



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

Notice of Decision

Decision Date: May 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028445



Dear [REDACTED]

On April 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 2018 eligibility determination notice and March 9, 2018 enrollment confirmation 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028445



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that you and your spouse's enrollment in an Essential Plan was effective January 1, 2018?

Did NY State of Health properly determine that you child was eligible for Medicaid as of December 1, 2017 and that your child's Medicaid Managed Care plan would begin as of March 1, 2018?

Procedural History

On September 26, 2017, you updated your household's application for financial assistance with health insurance through NY State of Health (NYSOH).

On October 1, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for up to \$514.00 per month in advance payments of the premium tax credit (APTC) and eligible for cost-sharing reductions if you enrolled in a silver level qualified health plan, effective November 1, 2017, and that your child was eligible for Child Health Plus, effective November 1, 2017.

On November 16, 2017, you updated your household's application for financial assistance with health insurance.

On November 17, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for up to \$646.00 per month in

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APTC for a limited time and eligible for cost-sharing reductions for a limited time if you enrolled in a silver level qualified health plan, effective January 1, 2018, and that your child was eligible for Child Health Plus for a limited time, effective January 1, 2018. This notice directed you to submit documentation of your household income by January 15, 2018 to confirm your child's eligibility and by February 14, 2018 to confirm your and your spouse's eligibility.

Also on November 17, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of January 1, 2018.

On December 15, 2017, a certified application counselor updated your household's application for financial assistance with health insurance on your behalf.

Also on December 15, 2017, income documentation was uploaded to your NYSOH account.

On December 16, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for the Essential Plan for a limited time, effective January 1, 2018. This notice directed you to submit documentation of your household's income by March 15, 2018 in order to confirm your and your spouse's eligibility.

Also on December 16, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in an Essential Plan with dental and vision through United Healthcare with a plan enrollment start date of January 1, 2018.

Additionally, on December 16, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources. This notice directed you to submit documentation of your household income by December 30, 2017 in order for your child's eligibility for financial assistance to be determined.

Furthermore, on December 16, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in his Child Health Plus plan would end on January 1, 2018. This was because he was no longer eligible to enroll in Child Health Plus.

On December 18, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On December 19, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice

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directed you to submit additional proof of your household income by January 14, 2018 in order for your child's eligibility to be determined and by March 15, 2018 in order to confirm your and your spouse's eligibility.

On January 14, 2018, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Essential Plan ended on January 1, 2018. This was because you and your spouse did not pay your insurance bill by the payment deadline.

On January 17, 2018, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in an Essential Plan through Excellus BlueCross BlueShield and a dental plan through Healthplex, both effective March 1, 2018.

On January 22, 2018, additional income documentation was uploaded to your NYSOH account.

On January 23, 2018, NYSOH verified the income documentation you submitted, recalculated your household income based on this documentation, and submitted an updated application on your behalf.

On January 24, 2018, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective January 1, 2018, and that your child was eligible for Medicaid, effective December 1, 2017.

On January 30, 2018, NYSOH determined that your income had been incorrectly updated, updated the income in your application, and submitted two applications on your behalf.

On January 31, 2018, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources. This notice directed you to submit documentation of your household income by February 14, 2018 in order for your, your spouse's, and your child's eligibility to be determined.

Also on January 31, 2018, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for the Essential Plan, effective March 1, 2018, and that your child was eligible for Medicaid, effective January 1, 2018.

On February 5, 2018 you spoke to NYSOH's Account Review Unit and appealed insofar as your household did not have coverage as of November 1, 2017.

On March 9, 2018, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in your Essential Plans through Excellus BlueCross BlueShield and your dental coverage through Healthplex effective

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January 1, 2018 and that your child was enrolled in his Medicaid Managed Care plan effective March 1, 2018.

On April 6, 2018 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until April 20, 2018 for you to submit supporting documents.

