



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

Notice of Decision

Decision Date: March 13, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000026460

[REDACTED]

Dear [REDACTED],

On March 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 3, 2017 eligibility determination and December 12, 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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Decision Date: March 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026460

[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 as of November 3, 2017?

Did NY State of Health properly determine that your Medicaid Managed Care plan began on January 1, 2018?

Procedural History

On October 31, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance. This application indicated that you were pregnant and your due date was [REDACTED]

On November 1, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid for all outpatient prenatal Medicaid services (also known as presumptive Medicaid), effective December 1, 2017. The notice directed you to provide additional information to confirm your eligibility by November 15, 2017.

On November 2, 2017, you uploaded one document to your NYSOH account and NYSOH validated the documentation that same day.

On November 3, 2017, NYSOH issued an eligibility determination notice stating that because your household income of \$5,500.00 is at or below the allowable

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income limit for Medicaid, you were fully eligible for Medicaid. This notice further stated that you needed to select a plan for enrollment.

On December 12, 2017, NYSOH issued a plan enrollment notice stating that you were enrolled in a Medicaid Managed Care plan, effective January 1, 2018. This notice stated you were auto-enrolled into this Medicaid Managed Care plan because you did not select a health plan.

On December 28, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan insofar as it did not begin as of December 1, 2017.

On March 2, 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, NYSOH received your updated application for financial assistance on October 31, 2017 and you were found presumptively eligible for Medicaid effective November 1, 2017.
- 2) On November 2, 2017, you uploaded a letter from your employer, dated October 31, 2017, to your NYSOH account.
- 3) Also on November 2, 2017, NYSOH validated your income documentation and you were found fully eligible for Medicaid.
- 4) According to your NYSOH account, on November 3, 2017, NYSOH issued an eligibility determination notice stating that you needed to select a Medicaid Managed Care plan for enrollment.
- 5) According to your NYSOH account, you did not select a Medicaid Managed Care plan for enrollment.
- 6) You testified that you were unaware that you needed to select a Medicaid Managed Care plan for enrollment.
- 7) You testified that you were under the impression that you selected a Medicaid Managed Care plan on October 31, 2017, and that this plan would be effective once you submitted the requested documents.

- 8) You testified that you had the necessary documents in by November 15, 2017, so you believe that your Medicaid Managed Care plan should begin as of December 1, 2017.
- 9) You testified that you did not receive any mail from NYSOH stating that you needed to select a Medicaid Managed Care plan for enrollment.
- 10) According to your NYSOH account, on December 11, 2017, the system auto-selected a Medicaid Managed Care plan for your enrollment.
- 11) According to your NYSOH account, your Medicaid Managed Care plan coverage was effective January 1, 2018.
- 12) According to your NYSOH account and your testimony, you receive notices from NYSOH by regular mail.
- 13) There is no indication in the record that the November 3, 2017 eligibility determination notice that stated you needed to select a Medicaid Managed Care plan for enrollment was returned to NYSOH as undeliverable.
- 14) You testified that you received a letter from your Medicaid Managed Care plan that stated that your enrollment would begin as of December 1, 2017, but that you have misplaced that letter.
- 15) You testified that you want your Medicaid Managed Care plan coverage to be effective December 1, 2017, because you have unpaid medical bills from that month.

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

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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)).

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 is whether NYSOH provided you with timely determination of your Medicaid eligibility.

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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.

On October 31, 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 October 31, 2017 application because the household income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH issued an eligibility determination notice finding you only conditionally eligible for Medicaid, effective November 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 November 2, 2017, a letter from your employer, dated October 31, 2017, was uploaded into your NYSOH account. A representative from NYSOH validated the letter that same day and a completed 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 considered complete on November 2, 2017 when the letter from your employer was uploaded to your NYSOH account. NYSOH issued an eligibility determination notice on November 3, 2017, that stated you were fully eligible for Medicaid and to select a Medicaid Managed Care plan for your enrollment.

Since NYSOH issued an eligibility determination one day from the date your application was considered complete, the November 3, 2017 eligibility determination was timely and is **AFFIRMED**.

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The second issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective January 1, 2018.

Individuals who are presumptively or conditionally eligible for Medicaid are not able to enroll into a Medicaid Managed Care plan. Therefore, NYSOH was proper in not allowing you to enroll into a Medicaid Managed Care plan until you were found fully eligible for Medicaid.

The record indicates that you were found fully eligible for Medicaid on November 3, 2017. However, you did not enroll into a Medicaid Managed Care plan. As a result, the record reflects that, on December 11, 2017, the system auto-enrolled you into a Medicaid Managed Care plan.

You testified that you were unaware that you needed to select a Medicaid Managed Care plan for enrollment. You further testified that you were under the impression that you selected a Medicaid Managed Care plan on October 31, 2017, and that this plan would be effective once your application was considered complete. You testified that you had submitted all the necessary documentation prior to November 15, 2017, so you believe that your Medicaid Managed Care plan should begin as of December 1, 2017.

NYSOH issued an eligibility determination notice on November 3, 2017 indicating that you needed to select a Medicaid Managed Care plan for enrollment. The record indicates, and you confirmed, that you receive notice from NYSOH by regular mail. You testified that you did not receive any mail from NYSOH stating that you needed to select a Medicaid Managed Care plan for enrollment. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable, including the November 3, 2017 eligibility determination notice.

Therefore, NYSOH properly notified you of the need to select a Medicaid Managed Care plan for enrollment.

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.

The record indicates that since a Medicaid Managed Care plan was selected for your enrollment, on your behalf, on December 11, 2017, it must take effect on the first day following December 2017; that is, on January 1, 2018.

Therefore, the December 12, 2017 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective January 1, 2018, was correct and must be AFFIRMED.

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).

Lastly, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

Decision

The November 3, 2017 eligibility determination was timely and is AFFIRMED.

The December 12, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 13, 2018

How this Decision Affects Your Eligibility

This decision does not affect your eligibility for Medicaid.

Your enrollment in your Medicaid Managed Care plan is effective January 1, 2018.

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

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 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 November 3, 2017 eligibility determination was timely and is AFFIRMED.

The December 12, 2017 plan enrollment notice is AFFIRMED.

This decision does not affect your eligibility for Medicaid.

Your enrollment in your Medicaid Managed Care plan is effective January 1, 2018

Legal Authority

We are issuing this determination in accordance with 45 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).

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&tumi 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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