



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

Notice of Decision

Decision Date: August 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018779

[REDACTED]

Dear [REDACTED],

On July 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's eligibility determination notices issued between November 11, 2016 and January 4, 2017, and the April 21, 2017 enrollment 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 Date: August 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018779

[REDACTED]

Issues

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

Was your appeal of the NY State of Health’s (NYSOH) eligibility determination notices issued between November 11, 2016 and January 4, 2017 timely?

Did NYSOH properly determine that the enrollment of your spouse and step-child, [REDACTED], in a Medicaid Managed Care plan was effective no earlier than June 1, 2017?

Procedural History

On September 6, 2016, NYSOH issued a notice advising you that your spouse and step-child’s Medicaid coverage through [REDACTED] would end effective November 30, 2016. The notice stating that you should log into your NYSOH account between October 16, 2016 and November 15, 2016 to make sure that the information was up-to-date.

On November 10, 2016, NYSOH received an update to your application for health insurance.

On November 11, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible for the Essential Plan, effective December 1, 2016. The notice also stated that it could not issue an eligibility determination for your step-child without additional income documentation by November 25, 2016.

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On November 28, 2016, NYSOH received an update to your application for health insurance.

On November 29, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible for the Essential Plan, effective January 1, 2017. The notice also stated that it could not issue an eligibility determination for your step-child without additional income documentation which was to be submitted by November 25, 2016.

On December 21, 2016, NYSOH redetermined your household's eligibility for health insurance.

On December 22, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in the Essential Plan, effective February 1, 2016. The notice also stated that your step-child was eligible to enroll in a qualified health plan (QHP) at full cost, effective February 1, 2017.

On December 28, 2016, NYSOH received an update to your application for health insurance.

On December 29, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in the Essential Plan, effective February 1, 2016. The notice also stated that your step-child was eligible to enroll in a qualified health plan (QHP) at full cost, effective February 1, 2017.

On January 3, 2017, NYSOH received an update to your application for health insurance.

On January 4, 2017, NYSOH issued an eligibility determination notice stating that both your spouse and your step-child were eligible for the Essential Plan, effective February 1, 2017.

On April 12, 2017, NYSOH received an update to your application for health insurance.

On April 13, 2017, NYSOH issued a notice stating that the information in your application does not match what NYSOH received from state and federal sources. You were requested to provide income documentation for your household by April 27, 2017 so that your household's eligibility could be determined.

On April 14, 2017, NYSOH received (1) earnings statements issued to you by your employer, [REDACTED], on March 17, 2017 and March 31, 2017, and (2) a letter from you stating that you are taking care of everyone in the household, and that your step-child just lost his job on April 2, 2017.

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On April 17, 2017, NYSOH received a letter of termination, dated April 13, 2017, issued to your step-child by a representative of his former employer, [REDACTED].

On April 18, 2017, NYSOH redetermined your household's eligibility for health insurance.

On April 19, 2017, NYSOH received a letter of separation from his former employer, [REDACTED] dated April 19, 2017, confirming that his last day of work was April 2, 2017.

On April 18, 2017, NYSOH redetermined your household's eligibility for health insurance.

On April 19, 2017, NYSOH issued an eligible determination notice stating that both your spouse and your step-child were eligible for Medicaid, effective April 1, 2017.

On April 21, 2017, NYSOH issued an enrollment notice confirming your selection of a Medicaid Managed Care (MMC) plan for their coverage on April 20, 2017. The notice stated that their MMC plan coverage would start on June 1, 2017.

On May 8, 2017 you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment of your spouse and your step-child in their respective MMC plans, insofar as their coverage under those plans did not begin on December 1, 2016.

On July 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) Your NYSOH account reflects that between November 11, 2016 and January 4, 2017, your spouse and step-child were either found eligible for enrollment in the Essential Plan, or eligible to enroll in a QHP at full cost.
- 2) You testified that your spouse and step-child were enrolled in Medicaid through their local Department of Social Services, and their enrollment under your NYSOH account caused issues on their eligibility.
- 3) You testified that you first contacted NYSOH to file a complaint and request an appeal of your household's eligibility during May 2017.

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Specifically, your NYSOH account reflects that you contacted NYSOH on May 8, 2017 to request an appeal on the MMC plan enrollment start date for your spouse and step-child.

- 4) You testified that you were seeking for your spouse and step-child to be eligible for MMC plan coverage effective December 1, 2016, rather than June 1, 2016, due to medical bills incurred during the month of December 2016.
- 5) On April 17, 2017 and April 19, 2017, you provided to NYSOH your step-child's termination letters reflected his separation from two employers,
- 6) On April 18, 2017, NYSOH redetermined your household's eligibility for financial assistance.
- 7) Your spouse and step-child were found eligible for Medicaid, effective April 1, 2017.
- 8) You testified, and the record reflects, that you selected the MMC plan on April 20, 2017, and that their enrollment was effective on June 1, 2016.

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) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 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 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 §

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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)).

Legal Analysis

The first issue under review is whether your appeal of the NYSOH's eligibility determination notices issued between November 11, 2016 and January 4, 2017 is timely.

Between November 8, 2016 and January 3, 2017, after you updated your NYSOH account, NYSOH issued eligibility determination notices between November 11, 2016 and January 4, 2017, stating that your spouse and step-child were not eligible for Medicaid.

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

In reviewing the most recent eligibility determination notice issued on January 4, 2017, an appeal should have been filed by March 5, 2017. According to the credible evidence in the record, you did not contact NYSOH until May 8, 2017 to file a formal appeal, which is well beyond 60 days from the latest of that range of eligibility determination notice issued during that timeframe.

Therefore, there has been no timely appeal of the eligibility determination notices issued to you by NYSOH between November 11, 2016 and January 4, 2017, and your appeal of your spouse's and step-child's eligibility issued under those determination is DISMISSED.

The second issue is whether NYSOH properly determined that your spouse's and step-child's enrollment in their respective MMC plans was effective June 1, 2017.

You testified that you contacted NYSOH on April 20, 2017 and enrolled your spouse and step-child into a MMC plan.

The date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment.

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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.

On April 20, 2017, you selected a MMC plan for your spouse and step-child, so it properly took effect on the first day of the second month following after April 2017; that is, on June 1, 2017.

Therefore, the April 21, 2017 enrollment notice stating that the enrollment of your spouse and step-child in their respective MMC plans would be effective June 1, 2017, was correct and must be AFFIRMED.

Decision

Your appeal of the eligibility determination notice issued between November 11, 2016 and January 4, 2017 are untimely and must be DISMISSED.

The April 21, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: August 23, 2017

How this Decision Affects Your Eligibility

This decision does not change your household's eligibility.

The effective date of your spouse's and step-child's MMC plan is June 1, 2017.

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

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

Your appeal of the eligibility determination notice issued between November 11, 2016 and January 4, 2017 are untimely and must be DISMISSED.

The April 21, 2017 enrollment notice is AFFIRMED.

This decision does not change your household's eligibility.

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).

The effective date of your spouse's and step-child's MMC plan is June 1, 2017.

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)

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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. y&b&tumi 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.

שׂוֹדֵשׁ (Yiddish)

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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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