



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

Notice of Decision

Decision Date: March 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012571

[REDACTED]

Dear [REDACTED]

On January 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s May 3, 2016 eligibility determination notice and October 20, 2016 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.

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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NY State of Health Account ID: [REDACTED]
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Issues

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

Was the May 3, 2016 eligibility determination notice subject to appeal?

Did NY State of Health properly determine that your oldest daughter's Medicaid Managed Care plan began on December 1, 2016?

Procedural History

On January 12, 2016, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On January 13, 2016, your oldest daughter was determined conditionally eligible for Medicaid, effective January 1, 2016. The notice requested that you provide documentation to confirm your oldest daughter's citizenship status by April 11, 2016. The notice stated that if you did not submit the requested documentation by the deadline, you might be found ineligible for health insurance or for less help with your health insurance.

Also on January 13, 2016, NYSOH issued a notice of enrollment confirmation for your oldest daughter confirming her enrollment in a Medicaid Managed Care plan with a start date of February 1, 2016.

No documentation was received by April 11, 2016.

On April 21, 2016, NYSOH redetermined your family's eligibility.

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On April 22, 2016, NYSOH issued a disenrollment notice stating that your oldest daughter's coverage in her Medicaid Managed Care plan would end effective April 30, 2016.

Also, on April 22, 2016, NYSOH issued an eligibility determination notice stating that your oldest daughter was conditionally eligible for Medicaid fee-for-service coverage, effective May 1, 2016. The notice requested that you provide documentation to confirm your oldest daughter's citizenship status by April 11, 2016. The notice stated that if you did not submit the requested documentation by the deadline, you might be found ineligible for health insurance or for less help with your health insurance.

On May 2, 2016, NYSOH redetermined your oldest daughter's eligibility.

On May 3, 2016, NYSOH issued an eligibility determination stating that your oldest daughter was not eligible for Medicaid, Child Health Plus, the Essential Plan, to receive advance premium tax credits, cost sharing reductions or to purchase a qualified health plan because you did not provide documentation to confirm her citizenship status.

Also, on May 3, 2016, NYSOH issued a disenrollment notice stating that your oldest daughter's Medicaid fee-for-service coverage would end effective May 31, 2016.

On May 5, 2016 you updated your NYSOH application.

On May 6, 2016, NYSOH issued a notice stating more information was needed to make a determination regarding your oldest daughter's eligibility. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by May 21, 2016.

No income documentation was received by May 21, 2016.

On June 2, 2016, you provided NYSOH with a copy of your oldest daughter's United States Passport and submitted one pay stub from your employer.

On June 4, 2016, NYSOH issued a notice stating more information was needed to make a determination regarding your oldest daughter's eligibility. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by June 19, 2016. The notice stated that if you did not submit the requested documentation by the above date, you might be found ineligible for health insurance or for less help with your health insurance.

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No additional income documentation was received by June 19, 2016.

On July 4, 2016, NYSOH redetermined your eligibility.

On July 5, 2016, NYSOH issued an eligibility determination stating that your oldest daughter was eligible to purchase a qualified health plan at full cost, effective August 1, 2016. The notice stated that your oldest daughter was not eligible for Medicaid, Child Health Plus, the Essential Plan, to receive advance premium tax credits, cost sharing reductions or to purchase a qualified health plan because you did not provide the income documentation to verify the income listed in your application.

On August 17, 2016, you provided NYSOH with documentation of your oldest daughter's employment termination date.

On September 26, 2016 you updated your NYSOH application.

On September 28, 2016, NYSOH issued a notice stating more information was needed to make a determination regarding your oldest daughter's eligibility. The notice explained the income information in your application did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by October 11, 2016. The notice stated that if you missed the due date, NYSOH would not be able to determine eligibility for health coverage.

On October 3, 2016, you provided NYSOH with your Notice in Change of Benefits from the Social Security Administration.

On October 14, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of your oldest daughter's eligibility.

On October 19, 2016, NYSOH issued an eligibility determination notice finding your oldest daughter eligible for Medicaid, effective September 1, 2016.

On October 20, 2016, NYSOH issued an enrollment confirmation notice confirming your oldest daughter's enrollment in a Medicaid Managed Care plan starting December 1, 2016.

On January 27, 2017, 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) You testified that you are appealing your oldest daughter's eligibility determination notice dated May 3, 2016 stating that she was not eligible for financial assistance from NYSOH and the December 1, 2016 enrollment start date of her Medicaid Managed Care plan.
- 2) NYSOH's May 3, 2016 notice stated that your oldest daughter was not eligible to enroll in a qualified health plan because you did not provide documentation to confirm her citizenship status.
- 3) On June 2, 2016, you provided NYSOH with a copy of your oldest daughter's United States Passport and one pay stub from your employer.
- 4) NYSOH records reflect that your oldest daughter's United States Passport was verified on June 3, 2016.
- 5) NYSOH records dated June 3, 2016 state, "Invalid proof of income. [REDACTED] has attested to income from an employer and submitted one pay stub. [REDACTED] has attested to income from an employer and submitted a US Passport for Citizenship."
- 6) By notices dated May 6, 2016, June 4, 2016, and July 5, 2016, NYSOH requested income documentation for your oldest daughter to determine her eligibility for financial assistance.
- 7) According to NYSOH records, on August 17, 2016 you provided NYSOH with a termination letter from your oldest daughter's employer.
- 8) On October 3, 2016 you provided NYSOH with your Notice in Change of Benefits from the Social Security Administration.
- 9) NYSOH records reflect that the employer termination letter received by NYSOH on August 17, 2016 on behalf of your oldest daughter was deemed satisfactory proof of her income and verified on October 13, 2016.
- 10) NYSOH records reflect that on October 18, 2016 your oldest daughter was deemed eligible for Medicaid fee-for-service effective September 1, 2016.
- 11) You testified that you want your oldest daughter's Medicaid Managed Care plan to begin on June 1, 2016.

