



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

Notice of Decision

Decision Date: January 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022779

[REDACTED]

[REDACTED]

On December 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 13, 2017 enrollment confirmation notice, October 11, 2017 disenrollment notice, and November 6, 2017 discontinuance 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).

This page intentionally left blank.



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

Decision

Decision Date: January 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022779



Issues

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

Did NY State of Health (NYSOH) properly determine your children's enrollment in a Medicaid Managed Care plan became effective no earlier than October 1, 2017?

Did NYSOH properly determine your children were no longer eligible to enroll in a Medicaid Managed Care plan, effective November 1, 2017?

Procedural History

On September 13, 2017, NYSOH issued a notice of eligibility determination stating your children were eligible for Medicaid, effective August 1, 2017.

Also on September 13, 2017, NYSOH issued an enrollment notice, based on your September 12, 2017 plan selection, confirming your children were enrolled in a Medicaid Managed Care plan, effective October 1, 2017.

On September 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your children's Medicaid Managed Care plan coverage insofar as the plan was not effective January 1, 2017.

On October 11, 2017, NYSOH issued a notice, based on an October 10, 2017 systematic eligibility redetermination, stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income by

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).

October 25, 2017 or NYSOH would not be able to determine your children's eligibility for health coverage.

Also on October 11, 2017, NYSOH issued a disenrollment notice stating your children's Medicaid Managed Care plan coverage would end on October 31, 2017, because they were no longer eligible to enroll in the plan.

On November 6, 2017, NYSOH issued a notice stating that a decision had been made on your October 10, 2017 application and your children were not eligible to enroll in coverage through NYSOH, because you did not provide the documentation needed to verify your household income.

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 held open to allow you to submit supporting documentation. The Appeals Unit received your documentation on December 22, 2017 and it was incorporated into the record as Appellant's Exhibit # 1. The record closed thereafter.

Findings of Fact

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

- 1) NYSOH received an updated application submitted on behalf of your youngest child on January 30, 2017. That application indicated only your youngest child was requesting health insurance through NYSOH. The application indicated that your oldest child was enrolled in health coverage outside NYSOH.
- 2) The January 30, 2017 application listed your tax filing status as "qualifying widower with dependent child" and indicated you would claim your two children as dependents.
- 3) That application indicated that you and your two children were employed and receiving income.
- 4) According to your account, NYSOH was unable to verify the income information listed in your application. Your youngest child was placed in a pending Medicaid status with documentation of your household income requested prior to NYSOH determining your child's eligibility for health coverage.
- 5) The notice issued by NYSOH on January 31, 2017 included a "Documentation List" providing the types of documents accepted to prove various kinds of income. The "Documentation List" included the following language:

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).

- a. You must report all of the income for your household. This includes income for household members who are not applying for coverage. If proof of income is requested for a child, please send in proof of income for parent/caretaker(s).
- 6) You testified that you do recall receiving the January 31, 2017 notice.
- 7) According to your account, many updated applications were subsequently filed on behalf of your youngest child between February and August 2017. All the applications indicated that you and both your children were receiving income. NYSOH issued many notices during that time frame requesting proof of your household income. The notices included language indicating that the household income included income of household members not applying for coverage and that proof of the parent's income was required when income was requested for a child.
- 8) You testified that you received the notices from NYSOH requesting income documentation as well as the notices indicating the income documentation you submitted was insufficient.
- 9) According to your account, paystubs for your youngest child were uploaded to your NYSOH account on several occasions between March and August 2017. This documentation was invalidated by NYSOH.
- 10) You testified that initially you submitted only your youngest child's income documentation, because you were told that was all you had to send. You testified that you are not sure where you received that information.
- 11) You testified that you had trouble gathering your children's income documentation and it took time to get it all together.
- 12) According to your account, NYSOH did not receive income documentation for you until July 19, 2017.
- 13) According to your account, on August 22, 2017, NYSOH received income documentation for your oldest child for the first time as well as updated biweekly paystubs for your youngest child for pay dates of July 14, 2017 and July 28, 2017. According to notes in your account, NYSOH invalidated this documentation purporting that your youngest child's paystubs were not dated within 30 days of August 22, 2017.
- 14) According to your account, on September 12, 2017, the income documentation on the account was validated. NYSOH systematically redetermined your children's eligibility that day and found your children eligible for Medicaid, effective August 1, 2017.

