



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

## Notice of Decision

Decision Date: April 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027793

[REDACTED]

[REDACTED]

On March 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2018 eligibility redetermination and January 20, 2018 enrollment confirmation 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.

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## Decision

Decision Date: April 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027793



## 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 eldest son's Medicaid eligibility as of January 10, 2018?

Did NY State of Health properly determine that your eldest son's Medicaid Managed Care plan began March 1, 2018?

## Procedural History

On November 8, 2016, NY State of Health (NYSOH) issued an eligibility determination, stating that your eldest son was eligible for Medicaid, effective December 1, 2016.

Also on November 8, 2016, NYSOH issued an enrollment confirmation notice, stating that your eldest son was enrolled in a Medicaid Managed Care plan, effective December 1, 2016.

On September 21, 2017, NYSOH issued a renewal notice, stating that based on the information from federal and state sources, it could not make a decision about whether or not your eldest son would qualify for financial help paying for health coverage. The notice further stated that you had to update the information in your NYSOH account by November 15, 2017 or your eldest son would be in danger of losing coverage and financial assistance.

On November 14, 2017, NYSOH received your updated application for financial assistance with health insurance. That same day, a preliminary eligibility

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determination was prepared regarding that application, stating that additional documents proving income needed to be provided within 15 days.

Also, on November 14, 2017, you uploaded pay stubs to your NYSOH account.

Finally, on November 14, 2017, NYSOH verified the uploaded pay stubs and your application was rerun.

On November 15, 2017, NYSOH issued an eligibility redetermination notice, based on the rerun application, stating that, while your other family members were eligible for Medicaid, effective December 1, 2017, your eldest son only remained conditionally eligible for Medicaid, effective December 1, 2017. The notice further stated that additional documentation was needed to verify his household income.

On December 10, 2017, NYSOH issued a discontinuance notice, stating that your eldest son did not qualify for health coverage through NYSOH because information confirming his household income had not been sent to NYSOH. The discontinuance of your eldest son's eligibility was effective January 1, 2018.

Also on December 10, 2017, NYSOH issued a disenrollment notice, stating that your eldest son's Medicaid Managed Care plan would end on December 31, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

On January 8, 2018, NYSOH received your updated application for financial assistance with health insurance.

Also, on January 8, 2018, you uploaded pay stubs to your NYSOH account.

On January 9, 2018, NYSOH issued a notice requesting income documentation for Medicaid, based on the January 8, 2018 application, stating that the income information in the application did not match what NYSOH received from federal and state data sources and so proof of your eldest son's household income was required by January 23, 2018 to confirm eligibility.

Also, January 9, 2018, NYSOH verified the uploaded pay stubs and your application was rerun.

On January 10, 2018, NYSOH issued an eligibility redetermination notice, stating that your eldest son was eligible for Medicaid, effective January 1, 2018.

On January 20, 2018, NYSOH issued an enrollment confirmation notice, based on a plan selection made January 19, 2018, stating that your eldest son was enrolled in a Medicaid Managed Care plan, effective March 1, 2018.

On January 25, 2018, you contacted the NYSOH Account Review Unit and requested an appeal insofar as your eldest son's enrollment in a Medicaid Managed Care plan was effective March 1, 2018, and not January 1, 2018.

On March 21, 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) The record reflects, that the pay stubs you uploaded on November 14, 2017 were verified that same day.
- 2) After the NYSOH representative verified the pay stubs on November 14, 2017, your application was rerun and the pay stubs were accepted as proof of income for all your family members except your eldest son.
- 3) On January 9, 2018, pay stubs you uploaded on January 8, 2018 were verified and accepted as proof of income for your eldest son.
- 4) The record reflects that your eldest son was enrolled in a Medicaid Managed Care plan on January 19, 2018.
- 5) You testified that you had many phone conversations with representatives in NYSOH's Account Review Unit, who indicated that they were not sure why the income documents you uploaded on November 14, 2017 had not been accepted for your eldest son.
- 6) You testified that you believed your eldest son's Medicaid Managed Care plan coverage had been backdated to January 1, 2018 following calls to NYSOH.
- 7) You testified, and the record reflects, that your son was covered under fee-for-service Medicaid in January of 2018.
- 8) You testified that you have medical bills for your eldest son from January of 2018 that were not covered under fee-for service Medicaid.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

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## 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)).

## 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)).

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 older than one year of age but younger than nineteen years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).

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## Legal Analysis

The first issue is whether NYSOH provided you with timely determination of your eldest son's eligibility for Medicaid as of January 10, 2018.

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.

On September 21, 2017, NYSOH issued a renewal notice that stated that you had to update your account before a decision could be made whether your eldest son would qualify for financial help paying for health coverage. On November 14, 2017, you updated the account and submitted pay stubs as proof of income

According to your account, a NYSOH representative then verified the pay stubs as proof of income on November 14, 2017. The November 15, 2017 eligibility redetermination stated that, while you and your other family members were eligible for Medicaid, your eldest son only remained conditionally eligible for Medicaid. The notice further stated that additional documentation was needed to verify his household income.

However, because the pay stubs verified on November 14, 2017 were used as proof of income for you and your other family members, they should have also proven your eldest son's household income. Therefore, your eldest son's application should have been considered complete on November 14, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are an infant older than one year of age but younger than nineteen years of age notice of their eligibility determination within 30 days from the date of the 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 redetermination notice on January 10, 2018 that stated your eldest son was eligible for Medicaid. Since NYSOH issued an eligibility determination 57 day from the date your eldest son's application should have been considered complete, the January 10, 2018 eligibility redetermination was untimely.

The second issue is whether NYSOH properly determined that your eldest son's enrollment in his Medicaid Managed Care plan was effective March 1, 2018.

The record reflects that your eldest son was enrolled into a Medicaid Managed Care plan on January 19, 2018,

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.

However, since the January 10, 2018, eligibility redetermination notice was not timely issued, you were unable to select a Medicaid Managed Care plan for your eldest son at the time you and your other family members' eligibility was confirmed.

Since your eldest son's application can be considered completed as of November 14, 2017, he could have selected a plan on that date. Because you and your other family members were enrolled in plans on that date, it stands to reason that your eldest son would have as well. If he had been able to select a plan as of November 14, 2017, his plan would have been effective December 1, 2017.

Therefore, the January 20, 2018 enrollment confirmation notice stating that your eldest son's enrollment in his Medicaid Managed Care plan would be effective March 1, 2018, is MODIFIED to reflect a December 1, 2017 start date.

Your case is RETURNED to NYSOH to enroll your eldest son in his Medicaid Managed Care plan with a start date of December 1, 2017.

## **Decision**

The January 10, 2018 eligibility redetermination notice was untimely.

The January 20, 2018 enrollment confirmation notice is MODIFIED to reflect a start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll your eldest son in his Medicaid Managed Care plan with a start date of December 1, 2017.

**Effective Date of this Decision:** April 12, 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**

Your eldest son's enrollment in his Medicaid Managed Care plan is effective 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 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 January 10, 2018 eligibility redetermination notice was untimely.

The January 20, 2018 enrollment confirmation notice is MODIFIED to reflect a start date of December 1, 2017.

Your case is RETURNED to NYSOH to enroll your eldest son in his Medicaid Managed Care plan with a start date of December 1, 2017.

Your eldest son's enrollment in his Medicaid Managed Care plan is effective 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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