



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021359

[REDACTED]

[REDACTED]

On October 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 18, 2017 enrollment confirmation 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: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021359



Issue

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

Was your appeal of NY State of Health's (NYSOH) January 18, 2017 enrollment confirmation notice timely?

Procedural History

1. On November 18, 2016, you updated your NYSOH application.
2. On November 19, 2016, NYSOH issued a notice stating that the income information in your November 18, 2016 did not match what NYSOH received from state and federal data sources. The notice directed you to submit documentation of your income by December 3, 2016.
3. On November 28, 2016, you uploaded documentation to your NYSOH account.
4. On December 14, 2016, NYSOH issued a notice stating that the documentation you submitted had been reviewed, but that it was insufficient to confirm the information in your application. The notice directed you to submit documentation of your income by January 2, 2017.
5. On December 27, 2016, you uploaded documentation to your NYSOH account.

6. On January 17, 2017, NYSOH verified the income documentation you provided and determined your eligibility.
7. On January 18, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective November 1, 2016.
8. Also on January 18, 2017, NYSOH issued a notice of enrollment confirmation, confirming that you and your spouse were enrolled in a Medicaid Managed Care (MMC) plan, beginning February 1, 2017.
9. On March 28, 2017, you updated your NYSOH account and indicated that you and your spouse did not need health insurance.
10. On March 29, 2017, NYSOH issued a discontinuance notice, stating that you and your spouse were no longer eligible to enroll in coverage through NYSOH because you did not want to receive coverage through NYSOH.
11. Also on March 29, 2017, NYSOH issued a disenrollment notice, stating that you and your spouse were disenrolled from your MMC plan, effective March 31, 2017.
12. On August 1, 2017, you updated your NYSOH account.
13. On August 2, 2017, NYSOH issue a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to submit documentation of your income by August 16, 2017.
14. Also on August 2, 2017, you uploaded documentation to your NYSOH account.
15. On August 3, 2017, NYSOH issued a notice stating that you and your spouse were eligible for Medicaid, effective August 1, 2017.
16. On August 8, 2017, NYSOH issued a notice of enrollment confirmation confirming that you and your spouse were enrolled in an MMC plan, beginning September 1, 2017.
17. On August 10, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal, insofar as you and your spouse's previous enrollment in your MMC plan began on February 1, 2017, and not January 1, 2017.
18. On October 26, 2017, you appeared at 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.

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).

Findings of Fact

A review of the record support the following findings of fact:

- 1) Your NYSOH account reflects that you updated your NYSOH account on November 18, 2016.
- 2) You testified that you were informed in August or September of 2016 that you would need to pay for health insurance coverage for the months of November and December 2016, based on income you received from a settlement in March 2016, but that you would be eligible for Medicaid and MMC again in January 2017.
- 3) You testified that you were given this information on October 12, 2016.
- 4) You testified that you were told in October or early November 2016 that additional information was required.
- 5) Your NYSOH account reflects that you were sent a notice on November 19, 2016 requesting income documentation.
- 6) You testified that you supplied a copy of your settlement check, as that was the only income you had in 2016.
- 7) You testified that you were informed that additional documentation was needed, but that you did not know what to provide, as you had not worked since 2015.
- 8) You testified that you spoke to someone from NYSOH on December 27, 2016, who told you to submit a letter of attestation saying that you had no income, and you did so.
- 9) Your NYSOH account reflects that you uploaded an attestation of no income on December 27, 2016 [REDACTED]
- 10) You testified that you spoke with someone at NYSOH on January 18, 2017 who provided you with your MMC plan ID numbers. You testified that you thought you were told that your coverage would be backdated to January 1, 2017.
- 11) Your NYSOH account reflects that NYSOH issued a notice on January 18, 2017 informing you that you and your spouse's enrolment in your MMC plan began on February 1, 2017.
- 12) You testified, and your NYSOH account confirms, that you receive email alerts regarding notices that are issued in your NYSOH account.

- 13) During the hearing, you confirmed that there was a notice of enrollment confirmation in your NYSOH inbox.
- 14) You testified that you assumed everything had been backdated because your medications were covered in January 2017, but that you now realize they must have been covered by Fee-For-Service Medicaid.
- 15) You testified that a provider you saw in January 2017 notified you, on or about [REDACTED] that she had not been paid by your insurance for your January 2017 visits.
- 16) You testified that, on [REDACTED], your provider followed up and told you that you had “straight” Medicaid only in January 2017.
- 17) You testified that you asked her for a detailed invoice, which you received around [REDACTED].
- 18) You testified that you did not contact NYSOH until after you received that invoice.
- 19) NYSOH’s system indicates that you spoke with a NYSOH agent on July 19, 2017 and requested the backdating of your MMC coverage to January 1, 2017 [REDACTED].
- 20) Your NYSOH account reflects that you filed your appeal on August 10, 2017.
- 21) You testified that you are looking to have your MMC coverage backdated to January 1, 2017 because you have medical bills for that month that are unpaid.

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 45 CFR § 155.505; and (4) 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)).

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).

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)).

Legal Analysis

The only issue under review is whether your appeal of NYSOH's January 18, 2017 enrollment confirmation notice was timely.

On January 18, 2017, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in an MMC plan, beginning February 1, 2017.

The record reflects that the first time you called NYSOH to file a complaint regarding the start date of your MMC plan coverage was on July 19, 2017. The record indicates that a formal appeal was then filed on August 10, 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 the start date of your MMC plan, as stated in the January 18, 2017 enrollment confirmation notice, an appeal should have been filed by March 19, 2017. According to the credible evidence in the record, you did not contact NYSOH until August 10, 2017 to file a formal appeal, which is 204 days from the January 18, 2017 eligibility determination and disenrollment notices. The date of your first complaint - July 19, 2017 - was also well beyond the sixty day timeframe.

You testified that you thought you had been told on January 18, 2017, when you spoke to NYSOH about your MMC plan ID cards, that your coverage was being backdated to January 1, 2017. You testified that you thought your plan was active because your prescriptions were covered. You further testified that the first time you realized there might be a problem was on [REDACTED], when one of your providers called you to tell you that bills for your January 2017 visits were not paid.

However, the record reflects that you were sent a notice on January 18, 2017 informing you that your MMC plan coverage was not starting until February 1, 2017. During the hearing, you acknowledged that this notice was in your NYSOH inbox. Therefore, it is concluded that you were on notice of the February 1, 2017 start date for your MMC plan.

As such there has been no timely appeal of the January 18, 2017 enrollment confirmation notice, and your appeal on the issue of the start date of your MMC plan, as stated in that notice, is **DISMISSED**.

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).

Decision

Your appeal of the January 18, 2017 enrollment confirmation notice is untimely and is DISMISSED.

Effective Date of this Decision: November 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You and your spouse's enrollment in your MMC plan began on February 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 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 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 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 January 18, 2017 enrollment confirmation notice is untimely and is DISMISSED.

This decision does not change your eligibility.

You and your spouse's enrollment in your MMC plan began on February 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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا 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&btumi 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 איך 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).