



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

Notice of Decision

Decision Date: April 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013963

[REDACTED]

Dear [REDACTED],

On March 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's alleged failure to issue an eligibility determination on your November 11, 2016 application.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: April 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013963

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) fail to provide a timely determination of your oldest daughter's eligibility for financial assistance as of your November 11, 2016 application?

Procedural History

On August 9, 2016, NYSOH issued a renewal notice stating that it was time to renew your family's coverage with NYSOH. You were advised that your oldest daughter's Medicaid coverage through [REDACTED] Department of Social Services would end on October 31, 2016, and that you needed to update your account information between September 16, 2016 and October 15, 2016.

On November 11, 2016, NYSOH reran your eligibility for health insurance based on the information contained in your account as of September 30, 2016.

On November 12, 2016, NYSOH issued a notice confirming that your application has been reviewed and that income documentation was necessary to confirm the information in the application was complete, with regard to your oldest daughter. The notice requested that you provide these documents by November 26, 2016.

On November 22, 2016, NYSOH received (1) a letter issued to you by the Social Security Administration, dated November 22, 2016, stating that your monthly benefits beginning December 2016 would be \$1,118.30 monthly, and (2) a facsimile from [REDACTED] County Department of Social Services, sent

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November 22, 2016, containing five earning statements issued to your oldest daughter between September 23, 2016 and November 18, 2016. These documents were not uploaded to your account until January 10, 2017.

On December 12, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal of the fact that NYSOH had not issued an eligibility determination on your pending application.

On January 5, 2017, NYSOH reran your eligibility for health insurance based on the information contained in your account as of January 5, 2017.

On January 6, 2017, NYSOH issued an eligibility determination notice stating that your oldest daughter was not eligible for financial assistance under your account since she was qualified for coverage on another NYSOH account.

On January 19, 2017, NYSOH received a revised application for health insurance, which no longer included your oldest daughter, who had been removed from your account.

On March 21, 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 support the following findings of fact:

- 1) You testified that you received the August 9, 2016 renewal notice requesting that you update your account between September 16, 2016 and October 15, 2016.
- 2) The November 11, 2016 application reflects that your oldest daughter would be filing her taxes separately from you, with a filing status of single, while claiming no dependents.
- 3) You testified that you would not be claiming your oldest daughter as a tax dependent since you did not intend to file an income tax return for 2016.
- 4) You testified that you received the November 12, 2016 notice requesting that you provide proof of income for both you and your oldest daughter by November 26, 2016.
- 5) Your account reflects that, on November 22, 2016, you provided five earning statements issued to your oldest daughter by her employer, [REDACTED] reflecting that she received (1) \$1,508.96 on September 23, 2016, (2) \$967.77 on October 7, 2016, (3) \$1,214.14 on

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October 21, 2016, (4) \$934.09 on November 4, 2016, and (5) \$880.11 on November 18, 2016. The final earning statement provided reflected year-to-date gross earnings of \$10,018.64. These documents were not uploaded to your NYSOH account until January 10, 2017.

- 6) You testified that, despite having provided the requested documentation by November 26, 2016, as requested by NYSOH, your oldest daughter did not receive an eligibility determination from NYSOH.
- 7) You testified that your oldest daughter was subsequently enrolled in a plan under a separate NYSOH account, with coverage beginning February 1, 2017.
- 8) You testified that, between November 1, 2016 and January 31, 2017, your daughter incurred medical expenses that were not covered because of the delayed action by NYSOH.

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 determine the time 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)).

Legal Analysis

The issue under review is whether NYSOH provided you with a timely determination of your oldest daughter's Medicaid eligibility as of the November 11, 2016 application.

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.

After a redetermination of your family's eligibility on November 11, 2016, NYSOH requested that you provide income documentation for both yourself and your oldest daughter by November 26, 2016.

The record reflects that, while you provided the requested documentation on November 22, 2016, NYSOH did not upload these documents to your account until January 10, 2017.

You testified that, by the time NYSOH reviewed the documents, you had removed your oldest daughter from your account, and placed her into a separate account to determine her eligibility. You further testified that your daughter's financial assistance under that separate account began effective February 1, 2017.

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Based on the information in the record, it is determined that your application should have been treated as complete as of November 22, 2016, when you faxed all the information regarding your income that you had available.

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 determine the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH did not issue an eligibility determination after you supplied documentation on November 22, 2016. An eligibility determination should have been issued, based on the information you provided, by January 6, 2017, which was 45 days from the date your application was complete.

Therefore, your case is REMANDED to redetermine your oldest daughter's eligibility as of November 22, 2016, when all the requested documents were provided to NYSOH. Furthermore, NYSOH is directed to coordinate with your daughter to seamlessly transition her coverage based on her redetermination as of November 22, 2016, with her current enrollment status under her separate account.

Decision

Your case is REMANDED to redetermine your oldest daughter's eligibility as of November 22, 2016, when all the requested documents were provided to NYSOH. Furthermore, NYSOH is directed to coordinate with your daughter to seamlessly transition her coverage based on her redetermination as of November 22, 2016, with her current enrollment status under her separate account.

Effective Date of this Decision: April 12, 2017

How this Decision Affects Your Eligibility

This is not your final determination. You will receive a new eligibility determination notice stating what your oldest daughter's eligibility was, as of November 22, 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 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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

Your case is REMANDED to redetermine your oldest daughter's eligibility as of November 22, 2016, when all the requested documents were provided to NYSOH. Furthermore, NYSOH is directed to coordinate with your daughter to seamlessly transition her coverage based on her redetermination as of November 22, 2016, with her current enrollment status under her separate account.

This is not your final determination. You will receive a new eligibility determination notice stating what your oldest daughter's eligibility was, as of November 22, 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。我们可以为您免费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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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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