



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

Notice of Decision

Decision Date: January 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023882

[REDACTED]

On January 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's September 30, 2017 enrollment confirmation notice and October 1, 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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Decision Date: January 12, 2018

NY State of Health Account ID: [REDACTED]
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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 newborn's Medicaid eligibility as of September 1, 2017?

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

Procedural History

On [REDACTED] you added your newborn child to your NY State of Health (NYSOH) account.

Also on September 25, 2017, income documentation was uploaded to your NYSOH account.

On September 26, 2017, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources and that additional information was needed to confirm the information in your application. This notice directed you to submit documentation of your household income by October 10, 2017 as well as proof of your newborn's citizenship status and social security number by December 24, 2017, in order for your newborn's eligibility for financial assistance to be determined.

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Also on September 26, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

Additionally, on September 26, 2017, you updated your household's application for financial assistance.

On September 27, 2017, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources and that additional information was needed to confirm the information in your application. This notice directed you to submit documentation of your household income by October 10, 2017 as well as proof of your newborn's citizenship status and social security number by December 24, 2017, in order for your newborn's eligibility for financial assistance to be determined.

Also on September 27, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that you must submit additional proof of income by October 25, 2017.

Additionally, on September 27, 2017 and September 28, 2017, income documentation was uploaded to your NYSOH account.

On September 28, 2017, NYSOH verified the income documentation and submitted an application on your household's behalf.

On September 30, 2017, NYSOH issued a notice of enrollment confirmation stating that your newborn was enrolled in a Medicaid Managed Care plan, effective November 1, 2017.

On October 1, 2017, NYSOH issued a notice of eligibility determination, based on the September 28, 2017 application, stating that your newborn was conditionally eligible for Medicaid, effective September 1, 2017. This notice directed you to submit proof of your newborn's citizenship status and social security number by December 24, 2017 in order to confirm his eligibility for financial assistance.

On October 16, 2017, you updated your household's application for financial assistance. Specifically, you provided your newborn's social security number.

On October 17, 2017, NYSOH issued a notice of eligibility determination stating that your newborn was eligible for Medicaid, effective October 1, 2017.

On November 1, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn's enrollment in his Medicaid Managed Care plan, insofar as it did not begin September 1, 2017.

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On January 8, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your spouse was present and provided sworn testimony. 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 appealing the enrollment start date of your newborn's Medicaid Managed Care plan. You explained that you are seeking to have your newborn's enrollment begin as of his date of birth.
- 2) Your spouse testified that your newborn was born on [REDACTED]
- 3) Your spouse testified that your newborn had medical issues following his birth which required an [REDACTED] and well as [REDACTED] [REDACTED] in the month following his birth.
- 4) Your spouse testified that at the time of the newborn's birth she was covered under her employer's health plan.
- 5) You and your spouse testified that you were not advised of the difference between "straight Medicaid", otherwise known as fee-for service Medicaid, and a Medicaid Managed Care plan. As a result, you took your child to a doctor who did not accept fee-for service Medicaid.
- 6) Your spouse testified that she has been out of work on unpaid family medical leave on September 6, 2017 and that you are unemployed.
- 7) The record reflects that on September 25, 2017 a certified application counselor updated your NYSOH account to include your newborn.
- 8) On September 25, 2017, you uploaded a copy of your unemployment insurance monetary benefit determination from the department of labor dated September 1, 2017, stating that your claim was effective August 28, 2017 and that your weekly benefit rate was \$430.00.
- 9) On September 26, 2017, NYSOH determined that the income documentation you submitted was insufficient as four weeks of consecutive paystubs were needed for your spouse.
- 10) On September 27, 2017, you reuploaded the September 1, 2017 unemployment insurance monetary benefit determination from the department of labor.

- 11) On September 28, 2017, you uploaded a letter dated September 26, 2017 signed by yourself stating that your only source of income was your unemployment benefits and your spouse and newborn had no income.
- 12) On September 28, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your household's income.
- 13) Your NYSOH account reflects that on September 29, 2017, a certified application counselor enrolled your newborn into a Medicaid Managed Care plan.

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)).

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid social security number (N.Y. Soc. Serv. Law § 366(4)(c)).

Medicaid for Newborns

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

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).

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)).

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 who are an infant of younger than one year of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(i)).

Legal Analysis

The first issue is whether NYSOH provided you with a timely determination of your newborn's Medicaid eligibility as of September 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 September 25, 2017. 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 household income.

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On September 25, 2017, you uploaded income documentation for yourself.

However, you did not provide any documentation regarding your spouse's income until September 28, 2017.

Therefore, your newborn's application was considered complete as of September 28, 2017 for the purpose of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are an infant of younger than one year of age 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 October 1, 2017, stating that your newborn was conditionally eligible for Medicaid, effective September 1, 2017. Since NYSOH issued an eligibility determination three days from the date your newborn's application was considered complete, the October 1, 2017 eligibility determination was timely.

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

The record reflects that your certified application counselor enrolled your newborn into a Medicaid Managed Care plan on September 29, 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.

Since the October 1, 2017 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan for your newborn as of October 1, 2017, and your certified application counselor selected a plan on September 29, 2017. Your newborn's plan therefore properly took effect on the first day of the next month following September 2017; that is, on November 1, 2017.

In New York State Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth. The record reflects that you were not receiving Medicaid on the date of your child's birth through NYSOH. Therefore, your newborn child is

not mandated to receive coverage through a Medicaid Managed Care plan as of his date of birth.

Therefore, the September 30, 2017 enrollment confirmation notice stating that your newborn's enrollment in his Medicaid Managed Care plan was effective November 1, 2017, was correct and must be AFFIRMED.

Decision

The October 1, 2017 eligibility determination notice is AFFIRMED.

The September 30, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 12, 2018

How this Decision Affects Your Eligibility

The effective date of your newborn's Medicaid Managed Care plan is 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:

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).

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 October 1, 2017 eligibility determination notice is AFFIRMED.

The September 30, 2017 enrollment confirmation notice is AFFIRMED.

The effective date of your newborn's Medicaid Managed Care plan is 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 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 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&etumi 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.

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).

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.