



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

Notice of Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018809

[REDACTED]

[REDACTED],

On August 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 9, 2017 eligibility determination.

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 NY State of Health 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018809



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 you were not eligible for Medicaid based on your January 27, 2017 application?

Procedural History

On December 4, 2015, NYSOH issued a notice stating that you remained eligible for Medicaid, effective December 1, 2015. Also on December 4, 2015, NYSOH issued a plan enrollment notice confirming in relevant part, that you were enrolled in a Medicaid Managed Care (MMC) plan effective August 1, 2015.

On October 8, 2016, NYSOH issued a notice 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 November 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by November 15, 2017.

On November 17, 2016, NYSOH issued an eligibility determination notice stating in relevant part that you are not eligible for Medicaid, Child Health Plus, the Essential Plan 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

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completed your renewal within the required time frame. Your eligibility ended November 30, 2016.

On January 27, 2017, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating in part that you were not eligible to receive help paying for your health insurance coverage, but you could purchase a qualified health plan (QHP) through NYSOH at full cost, effective as of March 1, 2017. This was because you already had coverage.

Also on January 27, 2017, your authorized representative contacted NYSOH to register a complaint regarding your account in that the system showed you had a Medicaid restriction and could not renew your coverage.

On January 28, 2017, NYSOH issued an eligibility determination notice, based on the information contained in the January 27, 2017 application, stating in part that you were eligible to purchase a QHP at full cost through NYSOH, effective March 1, 2017. The notice further stated that you were not eligible for Medicaid because you were qualified for coverage on another NYSOH account.

On January 30, 2017, NYSOH created a defect on your account [REDACTED]. A note filed in the system at that time stated "Consumer does not have an active MA exemption or restriction. Consumer is unable to receive a determination due to Duplicate coverage."

On February 8, 2017, March 22, 2017, April 12, 2017 and May 10, 2017, NYSOH issued eligibility determination notices based on your February 7, 2017, March 21, 2017, April 11, 2017 and May 9, 2017 updated applications for health insurance. Those notices all stated in part that you were not eligible for Medicaid because you were qualified for coverage on another NYSOH account.

Also on May 10, 2017, NYSOH issued a notice confirming your May 9, 2017 appeal of the eligibility determinations that stated you were ineligible for Medicaid.

On August 14, 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) According to your NYSOH account and your testimony, on January 27, 2017, with the assistance of a certified application counselor (CAC), you updated your application for health insurance.
- 2) According to your NYSOH account and your testimony, on January 27, 2017, your CAC contacted NYSOH to request the removal of an exemption on your account that was preventing your eligibility for Medicaid from being determined.
- 3) According to your NYSOH account, an incident was filed on January 30, 2017, in which a NYSOH representative indicated that you did not have an active Medicaid exemption or restriction. The note indicated that you were unable to receive a determination due to "Duplicate coverage." A defect was filed that day as [REDACTED].
- 4) You testified that your CAC filed updated applications with NYSOH on your behalf every couple of weeks in an attempt to obtain health coverage for you.
- 5) According to your NYSOH account and your testimony, on May 9, 2017, your CAC filed an appeal on your behalf because the eligibility determination stated you were not eligible for Medicaid because you were qualified for coverage on another NYSOH account.
- 6) According to your NYSOH account and your testimony, NYSOH provided your health insurance identification number (HX) to someone else and, because of that, the system was showing that you already had health insurance.
- 7) According to your NYSOH account, the defect filed on January 30, 2017 has not been resolved to date.
- 8) You are seeking insurance for yourself.
- 9) According to your January 27, 2017 application, you file your taxes as Head of Household (with qualifying individual) and will claim two dependents on your 2017 income tax return.
- 10) According to your NYSOH account, your January 27, 2017 application indicated that your 2017 income would be \$20,930.00 and you confirmed this amount was correct.
- 11) Your application states that you live in [REDACTED].
- 12) You testified that, because you have not had health insurance, you have not sought medical assistance.

13) You testified that you want to get back into your MMC plan.

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

Applicable Law and Regulations

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).

Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$20,420.00 for a three-person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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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)).

Legal Analysis

The first issue under review is whether NYSOH's provided you with a timely determination of your eligibility in response to your January 27, 2017 application.

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.

The record reflects that NYSOH received your updated application for health insurance on January 27, 2017. The record further reflects that the system determined that you were not eligible for Medicaid because you were already qualified for coverage on another NYSOH account. On that date, your CAC contacted NSYOH to request NYSOH remove an exemption on your account that was preventing your eligibility for Medicaid.

The record reflects that on January 30, 2017, an incident was filed in which a NYSOH representative indicated that you did not have an active Medicaid exemption or restriction. The note indicated that you were unable to receive a determination due to "Duplicate coverage" and a defect was filed on your behalf as [REDACTED]

The record reflects that on February 7, 2017, March 21, 2017, April 11, 2017 and May 9, 2017, you and/or your CAC submitted updated applications for health insurance to NYSOH. Although NYSOH issued eligibility determination notices on February 8, 2017, March 22, 2017, April 12, 2017 and May 10, 2017 based on those application, because of the existing defect, you were determined ineligible

for Medicaid because the system continued to show that you were qualified for coverage under another NYSOH account.

