



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003815

[REDACTED]

Dear [REDACTED],

On September 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 7, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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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Issues

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

Was the July 8, 2015 appeal request timely?

If the appeal can be addressed, did the Marketplace properly determine that you were eligible for Medicaid coverage only for the treatment of emergency medical conditions?

Procedural History

On August 6, 2014, the Marketplace received your health insurance application.

On August 7, 2014, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid coverage for the treatment of emergency conditions only effective August 1, 2014.

On May 12, 2015, you uploaded immigration documents to your Marketplace Account.

On May 14, 2015, the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid effective as of May 1, 2015. The Marketplace directed you to provide a rental lease agreement before August 11, 2015.

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On July 8, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as you had been determined eligible for Medicaid coverage for the treatment of emergency conditions only effective August 1, 2014.

On September 18, 2015 you had a telephone hearing, with the assistance of Mandarin Interpreter # [REDACTED], with a Hearing Officer from the Marketplace'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) On August 7, 2014, the Marketplace issued an eligibility determination notice finding you eligible for Medicaid coverage for the treatment of emergency medical conditions only.
- 2) The August 7, 2014, notice states that “[y]ou have 60 days from the date on your eligibility notice to ask for an appeal.”
- 3) On May 12, 2015, you uploaded to your Marketplace Account, the most recent Admission (I-94) Record ([REDACTED]) from the U.S. Customs and Border Protection website. Your most recent entry in the United States was on March 19, 2014 with a Class of Admission status of J1.
- 4) On May 12, 2015, you uploaded to your Marketplace Account, your People's Republic of China Passport ([REDACTED]).
- 5) On May 12, 2015, you uploaded to your Marketplace Account, your Certificate of Eligibility for Exchange Visitors (J Visa) Status.
- 6) On July 8, 2015, you requested to appeal your eligibility for Medicaid coverage for the treatment of emergency conditions only effective August 1, 2014.
- 7) On July 21, 2015, you uploaded a medical bills for physician services received in February and March 2015 in the amount of \$990.00.
- 8) You are seeking to have Medicaid cover these physician services.

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

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Applicable Law and Regulations

Appeal Timeliness

An applicant has the right to appeal (1) an eligibility determination, (2) a determination for an exemption, (3) a failure by the Exchange to provide timely notice of an eligibility determination, and (4) a denial of a request to vacate a dismissal made by the Marketplace (45 CFR § 155.505).

The Marketplace must allow an individual to request an appeal within “(1) 90 days of the date of the notice of eligibility determination; or (2) A timeframe consistent with the state Medicaid agency’s requirement for submitting fair hearing requests, provided that timeframe is no less than 30 days, measured from the date of the notice of eligibility determination” (45 CFR § 155.520(b)). In New York State, the Medicaid agency permits submission of fair hearing requests within 60 days of the date of the notice of eligibility determination (N.Y. Soc. Serv. Law § 22(4)(a)), and this timeframe has been adopted by the Marketplace.

Legal Analysis

Here, the threshold issue is whether your July 8, 2015 appeal request was timely.

The Marketplace issued an eligibility determination notice on August 7, 2014 that you are eligible for Medicaid coverage for the treatment of emergency medical conditions only. The notice advised you that you had “60 days from the date on your eligibility notice to ask for an appeal.”

The sixty-day period to submit a timely review request ended on October 6, 2014 and no appeal request was filed during that period.

Since the July 8, 2015 appeal request was untimely, the Appeals Unit declines to address it. The appeal is dismissed.

Decision

The July 8, 2015 appeal of the August 7, 2014 eligibility determination notice is untimely and is dismissed.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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
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Summary

The July 8, 2015 appeal of the August 7, 2014 eligibility determination notice is untimely and is dismissed.

This decision does not change your eligibility.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

