



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

## Notice of Decision

Decision Date: August 11, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018231

[REDACTED]

[REDACTED]

On August 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 19, 2016 eligibility determination notice and August 23, 2016 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).

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## Decision

Decision Date: August 11, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018231

[REDACTED]

## Issues

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

Was your appeal of NY State of Health's March 19, 2016 eligibility determination notice timely?

Was your appeal of NY State of Health's August 23, 2016 eligibility determination notice timely?

Did NY State of Health provide a timely determination of your Medicaid eligibility as of August 1, 2016?

Did NY State of Health properly determine that you were eligible for Medicaid, effective August 1, 2016?

## Procedural History

On January 7, 2015, NY State of Health (NYSOH) issued a renewal notice stating that you were eligible for Medicaid effective March 1, 2015.

On January 18, 2015, NYSOH issued a notice of enrollment confirming your enrollment in a Medicaid Managed Care plan as of March 1, 2015.

On January 14, 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

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your health coverage, and that you needed to update your account by February 16, 2016 or you might lose the financial assistance you were currently receiving.

On February 3, 2016, you updated your application for financial assistance.

On February 4, 2016, NYSOH issued a notice stating more information was needed to make a determination. 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 February 19, 2016.

Also on February 4, 2016, NYSOH issued a disenrollment notice stating that your enrollment in Medicaid and your Medicaid Managed Care plan would end on February 29, 2016.

On February 16, 2016, your application for financial assistance was updated.

On February 17, 2016, NYSOH issued a notice stating more information was needed to make a determination. 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 March 3, 2016.

On March 19, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective May 1, 2017. The notice further stated that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. This was because you had not provided income documentation to NYSOH.

On August 11, 2016, you updated your application for financial assistance.

Also on August 11, 2016, you spoke with the NYSOH Account Review Unit and a complaint (██████████) was created. At that time you were requesting to be found eligible for Medicaid as of March 1, 2016 as you were concerned about a tax penalty.

On August 12, 2016, NYSOH issued a notice stating more information was needed to make a determination. 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 August 26, 2016.

On August 15, 2016, you faxed income documentation to NYSOH.

On August 22, 2016, NYSOH verified the income documentation you submitted and a new application was submitted on your behalf.

On August 23, 2016, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, effective August 1, 2016.

On August 30, 2016 you selected a Medicaid Managed Care plan.

On August 31, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on August 30, 2016. The notice confirmed your enrollment in a plan starting October 1, 2016.

On April 20, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid, requesting that it begin March 1, 2016.

On August 8, 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, and the record reflects, that you are appealing the effective date of your Medicaid.
- 2) According to your NYSOH account, on February 3, 2016 an application was submitted by user name [REDACTED]"; on February 16, 2016 an application was submitted on your behalf by a certified application counselor, and on August 11, 2016 you contacted NYSOH and updated your application to NYSOH over the phone.
- 3) You testified that at some point you met with a certified application counselor at a health center and he advised you that he would take care of your coverage.
- 4) You testified, and the record reflects, that you have elected to receive all of your notices from NYSOH via regular mail. However, you further testified that at some point in time your account was marked as electing to receive all of your notices from NYSOH via electronic mail.
- 5) You testified that you were not aware that you needed to submit income documentation to NYSOH.

- 6) You testified that after speaking with an NYSOH representative and finding out that you were sent e-mail alerts, you reviewed your e-mail account and there were e-mail alerts from NYSOH in your e-mail inbox directing you to the notice in your NYSOH account telling you that you needed to submit income documentation.
- 7) Your NYSOH account reflects that you had no coverage from March 1, 2016 through July 31, 2017.
- 8) You testified that you did not know that your Medicaid coverage had not been renewed until you received a call from your Medicaid Managed Care plan.
- 9) You testified that after learning that you had been disenrolled from Medicaid, you contacted NYSOH.
- 10) The record reflects that you contacted NYSOH on August 11, 2016 and submitted an updated application for financial assistance.
- 11) Also on August 11, 2016 you spoke with the NYSOH Account Review Unit and a complaint ( [REDACTED] ) was created. The complaint reflects that you were seeking to be found eligible for Medicaid as of March 1, 2016 because the certified application counselor did not advise you that you would need to submit income documentation. On February 27, 2017, you contacted NYSOH to follow-up on the status of this complaint and were advised that there was no status to update. Thereafter, on March 16, 2017 a note within the complaint indicates that the enrollment issue needed to be addressed. To date, there has been no resolution of this complaint.
- 12) On August 15, 2016, you faxed income documentation to NYSOH and this documentation was uploaded to your NYSOH account on August 17, 2016. This documentation consists of a self-attestation form.
- 13) On August 22, 2016, your income documentation was verified as acceptable proof of income.
- 14) On April 20, 2017, you spoke with the NYSOH Account Review Unit and filed a formal appeal.