- 15) Your children were also determined eligible for retroactive Medicaid coverage for the month of July 2017.
- 16) According to your account, a Medicaid Managed Care plan was selected on behalf of your children the same day, September 12, 2017. Coverage through that plan became effective on October 1, 2017.
- 17) You testified you were seeking to backdate your children's Medicaid Managed Care plan coverage to January 1, 2017, because you stated you had been trying to enroll them in coverage through NYSOH since that time.
- 18) Your account confirms that the first application for health insurance through NYSOH was submitted on behalf of your oldest child on August 15, 2017. You testified that your oldest child was covered by Medicaid through your Local Department of Social Services until May 31, 2017.
- 19) You testified that since filing your appeal, your children had been disenrolled from their Medicaid Managed Care plan and you were seeking review of that disenrollment. The issue under appeal was amended accordingly.
- 20) Notes in your account dated October 6, 2017 include:
 - a. "Override MA elig for 10/1/17 to 10/31/17 to prevent CSD & rerun elig to request income docs. The previous income docs were validated incorrectly and MA elig/enrollment was granted in error."
- 21) According to your account, on October 10, 2017, NYSOH systematically redetermined your children's eligibility and placed them in a pending Medicaid status with additional income documentation requested by October 25, 2017.
- 22) They were subsequently disenrolled from their Medicaid Managed Care plan on October 31, 2017, and, according to your account, have been without health coverage since.
- 23) NYSOH issued a discontinuance notice on November 6, 2017 indicating that your children were no longer eligible for health coverage through NYSOH, purportedly because you failed to submit sufficient documentation of your household income.

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), 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).

Medicaid – Effective Dates of Coverage

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)).

Medicaid – Continuous Coverage

Generally, most adults determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Legal Analysis

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

NYSOH received an updated application for health insurance submitted on behalf of your youngest child on January 30, 2017. That application listed your tax filing status as "qualifying widower with dependent child", indicated you would claim your two children as dependents, and attested to income earned by you and both your children. According to your account, NYSOH was unable to verify the income information listed in your application.

Pursuant to the regulations, 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 notice issued by NYSOH on January 31, 2017 indicated that NYSOH was unable to determine your child's eligibility and requested documentation of your household income to verify the information listed in your application. That notice stated that "You must report all of the income for your household. This includes income for household members who are not applying for coverage. If proof of income is requested for a child, please send in proof of income for parent/caretaker(s)." You testified that you recall receiving the January 31, 2017 notice.

Subsequently, many updated applications were submitted on behalf of your youngest child and many notices were issued by NYSOH requesting proof of your household income. All applications indicated that you and both your children were earning income. Your account confirms that prior to August 15, 2017, all applications indicated your oldest child was not applying for health insurance through NYSOH, because she was enrolled in third party health coverage. On August 15, 2017, the application was updated requesting coverage through NYSOH, for the first time, for your oldest child as well.

According to your account, you submitted paystubs for your youngest child to NYSOH on many occasions between March and September 2017, however, you did not submit documentation of your own income until July 2017 and did not submit documentation of your oldest child's income until August 22, 2017. Although you testified that, initially, you were told that you only had to submit income documentation for your youngest child, the evidence establishes that NYSOH issued many notices advising you that you must report income earned by all members of the household even if not applying for insurance and that proof

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).

of the parent's income was required. You testified that you received the many notices issued by NYSOH requesting additional documentation. Thus, the evidence establishes that NYSOH provided you with adequate notice that income documentation for all members of the household was required to confirm your children's eligibility.

The evidence establishes that income documentation for all members of your household was not received by NYSOH until August 22, 2017. According to your account, the documentation submitted on August 22, 2017 was invalidated by NYSOH purportedly because your youngest child's paystubs were not dated within 30 days of August 22, 2017. The evidence contradicts that finding. However, your account confirms that your income documentation was eventually validated by NYSOH on September 12, 2017. Your children's eligibility was systematically redetermined the same day and your children were found eligible for Medicaid, effective August 1, 2017.

