



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

## Notice of Decision

Decision Date: January 02, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023313

[REDACTED]

On December 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 7, 2017 eligibility determination and October 13, 2017 plan enrollment 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: January 02, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023313

[REDACTED]

## Issues

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

Did NY State of Health provide a timely determination of your Medicaid eligibility, effective October 1, 2017?

Did NY State of Health properly determine that your Medicaid Managed Care plan began on November 1, 2017?

## Procedural History

On June 8, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance. This application indicated that you were pregnant with twins and your due date was [REDACTED]

On June 9, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective June 1, 2017. The notice directed you to provide additional information in order to confirm your eligibility. This notice requested that you submit income documentation for your household by June 23, 2017.

Also on June 9, 2017, you uploaded one document to your NYSOH account; which was invalidated that same day.

On June 10, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information that was listed in

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your application. This notice further directed you to submit additional income documentation by July 8, 2017.

On June 20, 2017, the same document was uploaded to your NYSOH, which was invalidated that same day.

On June 21, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information that was listed in your application. This notice further directed you to submit additional income documentation by July 8, 2017.

On June 22, 2017, the same document was uploaded to your NYSOH account, which was invalidated that same day.

On June 23, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information that was listed in your application. This notice further directed you to submit additional income documentation by July 8, 2017.

On July 12, 2017, NYSOH received your application for financial assistance with health insurance.

On July 13, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective July 8, 2017. The notice asked you to provide additional information in order to confirm your eligibility. This notice requested that you submit income documentation for your household by July 27, 2017.

On July 14, 2017, NYSOH received your application for financial assistance with health insurance. This application indicated that you were pregnant with one child, and your due date was [REDACTED].

On July 15, 2017, NYSOH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid, effective July 8, 2017. The notice directed you to provide additional information by August 11, 2017, in order to confirm your eligibility in the form of income documentation for your household.

On October 5, 2017, you uploaded two documents to your NYSOH account.

On October 6, 2017, NYSOH validated the income documentation and a new application was submitted on your behalf.

On October 7, 2017, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective October 1, 2017.

On October 12, 2017, NYSOH received your application for financial assistance with health insurance. That day a preliminary eligibility determination was prepared finding that you remained eligible for Medicaid, effective October 1, 2017.

Also on October 12, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your full Medicaid coverage; requesting that it begin as of September 1, 2017.

On October 13, 2017, NYSOH issued an eligibility determination stating that you remained eligible for Medicaid, effective October 1, 2017.

Also on October 13, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective November 1, 2017.

On December 21, 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 you are seeking to have your full Medicaid coverage be effective September 1, 2017.
- 2) According to your NYSOH account, NYSOH received your updated application for financial assistance on June 8, 2017 and you were found conditionally eligible for Medicaid, effective June 1, 2017.
- 3) On June 9, 2017, June 20, 2017 and June 23, 2017, documentation was uploaded to your NYSOH account; which was a self-attesting letter stating that you were no longer working for your employer as of April 11, 2017.
- 4) On June 9, 2017, June 20, 2017 and June 22, 2017, NYSOH invalidated your income documentation because you did not submit a separation letter from your employer and you did not submit any information about your spouse's income.
- 5) On July 14, 2017, NYSOH received your application for financial assistance with health insurance.
- 6) According to your NYSOH account, you were found conditionally eligible for Medicaid and needed to submit household income documentation to confirm your eligibility by August 11, 2017.

- 7) On October 5, 2017, you uploaded income documents to your NYSOH account, which consisted of a letter from your spouse's employer indicating that he makes \$20.87 an hour and works 35 hours a week. This employment started on June 19, 2017.
- 8) On October 6, 2017, NYSOH validated the income documentation and an updated application was submitted on your behalf.
- 9) According to your NYSOH account, on October 6, 2017, you were found fully eligible for Medicaid, effective October 1, 2017.
- 10) According to your NYSOH account, on October 12, 2017, you selected a Medicaid Managed Care plan for enrollment, effective October 1, 2017.
- 11) You testified that you would like to be found fully eligible for Medicaid for the month of September 2017 because you have unpaid medical bills from that month from a hospital stay.

