



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

Notice of Decision

Decision Date: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024176

[REDACTED]

[REDACTED]

On January 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 4, 2017 plan enrollment 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.

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Decision

Decision Date: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024176

[REDACTED]

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 newborn's enrollment in her Medicaid Managed Care plan was effective December 1, 2017?

Procedural History

On September 30, 2017, NYSOH issued a notice, based on your September 29, 2017 application, stating that the income information in your newborn's application did not match what the NYSOH received from state and federal data sources. The notice further stated that proof of current income was needed by October 14, 2017, to confirm her eligibility.

Also on September 30, 2017, and on October 6, 2017, October 21, 2017, October 26, 2017, and November 1, 2017 you submitted proof of income (see Documents [REDACTED]

[REDACTED]. These documents were invalidated as insufficient by NYSOH on October 3, 2017, October 25, 2017, October 27, 2017, and November 2, 2017, respectively

On October 4, 2017, October 26, 2017, October 28, 2017, and November 2, 2017, NYSOH issued notices stating that the documentation you submitted does

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not confirm the information in your newborn's application. You were directed to provide additional proof of income before October 29, 2017, November 13, 2017, and November 28, 2017, respectively.

On November 2, 2017, you submitted a copy of your 2016 income tax return, which, along with the rest of your documents, was validated by NYSOH on November 3, 2017 ([REDACTED]).

On November 4, 2017, NYSOH issued an eligibility determination notice stating, in pertinent part, that your newborn remained eligible for Medicaid, effective November 1, 2017.

Also on November 4, 2017, a plan enrollment notice was issued confirming your newborn's enrollment in a Medicaid Managed Care plan, effective December 1, 2017.

On November 8, 2017, NYSOH issued an eligibility determination notice stating that your newborn was eligible for retroactive Medicaid coverage for the month of October 2017.

Also on November 8, 2017, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as it began your child's Medicaid Managed Care plan on December 1, 2017, and not October 1, 2017.

On January 4, 2018, 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) According to your NYSOH account, between September 30, 2017 and November 2, 2017, you submitted various documents including paystubs from your employer and letters from your employer [REDACTED] and [REDACTED]). These documents were invalidated by NYSOH because they failed to provide proof of your self-employment income respectively.
- 2) You testified that the process of providing proof of income documents was very confusing and that NYSOH failed to properly advise you of what was needed.

- 3) According to your NYSOH account, you first submitted proof of your self-employment income on November 2, 2017. This document, which consisted of your 2016 income tax return, indicates that you had a loss in self-employment income in 2016 (██). It was validated on November 3, 2017, along with the rest of your proof of income.
- 4) According to your NYSOH account and your testimony, you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim two dependents on that tax return.
- 5) According to your NYSOH account, based upon your November 3, 2017 updated gross annual household income of \$40,384.20, your newborn was found eligible for Medicaid, effective November 1, 2017. You selected a Medicaid Managed Care plan that day and your newborn was enrolled in that plan effective December 1, 2017.
- 6) According to your NYSOH, your newborn had retroactive Medicaid Fee-For Service as of October 1, 2017.
- 7) You testified that you want your newborn's Medicaid Managed Care plan to begin on October 1, 2017, because you have medical bills that are not covered by Medicaid Fee-For Service.

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).

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)).

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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). However, if the applicant is an infant younger than one year of age and has an income at or below 200% of the applicable federal poverty level NYSOH must provide a notice of eligibility determination 30 days from the date of the application (18 NYCRR 360-2.4(a)(3)(i)).

Medicaid for Infants

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which was \$24,600.00 for a four-person household (82 Federal Register 8831).

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)).)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in her Medicaid Managed Care plan was effective December 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 added your newborn to that account on September 29, 2017. The income amount that was entered into this application did not match federal and state data sources. As such, NYSOH asked that you submit additional documentation to confirm your household income.

Although the record reflects that you submitted various documentation between September 29, 2017 and November 2, 2017, these documents were invalidated because they failed to provide your seasonal dates of employment and the end date of your employment.

You testified that the process of providing proof of income documents was very confusing and that NYSOH failed to properly advise you of what was needed. However, since you applied for financial assistance on behalf of your newborn, attested to self-employment income, and were aware that proof of income was needed, it is concluded that you were also aware that you needed to provide proof of that income. However, the documentation your provided between September 29, 2017 through November 1, 2017 was insufficient.

You first submitted proof of your self-employment income on November 2, 2017, which included your 2016 federal income tax return. This document along with the rest of your proof of income was validated on November 3, 2017 (see Documents [REDACTED])

Generally, NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. However, since your newborn was less than one year old, and had a gross annual household income of \$40,384.20, which is 168.23% of the 2017 FPL for a four-person household, at the time of the completed application, NYSOH was required to give you notice of her eligibility determination within 30 days from the date of the completed application.

An application is considered complete when NYSOH receives sufficient proof of your household income, which in your newborn's case was as of November 2, 2017. 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 a plan enrollment notice on November 4, 2017, that stated your newborn was eligible for Medicaid Managed Care effective December 1, 2017. Since NYSOH issued an eligibility determination 2 days from the date your newborn's application was considered complete, the November 4, 2017 plan enrollment notice was timely.

The issue turns to whether your newborn's Medicaid Managed Care plan properly began as of December 1, 2017.

You selected a Medicaid Managed Care plan for your newborn on November 3, 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 goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your newborn's Medicaid Managed Care plan on November 3, 2017, it properly took effect on the first day of the month following November 2017; that is, on December 1, 2017.

Therefore, NYSOH's November 4, 2017 plan enrollment notice is AFFIRMED.

Decision

The November 4, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: January 17, 2018

How this Decision Affects Your Eligibility

This decision does not change your newborn's eligibility for Medicaid.

Your newborn was eligible for retroactive Medicaid as of October 1, 2017 and had coverage under Medicaid Fee-For-Service as of that date.

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).

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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 4, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your newborn's eligibility for Medicaid.

Your newborn was eligible for retroactive Medicaid as of October 1, 2017 and had coverage under Medicaid Fee-For-Service as of that date.

The effective date of your newborn's Medicaid Managed Care plan is December 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 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 bɛtumi ama wo obi a okyerɛ 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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