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

## **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)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

### 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).

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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 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).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR §435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

## **Legal Analysis**

The first issue is whether your appeal of NYSOH's March 19, 2016 eligibility determination notice was timely.

On March 19, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in a qualified health plan at full cost, effective May 1, 2016, and ineligible for Medicaid.

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The record reflects that the first time you contacted NYSOH to file a complaint in regard to NYSOH not finding you eligible for Medicaid as of March 1, 2016 was August 11, 2016.

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

For an appeal to have been valid on the issue of NYSOH finding you eligible for a full cost qualified health plan effective April 1, 2016 rather than Medicaid, and appeal should have been filed by May 18, 2017.

According to the credible evidence in the record, you did not contact NYSOH to file a complaint until August 11, 2016, well after the 60-day time period to file a formal appeal.

Therefore, there has been no timely appeal of the March 19, 2016 eligibility determination notice and your appeal on the issue of NYSOH determining you eligible for a full cost qualified health plan rather than Medicaid at the time of the March 19, 2016 eligibility determination notice is DISMISSED.

The second issue is whether your appeal of NYSOH's August 23, 2016 eligibility determination notice was timely.

On August 23, 2016, NYSOH issued a notice of eligibility stating that you were eligible for Medicaid, effective August 1, 2016.

The record reflects that you first contacted NYSOH to file a formal appeal regarding your Medicaid effective date on April 20, 2017.

Individual applicants and enrollees must request a hearing within sixty (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 Medicaid effective date, an appeal should have been filed by October 22, 2016. The record reflects that you filed your appeal on April 20, 2017, which is beyond the 60-day deadline.

Although your appeal was untimely on its face, you contacted NYSOH on August 11, 2016 regarding your Medicaid effective date and a complaint was created in response to your request, which was within the 60-day time frame to appeal. You followed-up on this complaint on February 27, 2017. To date, this complaint has not been resolved.

As you contacted NYSOH on August 11, 2016 seeking a March 1, 2016 effective date for your Medicaid, which was within 60-days of the August 23, 2016 decision, and the complaint that was created in response to your August 11,

2016 contact has never been resolved, your appeal was timely and will be addressed.

The third issue is whether NYSOH provided you with a timely determination of your Medicaid eligibility as of August 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.

Your account was updated on August 11, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On August 15, 2016, you faxed a self-attestation of no income to NYSOH and on August 22, 2016, NYSOH verified this self-attestation as acceptable proof of income.

Therefore, your application was considered complete as of August 15, 2016 for purposes of issuing an eligibility determination.

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.

NYSOH issued an eligibility determination notice on August 23, 2016 that stated you were eligible for Medicaid effective August 1, 2016. Since NYSOH issued an eligibility determination eight days from the date your application was considered complete, the August 23, 2016 eligibility determination was timely.

The fourth issue is whether NYSOH properly determined that your Medicaid was effective August 1, 2016.

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.

Since the August 23, 2016 eligibility determination was timely issued, you were eligible for Medicaid effective on the first day of the month in which you were determined eligible.

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).

As you were determined eligible for Medicaid in the August 23, 2016 eligibility determination notice, NYSOH properly found you eligible for Medicaid on the first day of the month in which that eligibility determination was issued, that is, on August 1, 2016.

Therefore, the August 23, 2016 eligibility determination notice is **AFFIRMED**.

## **Decision**

Your appeal of the March 19, 2016 eligibility determination notice is **DISMISSED**.

The August 23, 2016 eligibility determination was timely.

The August 23, 2016 eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** August 11, 2017

## **How this Decision Affects Your Eligibility**

Your eligibility for Medicaid began as of August 1, 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:

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).

- 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 March 19, 2016 eligibility determination notice is **DISMISSED**.

The August 23, 2016 eligibility determination was timely.

The August 23, 2016 eligibility determination is **AFFIRMED**.

Your eligibility for Medicaid began as of August 1, 2016.

### **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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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