



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

## Notice of Decision

Decision Date: December 12, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP00000022921

[REDACTED]

[REDACTED]

On December 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 17, 2017 eligibility determination and disenrollment notices and its failure to provide a timely determination of your eligibility for Medicaid as of September 28, 2017.

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: December 12, 2017

NY State of Health Account ID: [REDACTED]  
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## Issues

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

Did NY State of Health properly determine that your enrollment in health insurance through NYSOH ended effective September 30, 2017?

Did NY State of Health fail to provide a timely determination of your eligibility for Medicaid as of September 28, 2017?

## Procedural History

According to your NY State of Health (NYSOH) account, you were found eligible for Medicaid effective October 1, 2016, and enrolled in a Medicaid Managed Care (MMC) plan effective December 1, 2016.

On August 2, 2017, NYSOH issued a notice that it was time to renew your health insurance for 2017. 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 between August 16, 2017 and September 15, 2017 or you might lose the financial assistance you were currently receiving.

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

On September 17, 2017, NYSOH issued an eligibility determination notice stating 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, and could not

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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. Your eligibility was to end October 1, 2017.

Also on September 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan would end on September 30, 2017. This was because you were no longer eligible to enroll in health insurance through NYSOH.

On September 28, 2017, NYSOH received your updated application for health insurance. That same day, based on your updated application, you were put in pending Medicaid status pending proof of income to confirm your eligibility for health insurance.

Also on September 28, 2017, you spoke to NYSOH's Account Review Unit and appealed your pending Medicaid status.

On September 29, 2017, NYSOH issued a notice, consistent with the preliminary determination, 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 provide proof of current household income by October 13, 2017.

On October 6, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective October 1, 2017. The notice further stated that you were granted Aid to Continue until a decision can be made on your appeal.

Also on October 6, 2017, a plan enrollment notice was issued confirming your enrollment in an MMC plan as of October 1, 2017.

On December 7, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your request to amend your appeal to include the September 17, 2017 eligibility determination and disenrollment notices was granted and testimony was received. 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, you receive all your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application to renew your MMC coverage.

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- 3) You testified that you did not know that you needed to update your account until you received your September 17, 2017 eligibility determination and disenrollment notices in the mail.
- 4) According to your NYSOH account, on September 28, 2017, NYSOH received your updated application for health insurance. That day, NYSOH determined that more information was needed to confirm your eligibility for Medicaid. As such, you were required to submit proof of income to NYSOH.
- 5) You testified that the NYSOH representative you spoke to on September 28, 2017, advised you that proof of income documentation was needed to confirm your eligibility and that further instructions would be sent to you in the regular mail. You further testified that you never received the September 29, 2017 notice confirming where to send that documentations.
- 6) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 7) No income documentation was submitted to NYSOH nor uploaded to your NYSOH account by October 13, 2017, or to date.
- 8) You testified that you want your MMC plan reinstated because you have urgent medical needs.

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 twelve 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

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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 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 Managed Care (MMC) 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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

### 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).

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)).

ADULT: NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

## Legal Analysis

The first issue under review is whether NYSOH properly determined that your enrollment in health insurance through NYSOH ended effective September 30, 2017.

According to your NYSOH account, you were found eligible for Medicaid effective October 1, 2016 and subsequently enrolled in a MMC plan effective December 1, 2016.

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 August 2, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information between August 16, 2017 and September 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your MMC plan effective September 30, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, it is concluded that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

You failed to update your application by the renewal deadline, which was the cause of your eligibility being redetermined and you being disenrolled from your MMC plan.

Therefore, NYSOH's September 17, 2017 eligibility determination and disenrollment notices are AFFIRMED because they properly ended your enrollment in health insurance through NYSOH on September 30, 2017.

The second issue under review is whether NYSOH provided you with a timely determination of your eligibility as of September 28, 2017.

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.

You updated your NYSOH account on September 28, 2017. 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.

You testified that although the NYSOH representative you spoke to on September 28, 2017 advised you that proof of income documentation was needed to confirm your eligibility and that further instructions would be sent to you in the regular mail. However, you further testified that you never received NYSOH's September 29, 2017 notice confirming where to send that documentation.

There is no evidence in the record that this notice that was sent to your mailing address was returned as undeliverable.

The credible evidence of record indicates that you knew how to contact NYSOH, were waiting for instructions to come in the mail, and the September 29, 2017 notice with instructions was not returned to NYSOH as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your need to submit proof of income documentation, in order for NYSOH to complete an eligibility determination for financial assistance on your behalf.

As such, the issue is refined to whether NYSOH provided you with a timely determination of your eligibility as of September 28, 2017.

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 you did not submit the documentation that was requested by the NYSOH representative and listed in the notices. Without proper documentation, NYSOH was unable to compute your monthly or expected yearly income.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be



notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination.

The September 29, 2017 notice informed you that additional documentation was required and instructed you as to how to submit income documentation so that your eligibility for Medicaid could be confirmed. As has already been established, this notice is deemed to be proper notice and gave you until October 13, 2017 to submit income documentation to confirm your eligibility.

Therefore, your testimony that you did not submit income documentation because you lacked instruction is not credible. In addition, the record shows that you conversed with NYSOH representative on September 28, 2017, and could have contacted NYSOH again if you needed further assistance with submitting income documentation, but did not.

The record reflects that you did not submit income documents by the deadline, nor have you to date.

The record further reflects that because you failed to submit your proof of income to NYSOH, your application for health insurance was incomplete as of September 28, 2017 and remains so to date.

Therefore, it is concluded that NYSOH did not fail to issue you a timely eligibility determination.

## **Decision**

The September 17, 2017 eligibility determination and disenrollment notices are AFFIRMED.

NYSOH did not fail to issue you a timely eligibility determination.

**Effective Date of this Decision:** December 12, 2017

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

This decision does not change your eligibility.

NYSOH did not fail to issue a timely notice of eligibility determination since your application remains incomplete.

## **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):**

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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The September 17, 2017 eligibility determination and disenrollment notices are AFFIRMED.

This decision does not change your eligibility.

NYSOH did not fail to issue a timely notice of eligibility determination since your application remains incomplete.

## **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।

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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&btumi ama wo obi a okyer& 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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