



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

Notice of Decision

Decision Date: March 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014730

[REDACTED]

Dear [REDACTED]

On March 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2017 eligibility determination 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).

This page intentionally left blank.



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

Decision

Decision Date: March 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014730

[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 eligibility for Medicaid began effective January 1, 2017?

Procedural History

On November 22, 2015, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective December 1, 2015.

On September 16, 2016, NYSOH issued a renewal notice stating that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by October 15, 2016, or you might lose the financial assistance you were currently receiving.

No updates were made to your account by October 15, 2016.

On October 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan was ending effective October 31, 2016 because you did not renew your health insurance coverage.

On October 18, 2016, NYSOH issued an eligibility determination notice stating that, effective November 1, 2016, you were not eligible for Medicaid, Child Health

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).

Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame.

On January 9, 2017, NYSOH received your updated application for health insurance. That same day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for Medicaid, effective January 1, 2017.

That same day, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination, insofar as it began your Medicaid coverage on January 1, 2017, and not November 1, 2016.

On January 10, 2017, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective January 1, 2017.

Also on January 10, 2017, NYSOH issued a notice of eligibility determination stating that you were not eligible for Medicaid for the period of November 1, 2016 through December 31, 2016 because the monthly household income you provided was over the allowable income limit.

On March 24, 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, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 2) You testified that you received the email alert letting you know that you needed to update your NYSOH account.
- 3) You testified that, on October 19, 2016, you logged into your NYSOH account to try to renew your application, but received a message that said "Sorry, we're unable to help. Please try again in a few minutes."
- 4) You testified that you remained unable to get into your account to complete your renewal, even though you kept trying to renew.

- 5) You testified that, on November 7, 2016, you contacted NYSOH by telephone because you were still receiving the same message from the website.
- 6) You testified that the NYSOH representative you spoke with also tried to access your account, but could not.
- 7) You testified that this representative prepared a [REDACTED] ticket, number [REDACTED] for IT so that the problem could be addressed, and that the representative told you that you would be hearing from IT.
- 8) Notes entered by a NYSOH representative in Incident [REDACTED] on the day that you filed your appeal stated "Verified [REDACTED] filed."
- 9) You testified that you waited a week and did not hear from anyone, so you contacted NYSOH again, and were informed by the representative you spoke with that IT was allowed 30 days to address the ticket, and that you would hear from them by phone and email.
- 10) You testified that you received neither a phone call nor an email, but you continued to try to log into your account to renew, with no success.
- 11) You testified that you were finally able to access your account in January 2017 to update your application.
- 12) You testified that you immediately called to find out about coverage for November and December 2016, and were told that you were denied coverage for those months.
- 13) You testified that you had to pay for bills out of pocket for those two months.
- 14) You testified that you became eligible for Medicare as of January 1, 2017.
- 15) Your January 9, 2017 application indicated that you expect your annual household income for 2017 to be \$27,504.00. This income consists of \$16,740.00 that you receive in [REDACTED] Social Security Disability benefits, and \$10,764.00 in earned income for your daughter.
- 16) Your January 9, 2017 application indicated that you expect to file your 2017 tax return as head of household, and to claim your three children as dependents.

- 17) You testified that you are seeking reinstatement in Fee-For-Service Medicaid for the months of November and December 2016.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR §155.335(h)).

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 2010,13 ADM-03(III)(F)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your Fee-For-Service Medicaid coverage began on January 1, 2017.

You were originally found conditionally eligible for Medicaid effective December 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 16, 2016 renewal notice stated that there was not enough information to

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).

determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by October 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Fee-For-Service Medicaid and Medicaid Managed Care plan, effective October 31, 2016.

However, you testified and the record reflects that you attempted to update your account beginning on October 19, 2016, and for over two months thereafter, but were unable to do so due to a technical problem with your account. You testified that you contacted NYSOH about this issue and were given a [REDACTED] ticket number, number [REDACTED]. Notes entered into NYSOH's system on the date you filed your appeal confirm that this ticket was submitted. You testified that you never heard back from NYSOH, and there is no evidence in your account to indicate that your issue was resolved, nor that you were notified of a resolution. Therefore, it is concluded that it was NYSOH's error, and failure to correct a technical problem with your account, that prevented you from updating your application in time to have your Medicaid coverage begin on November 1, 2016.

You testified that you were finally able to update your account in January 2017, and the record confirms that NYSOH received your updated application for financial assistance on January 9, 2017. We must assume that the information you provided at that time is the information that would have been used had you been timely able to renew your NYSOH application.

Had the information been submitted at that time, your eligibility for enrollment in your Fee-For-Service Medicaid coverage would have started as of November 1, 2016.

Therefore, the January 10, 2017 notice of eligibility determination is MODIFIED to state that your eligibility for enrollment in your Fee-For-Service Medicaid was effective November 1, 2016.

Decision

The January 10, 2017 eligibility determination notice is MODIFIED to state that your eligibility for Medicaid began on November 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting the backdating of your Fee-For-Service Medicaid coverage to November 1, 2016.

Effective Date of this Decision: March 29, 2017

How this Decision Affects Your Eligibility

Your enrollment in your Fee-For-Service Medicaid coverage should have been effective as of November 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Fee-For-Service Medicaid as of November 1, 2016, so that there is no gap in your Fee-For-Service Medicaid coverage.

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 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 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 January 10, 2017 eligibility determination notice is MODIFIED to state that your eligibility for Medicaid began on November 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting the backdating of your Fee-For-Service Medicaid coverage to November 1, 2016.

Your enrollment in your Fee-For-Service Medicaid coverage should have been effective as of November 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Fee-For-Service Medicaid as of November 1, 2016, so that there is no gap in your Fee-For-Service Medicaid coverage.

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।

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).

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 bεtumi ama wo obi a okyerε 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.

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).