As of April 21, 2018, the Appeals Unit has not received any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) Your NYSOH account reflects that you began updating your application for financial assistance on September 26, 2017.
- 2) You testified that when you first began applying for coverage, you did not select plans for enrollment for your household at that time.
- 3) You testified that you then tried updating your application in October 2017, but you encountered technical issues with your account.
- 4) You testified that you believe you reported these technical difficulties to NYSOH in October 2017.
- 5) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 6) On September 25, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reflects that you were seeking information about how to indicate in your application that you were no longer employed and would be receiving unemployment benefits.
- 7) The record reflects that you next placed a phone call to NYSOH on November 16, 2017. A review of the recording of that phone call reveals that you were calling to report that you were having technical issues with your NYSOH account in that you could sign-in to your NYSOH account, but were unable to select any other sections of your account, such as your inbox, your application, or your documents. The NYSOH representative assisted you by updating your application over the phone. The NYSOH representative then assisted you in enrolling your child into a Child Health Plus plan. The NYSOH representative advised you that you and your

spouse were eligible for APTC, but stated that you would need to submit income documentation before you and your spouse could enroll in a qualified health plan. You then reiterated your questions regarding the technical issues you were having on your account, and the NYSOH representative gave you instructions for how to log-in to an NYSOH account..

- 8) On November 16, 2017, you completed your household's application for financial assistance with an NYSOH representative over the phone. As a result of this application, you and your spouse were found eligible to enroll in a qualified health plan with APTC for a limited time effective January 1, 2018 and your child was found eligible for Child Health Plus for a limited time effective January 1, 2018.
- 9) You selected a Child Health Plus plan for your child on November 16, 2017.
- 10) You testified that you continued to try to access your account to update your application and to upload documentation, but were prevented from doing so by the technical issue with your account.
- 11) On December 13, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reveals that you were calling because you could log-in to your account, but were unable to update your application or access any other parts of your account once you had signed-in. The NYSOH representative provided you with contact information for certified application counselors in your area. The NYSOH representative then submitted a ticket for a technical defect on your behalf.
- 12) On December 15, 2017, you updated your application with a certified application counselor. Specifically, you updated your income information.
- 13) On December 15, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. Your monetary benefit determination from the NYS Department of Labor stating that your weekly benefit rate would be \$318.00 and that your claim began September 11, 2017;
 - b. Your spouse's weekly paystubs for pay dates November 24, 2017, December 1, 2017, and December 8, 2017.
- 14) On December 18, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account as your spouse had only submitted three weekly paystubs and four weekly paystubs were required.

- 15) On December 19, 2017, NYSOH issued a notice advising you that the income documentation you had submitted was insufficient.
- 16) You testified, and your NYSOH account confirms, that you receive your notices from NYSOH by electronic alert.
- 17) You testified that you received an electronic alert from NYSOH on or around December 19, 2017, however, as there was still a technical defect on your account, you were unable to access your inbox to review the notice.
- 18) On January 16, 2018, you placed a phone call to NYSOH. A review of that phone call reveals that you were calling to follow-up on the technical defect ticket which had been submitted on your behalf. The NYSOH representative advised you that additional income documentation was needed and extended the due date for the documentation. You also discussed an issue with your and your spouse's Essential Plans and selected new plans for enrollment.
- 19) On January 19, 2018, additional income documentation was uploaded to your NYSOH account consisting of four of your spouse's weekly paystubs for pay dates December 29, 2017, January 5, 2018, January 12, 2018, and January 19, 2018.
- 20) On January 23, 2018, NYSOH verified the income documentation you submitted, recalculated your household income, and submitted an application on your behalf. As a result, you and your spouse were found eligible for Medicaid effective January 1, 2018 and your child was found eligible for Medicaid effective December 1, 2017.
- 21) Notes within your NYSOH account reflect that on January 30, 2018, NYSOH was reviewing your account for enrollment, but encountered an error. Thereafter, on January 31, 2018, NYSOH determined that the income calculation on January 23, 2018 was incorrect, and that you and your spouse should have been eligible for the Essential Plan. Further notes indicate that NYSOH backdated your and your spouse's enrollment in your Essential Plans from March 1, 2018 to January 1, 2018 as there was a defect on your account affecting enrollment.
- 22) The enrollment tab within your account indicates that your child's Medicaid coverage was not put into effect until January 1, 2018.
- 23) On January 31, 2018, a certified application counselor enrolled your child into a Medicaid Managed Care plan.