The record reflects that NYSOH provided your health insurance identification number () to someone else and, because of that, the system was showing that you already had health insurance. The defect that was submitted on your behalf on January 30, 2017. That defect, which continuously prevented the determination of your Medicaid eligibility, remains unresolved to date.

Therefore, the credible evidence of the record indicates that you submitted a completed application to NYSOH on January 27, 2017, and your eligibility for Medicaid remains undetermined because of a system defect.

As such, it is reasonable to conclude that NYSOH has not provided you with an eligibility determination within 45 days of your January 27, 2017 application because the system defect remains unresolved. It is now over 233 days since that application was submitted.

Therefore, the analysis turns to what your eligibility should have been as of your January 27, 2017 application.

You are in a three-person household and file your taxes as Head of Household (with qualifying individual). You will claim 2 dependents on your 2017 income tax return. Your January 27, 2017 application states that your estimated household income for 2017 would be \$20,930.00 and you confirmed this amount.

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your January 27, 2017 application, that was the 2017 FPL, which is \$20,420.00 for a three-person household.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$20,420.00 for a three-person household. Since \$20,930.00 is 102.50% of the 2017 FPL, you would have been eligible for Medicaid on an expected annual income basis in 2017 using the information you provided in your January 27, 2017 application.

Since 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, had your application been properly run on January 27, 2017, your eligibility for Medicaid would have been determined that date and made effective as of January 1, 2017.

Since the January 28, 2017 eligibility determination notice was based on a defect, it improperly stated that you were not eligible for Medicaid because you were qualified for coverage on another NYSOH account and is MODIFIED to state that you were eligible for Medicaid, effective January 1, 2017, based on a three-person household with a tax filing status of Head of Household (with qualifying individual) with two dependents and a household income of \$20,930.00, which is 102.50% of the applicable FPL.

Therefore, your case is RETURNED to NYSOH to effectuate the change in your Medicaid eligibility and coverage through Fee-For-Service, effective January 1, 2017. At your option, you may elect to enroll in a Medicaid Manage Care plan effective March 1, 2017, the first day of the second month following January 27, 2017 had there not been a defect preventing you from selecting a plan as of that date, or at a date prospectively based on the date you select an MMC plan.

The eligibility determination notices issued by NYSOH subsequent to the January 28, 2017 eligibility determination notice are rendered MOOT by this decision in so far as they apply to your eligibility for Medicaid.

Decision

Since the January 28, 2017 eligibility determination notice was based on a defect and improperly stated you were not eligible for Medicaid because you were qualified for coverage on another NYSOH account, it is MODIFIED to state that you were eligible for Medicaid, effective January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the change in your Medicaid eligibility and coverage through Medicaid Fee-For-Service, effective as of January 1, 2017.

At your option, you may elect to enroll in an MMC plan effective March 1, 2017, or at a date prospectively based on the date you select an MMC plan.

The eligibility determination notices issued by NYSOH subsequent to the January 28, 2017 eligibility determination notice are rendered MOOT by this decision in so far as they apply to your eligibility for Medicaid.

Effective Date of this Decision: September 20, 2017

How this Decision Affects Your Eligibility

You were eligible for Medicaid and had coverage through Medicaid Fee-For-Service effective January 1, 2017.

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 effectuate coverage as of that date and to contact you regarding whether you want to be enrolled in an MMC plan, effective March 1, 2017, or prospectively based on the date you select a plan.

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):

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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

Since the January 28, 2017 eligibility determination notice was based on a defect and improperly stated you were not eligible for Medicaid because you were qualified for coverage on another NYSOH account, it is MODIFIED to state that you were eligible for Medicaid, effective January 1, 2017.

Your case is RETURNED to NYSOH to effectuate the change in your Medicaid eligibility and coverage through Medicaid Fee-For-Service, effective as of January 1, 2017.

At your option, you may elect to enroll in an MMC plan effective March 1, 2017, or at a date prospectively based on the date you select an MMC plan.

The eligibility determination notices issued by NYSOH subsequent to the January 28, 2017 eligibility determination notice are rendered MOOT by this decision in so far as they apply to your eligibility for Medicaid.

You were eligible for Medicaid and had coverage through Medicaid Fee-For-Service effective January 1, 2017.

Your case is RETURNED to NYSOH to effectuate coverage as of that date and to contact you regarding whether you want to be enrolled in an MMC plan, effective March 1, 2017, or prospectively based on the date you select a plan.

Legal Authority

We are sending you this notice 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 مجانًا.

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. ye 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.

שׂוֹדִישׁ (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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