your account reflects that on August 7, 2017 you submitted a copy of your 2015 income tax return. That same day, NYSOH reviewed and invalidated that documentation. On August 8, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and requested to provide income documentation, by August 22, 2017.

You testified that after receiving the August 8, 2017 notice, you spoke with your accountant and he told you that your 2016 income tax return was not available yet and that you had been granted an extension. You then spoke with NYSOH representative and were told you could submit a letter explaining you had filed an extension and a copy of your 2015 income tax return. On August 16, 2017, you submitted a letter stating you were on extension to file your 2016 income tax return and a copy of your 2015 return. This documentation was reviewed on August 16, 2017 and invalidated as proof of income.

You testified that after receiving the August 17, 2017 notice stating you needed to submit additional income documentation you spoke with a NYSOH representative and were told you needed to submit an IRS Form 4868 "Application for Automatic Extension." You submitted the IRS Form 4868, an updated letter signed and dated August 28, 2017, and another copy of your 2015 income tax return on August 29, 2017. That documentation was reviewed that same day and an application for health insurance was submitted on your behalf for your children. On August 30, 2017 NYSOH issued an eligibility determination stating your children were eligible for Medicaid effective September 1, 2017. You selected a MMC plan for the children on August 30, 2017 with a plan effective start date of October 1, 2017.

It is noted that on August 18, 2017, notes in NYSOH's records indicate that it was necessary only for you to state that you had filed an extension request with the IRS; it was not necessary for you to provide a copy of the Form 4868 that you filed with the IRS on April 15, 2017.

Therefore, the Appeals Unit of NYSOH finds that the signed letter dated August 15, 2017, which was uploaded to your account on August 16, 2017, in which you attested to applying for extension to file your 2016 income tax return, was sufficient documentation for NYSOH to validate your household income. NYSOH should have submitted an application for health insurance for your children on that date, August 16, 2017, and allowed you to select a MMC plan for them.

The date on which a 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.

Had you been allowed to select a MMC plan for your children on August 16, 2017, it would have properly taken effect on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, the August 31, 2017 enrollment confirmation notice stating that your children's enrollment in their MMC plan would be effective October 1, 2017, was correct and must be AFFIRMED.

Decision

The August 31, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 17, 2018

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's MMC plan is October 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your appeal was decided, the 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

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).

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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 31, 2017 enrollment confirmation notice is **AFFIRMED**.

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This decision does not change your children's eligibility.

The effective date of your children's MMC plan is October 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)

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 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&btumi 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.

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.