- 24) You testified that you are seeking for your entire household to have coverage as of November 1, 2017 due to the defect on your account that prevented you from accessing your application.
- 25) NYSOH uploaded an evidence packet to your NYSOH account. Contained within that evidence packet under the heading of “electronic notice requirement” is a three-page memorandum dated August 21, 2017. The memorandum sets forth the federal requirements regarding use of electronic communications and asserts that NYSOH is in compliance with federal regulation and guidance on the use of electronic notices. The memorandum asserts that “the electronic notification rules do not require that exchanges track and monitor consumers actual receipt of electronic notices”.
- 26) The Hearing Officer left the record open until April 20, 2018 to allow you to submit your spouse’s additional paystubs from November 2017 and December 2017 and a statement of your unemployment benefit payments for November 2017 and December 2017. As of April 21, 2018, you have not submitted this documentation.

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); *see also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

Medicaid for Children

A child who is at least one year of age but younger than nineteen 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 154% 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).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The

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Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

The first issue is whether NYSOH properly determined that your and your spouse's enrollment in the Essential Plan was effective January 1, 2018.

The record reflects that you submitted an application for financial assistance on September 26, 2017. As a result of that application, you and your spouse were found eligible for APTC and cost-sharing reductions effective November 1, 2017.

You testified that you did not select plans for enrollment at that time.

You testified that when you subsequently attempted to select plans for enrollment, you were unable to access this portion of your NYSOH account.

However, the record reflects that you did not report this technical issue to an NYSOH representative until November 16, 2017.

On November 16, 2017, you updated your household's application for financial assistance. As a result of this application, you and your spouse were found eligible to enroll in a qualified health plan and for APTC for a limited time, effective January 1, 2018. No application was submitted at that time as the NYSOH representative advised you that you and your spouse would need to submit income documentation prior to selecting a plan.

Although the NYSOH representative provided you with misinformation which prevented you from selecting a qualified health plan for yourself and your spouse on November 16, 2017, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month. Therefore, had you selected a qualified health plan for yourself and your spouse that day, your plan would have been effective as of January 1, 2018.

Thereafter, on December 15, 2017, you updated your household's application for financial assistance with a certified application counselor. As a result, you and your spouse were found eligible for the Essential Plan for a limited time and selected a plan for enrollment that day.

The date on which enrollment in an Essential 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 from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On December 15, 2017, you selected an Essential Plan for yourself and your spouse, so your enrollment properly took effect on the first day of the first month following December 2017; that is, on January 1, 2018.

Although you testified that you were trying to access your on-line account to update your application between November 16, 2017 and December 15, 2017, any determinations of Essential Plan eligibility issued between November 16, 2017 and December 15, 2017 would have resulted in a plan enrollment start date of January 1, 2018.

Therefore, the March 9, 2018 enrollment confirmation notice stating that your and your spouse's enrollment in the Essential Plan was effective January 1, 2018, is correct and must be AFFIRMED.

The second issue is whether NYSOH properly determined that you child was eligible for Medicaid as of December 1, 2017 and that your child's Medicaid Managed Care plan began as of March 1, 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.

You updated your NYSOH account with a certified application counselor on December 15, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income in order to determine your child's eligibility for financial assistance.

Also on December 15, 2017, income documentation was uploaded to your NYSOH account.

On December 18, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

In the notice issued on December 19, 2017, you were advised that the income documentation you submitted did not confirm the information in your application

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and that you needed to submit additional documentation of your household's income by January 14, 2018 in order for your child's eligibility for financial assistance to be determined.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. Although you testified that you received an electronic alert from NYSOH on or around December 19, 2017, you testified that you were unable to access the notice due to a technical issue on your account which was preventing you from accessing your inbox, as well as other parts of your NYSOH account. On November 16, 2017 you reported this technical issue to NYSOH and on December 13, 2017, NYSOH created a ticket for this technical issue.

