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

Notice of Decision

Decision Date: February 20, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025516

[redacted]

On February 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's August 2, 2017 eligibility determination and October 18, 2017plan enrollment notices.

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: February 20, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP0000000025516

[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) August 2, 2017 eligibility determination notice timely?
>
> Did NYSOH properly enroll you in a Medicaid Managed Care (MMC) with an enrollment start date of December 1, 2017?

Procedural History

On August 2, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you were eligible for Medicaid coverage for all outpatient [redacted] services, effective August 1, 2017. This includes all Medicaid covered services except: inpatient care, alternate level care, institutional long-term care, and long-term home health care. Further, you were instructed to submit proof of income by August 16, 2017, to confirm your eligibility.

On August 3, 2017, and August 17, 2017, you uploaded letters from your employer and a letter from your insurance company regarding your disability benefits [redacted]

On August 4, 2017, and August 19, 2017, NYSOH issued notices stating that the documentation received did not confirm the information in your application. The notices instructed you to submit additional income documentation by August 31, 2017, and September 15, 2017, respectively.

On September 25, 2017, you added your youngest child to your NYSOH account.

On September 26, 2017, NYSOH issued a notice stating, in relevant part, that your application had been reviewed; however, the income information did not match what NYSOH received from state and federal data sources. The notice instructed you to submit additional proof of your household income by September 15, 2017, to confirm your household income and household members eligibilities.

On October 1, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you were eligible to purchase a qualified health plan at full cost, effective November 1, 2017. The notice stated that this was because the requested information to verify your income had not been received by the due date.

On October 6, 2017, you uploaded a letter from your mother to your NYSOH account [redacted]

On October 7, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective as of November 1, 2017.

On October 18, 2017, NYSOH issued a plan enrollment notice confirming that as of October 17, 2017, you were enrolled in an MMC plan with an enrollment start date of December 1, 2017.

On December 7, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal because you incurred medical expenses that were not covered by your Medicaid coverage.

On February 13, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was fully developed. The record was closed at the end of the hearing.

Findings of Fact

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

1) You testified that you were only appealing your health insurance coverage through NYSOH.

2) According to your NYSOH account, you were enrolled in Medicaid Fee-For-Service coverage for all [redacted] Medicaid services from August 1, 2017, through October 31, 2017.

3) According to your NYSOH account, you gave birth to your youngest child on [redacted]

4) You testified that you incurred medical expenses between [redacted] and [redacted], because certain expenses were not covered by the Medicaid coverage.

5) You testified that you found out that some of the pregnancy-related expenses were not covered when you received the medical bills in October 2017.

6) According to the Evidence Packet's Appeal Summary, on December 7, 2017, you submitted a complaint and requested a formal appeal because you had outstanding medical bills and the hospital did not participate in Medicaid Fee-For-Service [redacted]

7) According to your NYSOH account, you were enrolled in an MMC plan on October 17, 2017.

8) You testified that you are married and reside with your spouse. Further, your spouse was employed and earned income during 2017.

9) According your NYSOH account, your spouse is not listed on your account and their income is not being reported to NYSOH.

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 NYSOH to provide timely notice of an eligibility determination; and (5) 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)).

MMC Enrollment Start Date

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; *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)).

Medicaid Eligibility – Married Couples

In the case of a married couple living together, each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse (42 CFR § 435.603(f)(4)).

Legal Analysis

The first issue under review is whether your appeal of NYSOH's August 2, 2017, eligibility determination notice was timely.

Applicants and enrollees must request a hearing within sixty days of the date stated on the notice of eligibility determination.

The NYSOH Appeals Unit only has the authority to review issues related to the following: (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 NYSOH to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NYSOH Appeals Unit.

For an appeal to have been valid on the issue of your eligibility for health insurance, as addressed in the August 2, 2017 notice, an appeal request should have been filed by October 1, 2017. According to the credible evidence of record, a complaint and a formal appeal were not filed until December 7, 2017. This date exceeds the 60-day limit from the August 2, 2017 eligibility determination notice.

Since your request to appeal the August 2, 2017 eligibility determination notice was not timely, the appeal is DISMISSED.

The record reflects that you were enrolled in Medicaid Fee-For-Service coverage for all [redacted] Medicaid services from August 1, 2017, through October 31, 2017; however, you testified that you incurred medical expenses between [redacted] and [redacted], because certain of those expenses were not covered by Medicaid.

The NYSOH Appeals Unit is not given the authority to review whether specific medical expenses should be covered by Medicaid. Therefore, we cannot reach the merits as to whether your outstanding bills should have been covered.

Your case will be REFERRED to New York State Department of Health, Office of Health Insurance Programs, Stakeholder Relations and Exchange Support to investigate whether the uncovered medical expenses you incurred during the months of August 2017 and September 2017, are reimbursable.

The second issue under review is whether NYSOH proper enrolled you in a MMC plan with an enrollment start date of December 1, 2017.

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

The available record supports that you were enrolled in an MMC plan on October 17, 2017. Since you were enrolled on October 17, 2017, which is after the sixteenth of the month, your coverage in that plan was properly effectuated on the first day of the second following month; that is December 1, 2017.

Therefore, the October 18, 2017 plan enrollment notice is AFFIRMED.

During the hearing, you testified that you are married and reside with your spouse. Further, your spouse was employed and earned income in 2017.

The Federal Regulations REQUIRE married couples that are living together to be included in the household of their spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse. Therefore, you must contact NYSOH to include your spouse's information in your household's NYSOH account.

Decision

Your appeal of the August 2, 2017, eligibility determination notice was untimely, and is DISMISSED.

Your case will be REFERRED to New York State Department of Health, Office of Health Insurance Programs, Stakeholder Relations and Exchange Support to investigate whether the uncovered medical expenses you incurred during the months of August 2017 and September 2017, are reimbursable.

The October 18, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: February 20, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility for or enrollment in health insurance coverage through NYSOH.

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 August 2, 2017, eligibility determination notice was untimely, and is DISMISSED.

Your case will be REFERRED to New York State Department of Health, Office of Health Insurance Programs, Stakeholder Relations and Exchange Support to investigate whether the uncovered medical expenses you incurred during the months of August 2017 and September 2017, are reimbursable.

The October 18, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility for or enrollment in health insurance coverage through NYSOH.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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)

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).