



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

## Notice of Decision

Decision Date: May 21, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000030295



Dear [REDACTED],

On May 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 16, 2018 eligibility determination and March 17, 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: May 21, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000030295



## Issues

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

Did NY State of Health properly determine that your children's fee for service Medicaid eligibility began as of April 1, 2018?

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

## Procedural History

On December 1, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that your children were eligible for a Child Health Plus plan with a \$15.00 premium per month, effective January 1, 2018.

Also on December 1, 2017, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan as of January 1, 2018.

On February 20, 2018, NYSOH received your updated application for financial assistance with health insurance coverage for yourself and your children. Also on that date, you uploaded a pay stub to your NYSOH account.

On February 21, 2018, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state

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and federal data sources. You were asked to submit income documentation for your household by March 7, 2018.

Also on February 21, 2018, NYSOH issued a disenrollment notice stating that your and your children's Child Health Plus coverage would end on March 31, 2018.

Finally, on February 21, 2018, you uploaded a letter from your former employer to your NYSOH account.

On February 22, 2018, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. You were asked to send additional information to verify your household's income.

On March 8, 2018, you uploaded a letter from your employer to your NYSOH account.

On March 9, 2018, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. You were asked to send additional information to verify your household's income.

On March 15, 2018, NYSOH received your updated application for financial assistance with health insurance. Also on this date you uploaded three pay stubs to your NYSOH account. NYSOH verified the paystubs you uploaded as sufficient documentation and a new application was submitted on your behalf.

On March 16, 2018, you uploaded a letter from your employer to your NYSOH account.

On March 16, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective February 1, 2018. The notice also stated that your children were eligible for Medicaid effective April 1, 2018.

Also on March 16, 2018, you selected a Medicaid Managed Care plan for yourself and your children.

Finally, on March 16, 2018, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your children's Medicaid coverage.

On March 17, 2018, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on March 16, 2018. The notice confirmed your and your children's enrollment in a plan starting May 1, 2018.

On May 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During your hearing, you clarified that you are requesting review of your children's eligibility for a March 1, 2018 fee-for-service Medicaid

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start date and an April 1, 2018 Medicaid Managed Care plan start date. 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) You testified that you are appealing both your minor children's fee-for-service Medicaid eligibility start date and their coverage start date in a Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your updated application for financial assistance on February 20, 2018.
- 3) On February 20, 2018, you uploaded a single paystub from your current employer, reflecting your income for the period from February 1 to February 15, 2018.
- 4) On the 5<sup>th</sup> page of the February 21, 2018 notice, the documentation list states that if you receive income from a job regularly then send paycheck subs showing employee information for four weeks prior to the notice, or a letter from the employer with contact information and gross pay information that is signed by the employer and dated. If you recently lost your job, you were asked to submit a letter with a termination date.
- 5) On February 21, 2018, you uploaded a letter from your former employer stating that your final day of employment was [REDACTED].
- 6) On March 8, 2018, you uploaded a letter from your current employer reporting your expected gross earnings for the period from January 15, 2018 to May 5, 2018.
- 7) On March 15, 2018, you submitted copies of your most recent paystubs to NYSOH for verification of the income stated in your February 20, 2018 application.
- 8) On March 15, 2018, your paystubs that were uploaded on March 15, 2018 were verified as acceptable proof of income.
- 9) On March 16, 2018, NYSOH issued an eligibility determination notice stating that your children's Medicaid eligibility would begin on April 1, 2018.
- 10) The record reflects and you confirmed that you selected a Medicaid Managed Care plan on March 16, 2018.

- 11) You testified that you want your children's fee-for-service Medicaid coverage to begin March 1, 2018, and their Medicaid Managed Care plan coverage to begin on April 1, 2018.

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

## **Applicable Law and Regulations**

### 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

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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)).

## **Legal Analysis**

The first issue is whether NYSOH properly determined that your children's Medicaid eligibility began as of April 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 on February 20, 2018. 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 income. On the 5<sup>th</sup> page of the February 21, 2018 notice, the documentation list states that if you receive income from a job regularly then send paycheck subs showing employee information for four weeks prior to the notice, or a letter from the employer with contact information and gross pay information that is signed by the employer and dated. If you recently lost your job, you were asked to submit a letter with a termination date.

On February 20, 2018, you uploaded a single paystub from your current employer, reflecting your income for the period from February 1 to February 15, 2018. Because you did not provide multiple consecutive paystubs for the relevant time period, NYSOH correctly determined that this was insufficient proof of your income.

On February 21, 2018, you uploaded a letter from your former employer stating that your final day of employment was February 10, 2018. However, the letter did not include any details of your earnings from that position and NYSOH correctly determined that this was also insufficient proof of your income.

On March 8, 2018, you uploaded a letter from your current employer reporting your expected gross earnings for the period from January 15, 2018 to May 5,

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2018. Because the letter did not specify your earnings for the month of February 2018, which was the month you first submitted your Medicaid application, NYSOH correctly determined that this was also insufficient proof of your income.

On March 15, 2018, you uploaded copies of your paystubs from February 2018 and, on March 15, 2018, NYSOH verified those paystubs as acceptable proof of income. Therefore, your application was considered complete as of March 15, 2018 for purposes of issuing an eligibility determination for your children.

NYSOH must provide Medicaid applicants who are infants 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 completed 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.

Since your application was considered complete as of March 15, 2018, the March 16, 2018 eligibility determination was timely issued because it was issued one day after your application was considered complete.

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if that individual was eligible any time during that month.

Since your children were determined eligible for Medicaid on March 15, 2018, the correct date of their fee-for-service Medicaid eligibility was March 1, 2018.

Therefore, the March 16, 2018 eligibility determination notice stating that your children's Medicaid eligibility would begin April 1, 2018 must be MODIFIED to state that their eligibility began on March 1, 2018.

The second issue is whether NYSOH properly determined that your children's enrollment in your Medicaid Managed Care plan began May 1, 2018.

The record reflects that you contacted NYSOH on March 16, 2018 and enrolled your children into a Medicaid Managed Care plan.

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.

Since the March 16, 2018 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan as of that date. Your



children's plan would therefore properly take effect on the first day of the next month following after March 16, 2018; that is, on May 1, 2018.

Therefore, the March 17, 2018 enrollment confirmation notice stating that your children's enrollment in your Medicaid Managed Care plan would be effective May 1, 2018, was correct and must be AFFIRMED.

## **Decision**

The March 16, 2018 eligibility determination is MODIFIED to state that your children's Medicaid eligibility began on March 1, 2018.

Your case is RETURNED to NYSOH to backdate your children's fee-for-service Medicaid coverage to March 1, 2018.

The March 17, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** May 21, 2018

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

This decision changes your children's fee-for-service Medicaid start date to March 1, 2018.

Your children's enrollment in your Medicaid Managed Care plan as of May 1, 2018 remains unchanged.

## **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

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

### **Summary**

The March 16, 2018 eligibility determination is MODIFIED to state that your children's Medicaid eligibility began on March 1, 2018.

The March 17, 2018 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to backdate your children's fee-for-service Medicaid coverage to March 1, 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).

Your children's enrollment in your Medicaid Managed Care plan as of May 1, 2018 remains unchanged.

### **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. 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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