



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

Notice of Decision

Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030494



Dear [REDACTED],

On May 17, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 21, 2018 plan enrollment 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.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030494

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your, your spouse, and your child's (family) enrollment in your Medicaid Managed Care (MMC) plan was effective May 1, 2018?

Procedural History

On March 11, 2018, NYSOH issued a notice, based on your family's March 10, 2018 application, stating that the income information in your family's application does not match what the NYSOH received from state and federal data sources. That notice further stated that proof of current household income was needed by March 25, 2018, to confirm your family's eligibility.

On March 11, 2018 and March 12, 2018, you submitted proof of income (see Documents [REDACTED], [REDACTED], [REDACTED], and [REDACTED]). These documents were invalidated as insufficient by NYSOH on March 12, 2018.

On March 13, 2018, NYSOH issued a notice stating that the documentation you submitted does not confirm the information in your family's application. You were directed to provide additional proof of income before April 9, 2018.

On March 14, 2018 and March 16, 2018, you submitted proof of income (see Documents [REDACTED], [REDACTED], [REDACTED],

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[REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]). These documents were validated by NYSOH on March 16, 2018

On March 17, 2018, NYSOH issued an eligibility determination notice stating that your family was eligible to purchase a qualified health plan at full cost, effective May 1, 2018.

On March 20, 2018, you updated your application. That same day, a preliminary eligibility determination was prepared and your family was enrolled in a MMC plan as of May 1, 2018.

Also on March 20, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as it began your family's MMC plan on May 1, 2018, and not April 1, 2018.

On March 21, 2018, NYSOH issued an eligibility determination notice stating that your family was eligible for Medicaid, effective March 1, 2018.

Also on March 21, 2018, a plan enrollment notice was issued confirming your family's enrollment in a MMC plan, effective May 1, 2018.

On May 17, 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, between March 11, 2018, and March 12, 2018, you submitted various documents including two letters from your employer, dated February 8, 2018 and March 8, 2018, and two letters from your spouse's employer, both dated March 11, 2018 (see Documents [REDACTED], [REDACTED], [REDACTED], and [REDACTED]). These documents were invalidated as insufficient because it failed to prove what income you were (or were not) receiving during your child care leave.
- 2) You testified that you did not know what documents were needed to prove your income until you saw the "list," which stated that paystubs were needed.
- 3) According to your NYSOH account, on March 14, 2018 and March 16, 2018, you submitted a letter, dated March 15, 2018, from your employer

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stating that your child care leave was “without pay” and your and your spouse’s most recent paystubs, respectively (see Documents [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]). These documents were validated by NYSOH on March 16, 2018 by adding your spouse’s income from [REDACTED] former employer, [REDACTED] to your household income, resulting in a household income of \$110,158.76. Because of this calculation, your family was found eligible to purchase qualified health plan at full cost, effective May 1, 2018.

- 4) You testified that you called NYSOH on March 19, 2018 and were told by a representative from the Account Review Unit at NYSOH that the documents were not reviewed correctly and that an incident would be submitted.
- 5) According to your NYSOH account and testimony, you spoke to a NYSOH representative who validated your proof of income again and updated the income information in your family’s application on March 20, 2018. That day, based on your spouse’s letter stating that [REDACTED] was no longer employed by [REDACTED], your family was found eligible for Medicaid as of March 1, 2018. You selected a MMC plan that day and your family was enrolled in that plan effective May 1, 2018.
- 6) You testified that, although you have no medical bills, because you submitted all required documents to prove your income before March 15, 2018, you believe your family should be granted an MMC start date of April 1, 2018.

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

Applicable Law and Regulations

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).

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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 notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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)). MMC 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)).)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your family's enrollment in your MMC plan was effective May 1, 2018.

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow it 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 family's NYSOH account on March 10, 2018. The income amount that was entered into this application did not match federal and state data sources. As such, NYSOH asked that you submit additional documentation to confirm your family's household income.

Although the record reflects that you submitted various documentation between March 11, 2018 and March 12, 2018, these documents were invalidated because they failed to prove what income you were (or were not) receiving during your child care leave.

You first submitted proof that your child care leave was without pay on March 14, 2017. These documents were validated by NYSOH on March 16, 2018, by adding your spouse's income from [REDACTED] former employer, [REDACTED], to your household income, resulting in a household income of \$110,158.76. Because of this calculation, your family was found eligible to purchase qualified health plan at full cost, effective May 1, 2018.

However, you testified and the account reflects that the documents were not reviewed correctly on March 16, 2018. Since, you did supply proof that your child care leave was unpaid on March 14, 2018, it is reasonable to conclude that your income could be ascertained as of that date and, therefore, for purposes of an eligibility determination, the March 10, 2018 application is considered complete as of March 14, 2018.

You testified that, although you have no medical bills, because you submitted all required documents to prove your income before March 15, 2018, you believe your family should be granted an MMC plan start date of April 1, 2018.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 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.

Although NYSOH incorrectly determined your family's household income on March 16, 2018, you updated your family's account on March 20, 2018 and your family was found eligible for Medicaid and able to select a MMC plan that day. As a result, NYSOH issued an eligibility determination notice on March 21, 2018 that stated your family was eligible for Medicaid effective March 1, 2018.

Since NYSOH issued an eligibility determination notice seven days from the date your original March 10, 2018 application was considered complete and one day after your updated application, the March 21, 2018 eligibility determination notice was timely.

You selected your family's MMC plan on March 20, 2018.

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The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your family's MMC plan on March 20, 2018, it properly took effect on the first day of the second month following March 2018; that is, on May 1, 2018.

Therefore, NYSOH's March 21, 2018 plan enrollment notice is AFFIRMED.

Decision

The March 21, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 29, 2018

How this Decision Affects Your Eligibility

This decision does not change your family's eligibility.

Your family was eligible for Medicaid as of March 1, 2018 and had coverage under Medicaid Fee-For-Service as of that date.

The effective date of your family's MMC plan is May 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

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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 21, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your family's eligibility.

Your family was eligible for Medicaid as of March 1, 2018 and had coverage under Medicaid Fee-For-Service as of that date.

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).

The effective date of your family's MMC plan is May 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. 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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