



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

Notice of Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027127

[REDACTED]

Dear [REDACTED],

On March 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 20, 2017 eligibility determination and January 12, 2018 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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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 Medicaid eligibility as of December 20, 2017?

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

Procedural History

According to your NY State of Health (NYSOH) account, in November 2016, you were determined eligible for Medicaid and enrolled in a Medicaid Managed Care plan, both effective January 1, 2017.

On October 28, 2017, NYSOH issued a renewal notice stating it was time to renew your health insurance coverage through NYSOH. This notice further stated that, based on state and federal data sources, you were found eligible for up to \$207.85 per month in advanced payment of the premium tax credit (APTC), effective January 1, 2018, and that you no longer qualified for Medicaid through NYSOH as of December 31, 2017. This notice further stated that if you needed to make any changes to your NYSOH account that may affect your eligibility to do so between November 16, 2017 and December 15, 2017, to see what you qualify for on January 1, 2018.

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On November 16, 2017, NYSOH received your updated application for financial assistance with health insurance. This application indicated that you were pregnant with one child with a due date of [REDACTED].

On November 17, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid coverage for all outpatient prenatal Medicaid services (also known as presumptive Medicaid), effective January 1, 2018. This notice further directed you to provide additional information to confirm your eligibility.

Also on November 17, 2017, NYSOH issued a plan disenrollment notice stating that your Medicaid Managed Care plan coverage would end on December 31, 2017.

On November 22, 2017, you uploaded six documents to your NYSOH account.

On December 19, 2017, NYSOH validated the income documentation and a completed application was submitted on your behalf.

On December 20, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit of \$36,216.00. This notice further directed you to select a Medicaid Managed Care plan for enrollment.

On January 11, 2018, you were enrolled into a Medicaid Managed Care plan, effective February 1, 2018.

Also on January 11, 2018, 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 January 1, 2018.

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

On March 9, 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 November 16, 2017, and you were found presumptively eligible for Medicaid effective January 1, 2018, because you reported being pregnant.
- 2) On November 22, 2017, you uploaded six paystubs to your NYSOH account.
- 3) On December 19, 2017, NYSOH validated your income documentation and you were found fully eligible for Medicaid.
- 4) According to your NYSOH account, on December 20, 2017, NYSOH issued an eligibility determination notice indicating that you were eligible for Medicaid and 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) According to your NYSOH account, on January 11, 2018, the system auto-selected a Medicaid Managed Care plan for your enrollment.
- 7) According to your NYSOH account, your Medicaid Managed Care 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 Medicaid Managed Care plan should begin as of January 1, 2018.
- 9) You testified that you want your Medicaid Managed Care plan coverage to be effective January 1, 2018, 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 Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

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 you with timely determination of your Medicaid eligibility.

The record reflects that you were originally found eligible for Medicaid effective January 1, 2017.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's October 28, 2017 renewal notice stated that, based on state and federal data sources, you were found eligible for an advanced payment of the premium tax credit of up to \$207.85 per month, effective January 1, 2018, and that you no longer qualified

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for Medicaid through NYSOH as of December 31, 2017. This notice further stated that if you needed to make any changes to your NYSOH account that may affect your eligibility to makes these updates between November 16, 2017 and December 15, 2017 to see what you would qualify for as of January 1, 2018.

On November 16, 2017, NYSOH received your updated application for financial assistance with health insurance, in which you 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.

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.

You were not found fully eligible for Medicaid at the time of the November 16, 2017 application because the household income amount that was entered into that application did not match federal and state data sources. As a result, NYSOH issued an eligibility determination notice finding you presumptively eligible for Medicaid, effective January 1, 2018. NYSOH asked that you submit additional documentation to confirm your household income in order to complete your application and to determine whether you were fully eligible for Medicaid.

On November 22, 2017, you submitted six paystubs to your NYSOH account. On December 19, 2017, 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 November 22, 2017 when your paystubs were uploaded to your NYSOH account. NYSOH issued an eligibility determination notice on December 20, 2017 that stated you were fully eligible for Medicaid and you needed to select a Medicaid Managed Care plan for your enrollment.

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).

Since NYSOH issued an eligibility determination notice 28 days from the date your application was considered complete, the December 20, 2017 eligibility determination notice 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 February 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 December 19, 2017. However, you did not enroll into a Medicaid Managed Care plan. As a result, on January 11, 2018, the system auto-enrolled you into a Medicaid Managed Care plan.

You testified that you had submitted all the necessary documentation in a timely fashion, so you believe that your Medicaid Managed Care plan should begin as of January 1, 2018.

However, 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 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 enrollment in your Medicaid Managed Care plan would be effective February 1, 2018, was correct and must be AFFIRMED.

Decision

The December 20, 2017 eligibility determination notice was timely and is AFFIRMED.

The January 12, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 16, 2018

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).

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is effective February 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
- 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 December 20, 2017 eligibility determination notice was timely and is AFFIRMED.

The January 12, 2018 plan enrollment notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care 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، 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&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.

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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