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

## **Applicable Law and Regulations**

### Medicaid for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for 2 months after the month in which the pregnancy ends (N.Y. Soc. Serv. Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

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)).

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## Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data from state and federal data sources 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 pregnant Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application (18 NYCRR § 360.2.4(3)(i)).

## **Legal Analysis**

The first issue under review is whether NYSOH provided you with timely determination of your Medicaid eligibility.

For all individuals who apply for health insurance through NYSOH, NYSOH must determine their eligibility promptly and without undue delay. In order for NYSOH to make their final decision, an individual's application must be complete.

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data from state and federal data sources 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.

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On June 8, 2017, NYSOH received your application for financial assistance for health insurance; which indicated that you were pregnant. As a result, you became presumptively (conditionally) eligible for Medicaid. In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination.

You were not found fully eligible for Medicaid at the time of the June 8, 2017 application because the household income amount that was entered into this application did not match information from federal and state data sources. As a result, NYSOH issued an eligibility determination finding you only conditionally eligible for Medicaid effective June 1, 2017. NYSOH asked that you submit additional documentation to confirm your household income in order to complete your application and be found fully eligible for Medicaid.

On June 9, 2017, June 20, 2017 and June 22, 2017, a self-attesting letter was uploaded to your NYSOH account stating that you stopped working as of April 11, 2017. These documents were invalidated because a separation letter from your employer was required and you did not submit adequate information regarding your spouse's income. Therefore, additional income documentation was requested in order to confirm your household income information.

On July 14, 2017, NYSOH received your application for financial assistance with health insurance. Subsequently, on July 15, 2017, NYSOH issued an eligibility determination stating that you were conditionally eligible for Medicaid, effective July 8, 2017. This notices further directed you to submit household income documentation to confirm your eligibility by August 11, 2017.

On October 5, 2017, you uploaded income documents to your NYSOH account, which included a letter from your spouse's employer indicating that he started working on June 19, 2017 made \$20.87 per hour and work 35 hours a week. On October 6, 2017, a NYSOH representative validated the income documentation and an updated application was submitted on your behalf.

NYSOH must provide pregnant 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 look at the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Your application was not considered complete until you uploaded your spouse's income documentation on October 5, 2017. Prior to October 5, 2017, there was no income documentation in your account which indicated your spouse's income and NYSOH was unable to confirm your household income without your spouse's income documentation. On October 6, 2017, NYSOH validated the

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documentation that was uploaded on October 5, 2017, and an updated application was submitted on your behalf. NYSOH issued an eligibility determination notice on October 7, 2017 that stated you were fully eligible for Medicaid effective October 1, 2017.

Since NYSOH issued an eligibility determination two days from the date your application was considered complete, the October 7, 2017 eligibility determination was timely and is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective November 1, 2017.

The record reflects that you contacted NYSOH on October 12, 2017 and enrolled into a Medicaid Managed Care plan.

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.

Since you selected a Medicaid Managed Care plan on October 12, 2017, your enrollment in that plan must take effect on the first day of the month following October 2017; that is, on November 1, 2017.

Therefore, the October 13, 2017 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective November 1, 2017, was correct and must be AFFIRMED.

## **Decision**

The October 7, 2017 eligibility determination notice was timely and is AFFIRMED.

The October 13, plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 02, 2018

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

This decision does not affect your eligibility.

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).

You were eligible for presumptive Medicaid from June 1, 2017 through September 30, 2017.

You are fully eligible for Medicaid effective October 1, 2017.

Your enrollment in your Medicaid Managed Care plan is 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:

- 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 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).

## **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 October 7, 2017 eligibility determination notice was timely and is AFFIRMED.

The October 13, plan enrollment notice is AFFIRMED.

This decision does not affect your eligibility.

You were eligible for presumptive Medicaid from June 1, 2017 through September 30, 2017.

You are fully eligible for Medicaid effective October 1, 2017.

Your enrollment in your Medicaid Managed Care plan is effective November 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 b&etumi ama wo obi a okyer& 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.

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