According to your account, a Medicaid Managed Care plan was selected for your children the same day, September 12, 2017, and coverage through that plan became effective on October 1, 2017. You testified you were seeking to backdate both your children's Medicaid Managed Care plan coverage to January 1, 2017.

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

The evidence establishes that NYSOH did not receive income documentation for all members of your household until August 22, 2017. Although, that documentation was initially invalidated by NYSOH, even if you had been allowed to select a plan for your children that day, the earliest it could have become effective was on the first day of the second following month; that is, on October 1, 2017, because the plan selection would not have occurred until after the fifteenth day of the month.

The evidence establishes that you did not actually select a health plan for your children until September 12, 2017. Since this was before the fifteenth day of the month, coverage through that plan became effective on the first day of the following month; that is, on October 1, 2017.

Therefore, the September 13, 2017 enrollment confirmation notice stating your children were enrolled in a Medicaid Managed Care plan, effective October 1, 2017, was correct and is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined your children were no longer eligible to enroll in a Medicaid Managed Care plan, effective November 1, 2017.

The September 13, 2017 eligibility determination notice confirms your children were determined fully eligible for Medicaid, effective August 1, 2017. However, notes in your account from October 6, 2017 indicate that your children's eligibility was being overridden, because "previous income docs were validated incorrectly and MA elig/enrollment was granted in error." As a result, NYSOH placed your children in a pending Medicaid status, issued a notice on October 11, 2017, NYSOH requesting additional documentation of your household income by October 25, 2017, and disenrolled your children from their Medicaid Managed care plan, effective October 31, 2017, on the grounds they were no longer eligible to enroll in that plan.

Pursuant to the above cited regulations, once a person is determined eligible for Medicaid, that eligibility continues for 12 months, with limited exceptions. This provision is called "continuous coverage."

Since the evidence establishes that your children had been determined fully eligible for Medicaid, effective August 1, 2017, as confirmed in the September 13, 2017 and October 2, 2017 eligibility determination notices, barring the occurrence of certain events, their eligibility for Medicaid should not have ended prior to July 31, 2018.

Although notes in your account indicate that NYSOH overrode your children's eligibility on October 6, 2017 on the grounds your income documentation had been erroneously validated, this occurred after NYSOH had issued two written determinations of your children's eligibility for Medicaid. Because there is no evidence in your account that your children entered prison or another facility that provides medical care, moved out of state, or failed to provide a valid Social Security number, it was improper for NYSOH to determine your children ineligible for Medicaid and to disenroll them from their Medicaid Managed Care plan, effective October 31, 2017.

Therefore, the October 11, 2017, disenrollment notice stating your children's enrollment in their Medicaid Managed Care plan ended on October 31, 2017 is **RESCINDED**.

The November 6, 2017 discontinuance notice stating your children were not eligible for health insurance through NYSOH is also **RESCINDED** as your children were eligible for continuous Medicaid coverage.

Your case is **RETURNED** to NYSOH to reinstate your children in their Medicaid Managed Care plan coverage, effective November 1, 2017.

Decision

The September 13, 2017 enrollment confirmation notice is AFFIRMED.

The October 11, 2017, disenrollment notice is RESCINDED.

The November 6, 2017 discontinuance notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their Medicaid Managed Care plan coverage, effective November 1, 2017.

Effective Date of this Decision: January 29, 2018

How this Decision Affects Your Eligibility

Your children's Medicaid Managed Care plan coverage became effective on October 1, 2017.

Your children should not have been disenrolled from their Medicaid Managed Care plan on October 31, 2017.

Your case is being sent back to NYSOH to reinstate your children in their Medicaid Managed Care plan, effective November 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:

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 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 September 13, 2017 enrollment confirmation notice is **AFIRMED**.

The October 11, 2017 disenrollment notice is **RESCINDED**.

The November 6, 2017 discontinuance notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your children in their Medicaid Managed Care plan coverage, effective November 1, 2017.

Your children's Medicaid Managed Care plan coverage became effective on October 1, 2017.

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).

Your children should not have been disenrolled from their Medicaid Managed Care plan on October 31, 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।

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).

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 okyerε 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.