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

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

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).

Legal Analysis

The first issue under review is whether your appeal of your oldest daughter's May 3, 2016 eligibility determination notice was timely.

On May 3, 2016, NYSOH issued an eligibility determination stating that your oldest daughter was not eligible for Medicaid, Child Health Plus, the Essential Plan, to receive advance premium tax credits, cost sharing reductions or to purchase a qualified health plan because you did not provide documentation to confirm your oldest daughter's citizenship status.

The record reflects that the first time you called NYSOH to file a complaint in regards to your oldest daughter's eligibility was October 14, 2016.

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your oldest daughter's eligibility as stated in the May 3, 2016 eligibility determination notice, an appeal should have been filed by July 3, 2016. According to the credible evidence in the record, you did not contact NYSOH until October 14, 2016 to make a formal complaint in connection with your oldest daughter's eligibility, which is well beyond 60 days from the May 3, 2016 eligibility determination notice. The May 3, 2016 notice stated "[y]ou have 60 days from the date on your eligibility notice to ask for an appeal." However, the record reflects that you took no steps to challenge the findings contained in the May 3, 2016 eligibility determination notice on or before July 3, 2016, which was the deadline to appeal that determination.

Therefore, there has been no timely appeal of the May 3, 2016 eligibility determination notice, and your appeal on the issue of the eligibility of your oldest daughter is **DISMISSED**.

The second issue under review is whether NY State of Health properly determined that your oldest daughter's Medicaid Managed Care plan began on December 1, 2016.

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 May 6, 2016, NYSOH requested income documentation for your oldest daughter to determine her eligibility. You were asked to submit income documentation for your household by May 21, 2016.

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).

On June 2, 2016, you provided NYSOH with a copy of your oldest daughter's United States Passport and submitted one pay stub from your employer. NYSOH records dated June 3, 2016 state, "Invalid proof of income. [REDACTED] has attested to income from an employer and submitted one pay stub. [REDACTED] has attested to income from an employer and submitted a US Passport for Citizenship."

On June 4, 2016, NYSOH requested income documentation for your oldest daughter to determine her eligibility. You were asked to submit income documentation for your household by June 19, 2016.

No income documentation was received by June 19, 2016.

On July 4, 2016, NYSOH redetermined your eligibility. On July 5, 2016, NYSOH issued an eligibility determination stating that your oldest daughter was eligible to purchase a qualified health plan at full cost, effective August 1, 2016. The notice stated that your oldest daughter was not eligible for Medicaid, Child Health Plus, the Essential Plan, to receive advance premium tax credits, cost sharing reductions or to purchase a qualified health plan because you did not provide the income documentation to verify the income listed in your application.

On August 17, 2016, you faxed a copy of your oldest daughter's termination letter from her employer to NYSOH. According to NYSOH records the letter was considered acceptable proof of your oldest daughter's income and was not verified until October 13, 2016. NYSOH records reflect that on October 18, 2016 your oldest daughter was deemed eligible for Medicaid fee-for-service coverage effective September 1, 2016.

Your oldest daughter's application was complete as of the date NYSOH received the termination letter from her employer. Therefore, your oldest daughter's eligibility should have been redetermined as of August 17, 2016, and she should have been eligible to enroll in a plan on that date.

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.

A Medicaid Managed Care plan selected on August 17, 2016 would properly take effect on the first day of the second following month; that is, on October 1, 2016.

Therefore, the October 20, 2016 enrollment confirmation notice stating that your oldest daughter's enrollment in her Medicaid Managed Care plan would be effective December 1, 2016, was incorrect and must be MODIFIED to reflect that your oldest daughter's enrollment in her Medicaid Managed Care plan was effective October 1, 2016.

Decision

Your appeal of the May 3, 2016 eligibility determination notice is untimely and is DISMISSED.

The October 20, 2016 enrollment confirmation notice is MODIFIED to reflect that your oldest daughter's enrollment in her Medicaid Managed Care plan was effective October 1, 2016.

Effective Date of this Decision: March 28, 2017

How this Decision Affects Your Eligibility

The effective date of your oldest daughter's Medicaid Managed Care plan is October 1, 2016.

Your case is RETURNED to NYSOH to ensure that your oldest daughter has active coverage in her Medicaid Managed Care plan for the months of October and November 2016.

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 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 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

Your appeal of the May 3, 2016 eligibility determination notice is untimely and is **DISMISSED**.

The October 20, 2016 enrollment confirmation notice is **MODIFIED** to reflect that your oldest daughter's enrollment in her Medicaid Managed Care plan was effective October 1, 2016.

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 case is RETURNED to NYSOH to ensure that your oldest daughter has active coverage in her Medicaid Managed Care plan for the months of October and November 2016.

The effective date of your oldest daughter's Medicaid Managed Care plan is October 1, 2016.

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 okyerE 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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