



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
PO Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: April 16, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027103

[REDACTED]

[REDACTED]

On March 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 12, 2018 eligibility determination and 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  
PO 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(b).

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

Decision Date: April 16, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027103

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health provide a timely determination of your Medicaid eligibility as of January 11, 2018?

Did NY State of Health (NYSOH) properly determine that your spouse's Medicaid Managed Care plan enrollment began effective February 1, 2018?

## Procedural History

On December 11, 2017, NYSOH received an update to your spouse's application for financial assistance with health insurance.

Also on December 11, 2017, NYSOH received (1) a facsimile from Aetna reflecting that your spouse's third-party health insurance had ended effective January 31, 2016, and (2) an unemployment insurance monetary benefit determination letter confirming your spouse's unemployment benefit award of \$435.00 per week, effective [REDACTED].

On December 12, 2017, NYSOH issued an eligibility determination notice stating that your spouse was found eligible for Medicaid coverage for all outpatient prenatal Medicaid services. This includes all Medicaid covered services except: inpatient care, alternate level care, institutional long-term care, and long-term home health care. You were directed to provide proof of your household income

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to NYSOH by March 11, 2018. This eligibility determination was effective December 1, 2017.

Also on December 12, 2017, NYSOH issued an enrollment notice stating that the Medicaid coverage your spouse was eligible for did not require or allow her to enroll in a Medicaid Managed Care (MMC) plan.

On January 8, 2018, NYSOH redetermined your spouse's eligibility for financial assistance with health insurance.

On January 9, 2018, NYSOH issued an eligibility determination notice stating that your spouse was eligible for Medicaid coverage for all outpatient prenatal Medicaid services. This includes all Medicaid covered services except: inpatient care, alternate level care, institutional long-term care, and long-term home health care. You were requested to provide proof of your spouse's income by January 10, 2018, and for your income by March 11, 2018. This eligibility determination was effective January 1, 2018.

Also on January 9, 2018, NYSOH issued an enrollment notice stating that the Medicaid coverage your spouse was eligible for did not require or allow her to enroll in a health plan.

Finally, on January 9, 2018, NYSOH received four earnings statements issued to you by your employer, [REDACTED] between December 6, 2017 and December 27, 2017.

On January 10, 2018, NYSOH issued a notice stating that the documentation you provided did not confirm the information in your application. You were requested to provide additional income documentation for your spouse by February 9, 2018 and for yourself by March 11, 2018.

Also on January 10, 2018, NYSOH received duplicate copies of the four earnings statements issued to you by your employer, [REDACTED], between December 6, 2017 and December 27, 2017.

On January 11, 2018, NYSOH redetermined your spouse's eligibility for financial assistance with health insurance.

Also on January 11, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in her MMC plan, insofar as her enrollment did not begin January 1, 2018.

On January 12, 2018, NYSOH issued an eligibility determination notice stating that your spouse remained eligible for Medicaid, without condition, effective January 1, 2018. The notice advised you to select an MMC plan for your spouse's coverage.

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Also on January 12, 2018, NYSOH issued an enrollment notice confirming your selection of an MMC plan for your spouse's coverage as of January 11, 2018, with such coverage beginning effective February 1, 2018.

On March 14, 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 December 11, 2018, and your spouse was found presumptively eligible for Medicaid effective December 1, 2017, because you reported her being pregnant.
- 2) On December 11, 2017, you provided to NYSOH (1) a facsimile from Aetna reflecting that your spouse's third-party health insurance had ended effective January 31, 2016, and (2) an unemployment insurance monetary benefit determination letter confirming your spouse's unemployment benefit award of \$435.00 per week, effective [REDACTED].
- 3) On January 9, 2018, you uploaded four paystubs to your NYSOH account.
- 4) On January 10, 2018, NYSOH invalidated your income documentation. However, on January 11, 2018, NYSOH redetermined that the income documentation you provided was sufficient, and your spouse was found eligible for Medicaid, without condition, effective January 1, 2018.
- 5) According to your NYSOH account, on January 12, 2018, NYSOH issued an eligibility determination notice indicating that your spouse was eligible, without condition, for Medicaid and that you needed to select an MMC plan for her enrollment.
- 6) According to your NYSOH account, you selected an MMC plan for your spouse's coverage on January 11, 2018.
- 7) According to your NYSOH account, your spouse's MMC plan coverage was effective February 1, 2018.
- 8) You testified that you submitted the necessary documents in a timely fashion, so you believe that your spouse's MMC plan should begin as of January 1, 2018.

- 9) You testified that you want your spouse's MMC plan coverage to be effective January 1, 2018, because your spouse has 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 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 under review is whether NYSOH provided your spouse with timely determination of Medicaid eligibility.

The record reflects that your spouse was originally found eligible for Medicaid effective December 1, 2017.

On December 11, 2017, NYSOH received your updated application for financial assistance with health insurance, in which you indicated that your spouse was pregnant. As a result, your spouse 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.

For all individuals who apply for health insurance through NYSOH, NYSOH must determine their eligibility promptly and without undue delay. 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.

Your spouse was not found fully eligible for Medicaid at the time of the December 11, 2017 application because the household income amount that was entered in

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that application did not match federal and state data sources. As a result, NYSOH issued an eligibility determination notice finding your spouse presumptively eligible for Medicaid, effective December 1, 2017. NYSOH asked that you submit additional documentation to confirm your household income to complete your application and to determine whether your spouse was fully eligible for Medicaid.

On December 11, 2017, you provided to NYSOH (1) a facsimile from Aetna reflecting that your spouse's third-party health insurance had ended effective January 31, 2016, and (2) an unemployment insurance monetary benefit determination letter confirming your spouse's unemployment benefit award of \$435.00 per week, effective [REDACTED].

On January 9, 2018 you submitted four paystubs to your NYSOH account. On January 11, 2018, a representative from NYSOH validated the paystubs 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 January 9, 2018 when your paystubs were uploaded to your NYSOH account. NYSOH issued an eligibility determination notice on January 12, 2018 that stated your spouse was fully eligible for Medicaid and you needed to select an MMC plan for your spouse's enrollment.

Since NYSOH issued an eligibility determination notice 3 days from the date your application was considered complete, the January 12, 2018 eligibility determination notice was timely and is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your spouse's enrollment in her MMC plan was effective February 1, 2018.

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

The record indicates that your spouse was found fully eligible for Medicaid on January 11, 2018. You enrolled your spouse in an MMC plan as of January 11, 2018.



You testified that you had submitted all the necessary documentation in a timely fashion, so you believe that your spouse's MMC plan should begin as of January 1, 2018.

However, the date on which an MMC 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 MMC plan was selected for your spouse's enrollment on January 11, 2018, it must take effect on the first day of month following January 2018; that is, on February 1, 2018.

Therefore, the January 12, 2018 plan enrollment notice stating that your spouse's MMC plan would be effective February 1, 2018, was correct and must be AFFIRMED.

## **Decision**

The January 12, 2018 eligibility determination notice was timely and is AFFIRMED.

The January 12, 2018 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 16, 2018

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

This decision does not affect your spouse's eligibility.

Your spouse's enrollment in her MMC plan is effective February 1, 2018.

## **If You Disagree with this Decision (Appeal Rights)**

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the

dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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
- By mail at:  
NY State of Health Appeals  
PO Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The January 12, 2018 eligibility determination notice was timely and is AFFIRMED.

The January 12, 2018 enrollment notice is AFFIRMED.

This decision does not affect your spouse's eligibility.

Your spouse's enrollment in her MMC plan is effective February 1, 2018.

## **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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا 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।

## **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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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