NYSOH is required to send applicants proper notice in order for applicants to take appropriate action. The record reflects that NYSOH was aware that you were unable to access your NYSOH account inbox when it issued the December 19, 2017 notice. Therefore, the record reflects that NYSOH did not provide you with proper notice that the income documentation you submitted was insufficient to resolve the inconsistency in your account.

Had you been provided with proper notice of the December 19, 2017 notice, you could have submitted additional income documentation that day and your child's eligibility for Medicaid could have been determined as soon as December 19, 2017.

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.

Had your child's eligibility been determined as of December 19, 2017, your child's fee-for-service Medicaid would have been effective as of December 1, 2017.

Therefore, the January 24, 2018 eligibility determination notice which found your child eligible for Medicaid effective December 1, 2017 is AFFIRMED.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

Had your child's eligibility for Medicaid been determined as of December 19, 2017, you could have selected a Medicaid Managed Care plan as of December 19, 2017.

Had you selected a Medicaid Managed Care plan for your child on December 19, 2017, your child's enrollment would have been effective on the first day of the second month following December 19, 2017; that is, on February 1, 2018.

Therefore, the March 9, 2018 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his Medicaid Managed Care plan was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your child's eligibility for fee-for-service Medicaid as of December 1, 2017 and to begin your child's enrollment in his Medicaid Managed Care plan as of February 1, 2018.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

Additionally, 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. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

During the hearing, the Hearing Officer requested that you submit income documentation for your household for November 2017 and December 2017 and the record was left open until April 20, 2018. As of April 21, 2018, no additional income documentation was submitted.

Therefore, it cannot be determined if you, your spouse, and your child would have been eligible for Medicaid in the month of November 2017 and whether you, and your spouse would have been eligible for Medicaid in the month of December 2017.

Decision

The January 24, 2018 eligibility determination notice is AFFIRMED insofar as it found your child eligible for Medicaid effective December 1, 2017.

The March 9, 2018 enrollment confirmation notice is AFFIRMED insofar as it began your and your spouse's enrollment in your Essential Plan as of January 1, 2018.

The March 9, 2018 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his Medicaid Managed Care plan was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your child's eligibility for fee-for-service Medicaid as of December 1, 2017 and to begin your child's enrollment in his Medicaid Managed Care plan as of February 1, 2018.

Effective Date of this Decision: May 2, 2018

How this Decision Affects Your Eligibility

This decision does not change your and your spouse's eligibility.

The effective date of your and your spouse's Essential Health Plan is January 1, 2018.

Your child is eligible for fee-for-service Medicaid effective December 1, 2017.

Your child's enrollment in his Medicaid Managed Care plan is effective February 1, 2018.

Your case is being sent back to NYSOH to effectuate these changes.

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:

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 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 24, 2018 eligibility determination notice is **AFFIRMED** insofar as it found your child eligible for Medicaid effective December 1, 2017.

The March 9, 2018 enrollment confirmation notice is **AFFIRMED** insofar as it began your and your spouse's enrollment in your Essential Plan as of January 1, 2018.

The March 9, 2018 enrollment confirmation notice is **MODIFIED** to state that your child's enrollment in his Medicaid Managed Care plan was effective as of February 1, 2018.

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Your case is RETURNED to NYSOH to begin your child's eligibility for fee-for-service Medicaid as of December 1, 2017 and to begin your child's enrollment in his Medicaid Managed Care plan as of February 1, 2018.

This decision does not change your and your spouse's eligibility.

The effective date of your and your spouse's Essential Health Plan is January 1, 2018.

Your child is eligible for fee-for-service Medicaid effective December 1, 2017.

Your child's enrollment in his Medicaid Managed Care plan is effective February 1, 2018.

Your case is being sent back to NYSOH to effectuate these changes.

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।

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).

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 मदद 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. y&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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