



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

Notice of Decision

Decision Date: March 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM27496017

[REDACTED]

Dear [REDACTED]

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to issue a timely 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 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: March 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM27496017

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your family's eligibility in response to your August 2, 2016 application?

Procedural History

On December 20, 2015, NYSOH issued an eligibility determination stating that you and your son remained eligible for Medicaid, effective January 1, 2016. The notice also stated that your spouse was eligible to enroll in the Essential Plan, effective January 1, 2016. In each case, you were advised to select a health plan for each family member.

On December 22, 2015, NYSOH issued an enrollment notice confirming your selection of Healthfirst as the Medicaid Managed Care (MMC) plan for you and your son as of December 21, 2015. The notice also stated that coverage for you and your son under the MMC plan began effective April 1, 2015. Finally, the notice confirmed your selection of an Essential Plan issued by Healthfirst for your spouse's coverage as of December 21, 2015. The notice stated that your spouse's Essential Plan coverage would begin effective January 1, 2016.

On January 12, 2016, NYSOH issued a disenrollment notice confirming that your [REDACTED] MMC plan coverage would end effective February 29, 2016. This was because you were no longer eligible to remain enrolled in this health plan; no further explanation was provided.

That same day, NYSOH issued a notice stating that your spouse and younger son were reenrolled in their plan, and you were directed to pick an MMC plan.

On May 2, 2016, NYSOH issued a notice that it was time to renew your family's 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, your spouse, and your son would qualify for financial help paying for your health coverage, and that you needed to update your account by June 15, 2016 or your family might lose the financial assistance it was currently receiving.

No updates were made to your account by June 15, 2016.

On June 17, 2016, NYSOH issued an eligibility determination notice stating that you and your son 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. You and your son also could not enroll in a qualified health plan (QHP) 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 ended June 15, 2016.

Also on June 17, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in a QHP at full cost, effective July 1, 2016. Your spouse was also found not eligible for Medicaid, Child Health Plus (CHP), or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. The notice stated this was the case since you had not responded to the renewal notice and had not completed your renewal within the required time frame.

Finally, on June 17, 2016, NYSOH issued a disenrollment notice stating that coverage for you, your spouse, and your son, under your respective health plans, would end effective June 30, 2016.

On August 2, 2016, NYSOH received an update to your application for health insurance; however, it was not immediately processed due to a documented NYSOH system defect preventing your family's eligibility to be determined at that time.

On September 12, 2016, you contacted NYSOH to request an appeal since NYSOH had not timely made an eligibility determination. You were also seeking to have the coverage you would be found eligible for begin no later than August 1, 2016.

Between September 12, 2016 and October 31, 2016, multiple attempts were made by NYSOH to redetermine your eligibility based on the information

contained in your account as of August 2, 2015, but no determination was issued.

On November 11, 2016, NYSOH redetermined your eligibility for health insurance based on the information contained in your account as of August 2, 2016.

On November 12, 2016, NYSOH issued an eligibility determination notice based on the information contained in the November 11, 2016 application. The notice stated that your spouse was eligible to enroll in the Essential Plan for a limited time pending receipt of income documentation by February 9, 2017. Your spouse's eligibility was effective December 1, 2016. The notice also stated that your son was eligible for CHP with a \$9.00 per month premium, effective December 1, 2016.

On December 19, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: a copy of the Notice of Award issued to you by the Social Security Administration (SSA) reflecting that you were enrolled in Medicare as of February or March of 2016. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

That same day, you provided the above referenced document to the Appeals Unit through NYSOH account; accordingly, the record was closed on December 19, 2016.

Findings of Fact

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

- 1) You and your son were enrolled in an MMC issued by Healthfirst beginning April 1, 2015.
- 2) Your spouse enrolled in an Essential Plan 3 effective beginning January 1, 2016.
- 3) You were disenrolled from your Healthfirst MMC effective February 29, 2016, but remained enrolled in Medicaid Fee-For-Service effective March 1, 2016.
- 4) You and your son were disenrolled from your respective Medicaid plans effective June 30, 2016. Your spouse was disenrolled from his Essential Plan coverage effective June 30, 2016

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).

- 5) You testified, and the record reflects, that you first attempted to submit an update to your application, after having been disenrolled for failure to update your account, on August 2, 2016.
- 6) You testified, and the record reflects, that after having revised your account on August 2, 2016, you did not receive a decision from NYSOH on your family's eligibility.
- 7) You testified, and the record reflects, that after contacting NYSOH, you were told that a defect was preventing a determination from being issued, but that the issue would be resolved shortly; however, after multiple calls to NYSOH between September 12, 2016 and October 31, 2016, no determination had been issued to you for your family's eligibility as of October 31, 2016.
- 8) Your son and your spouse's eligibility was redetermined on November 11, 2016. Your spouse was found eligible for the Essential Plan for a limited time, pending receipt of income documentation by February 9, 2016, effective December 1, 2016. Your son was found eligible to enroll in CHP with a \$9.00 per month premium, effective December 1, 2016. No written determination on your eligibility was issued at that time.
- 9) You testified that seeking to have your family's enrollment begin no later than August 1, 2016, since your family had not had coverage through NYSOH since having been disenrolled effective June 30, 2016.
- 10) On December 19, 2016, you provided a letter issued to you by the SSA, dated March 23, 2016, stating that you were eligible for Medicare Parts A and B beginning February 2016.

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).

Legal Analysis

The issue is whether NYSOH's provided your family with timely determination of your eligibility as of August 8, 2016.

The record reflects that NYSOH received your application had been received on August 8, 2016, in which you attested that your spouse was expecting an annual income of \$35,000.00 from [REDACTED] and that you were receiving \$720.00 per month in Social Security benefits.

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.

You testified, and the record reflects, that after contacting NYSOH, you were told that a defect was preventing a determination from being issued, but that the issue would be resolved shortly; however, after multiple calls to NYSOH between September 12, 2016 and October 31, 2016, no determination had been issued to you for your family's eligibility as of October 31, 2016.

NYSOH ultimately issued an eligibility determination notice on November 12, 2016, that stated your spouse was eligible for the Essential Plan for a limited time, pending receipt of income documentation by February 9, 2017, effective December 1, 2016. Your son was found eligible to enroll in CHP with a \$9.00 per month premium, effective December 1, 2016.

The record does not contain a written determination regarding your eligibility at that time, although the preliminary determination prepared by NYSOH on November 11, 2016 stated that you were not eligible to purchase health coverage through NYSOH at that time. Since NYSOH issued an eligibility determination 102 days from the date your application was considered complete, which was on August 2, 2016, the November 12, 2016 eligibility determination was untimely issued by NYSOH, and you should have been enrolled in your plan far earlier.

Therefore, the November 12, 2016 eligibility determination notice is RESCINDED.

Your case is REMANDED to NYSOH to redetermine your family's eligibility as of August 8, 2016 based on the information contained in your account as of November 11, 2016, and to facilitate an enrollment in the respective health plan you, your spouse and your son are found eligible for during the period between August 1, 2016 and December 31, 2016 as result of the redetermination as of August 8, 2016.

Decision

The November 12, 2016 eligibility determination notice is RESCINDED.

Your case is REMANDED to NYSOH to redetermine your family's eligibility as of August 8, 2016 based on the information contained in your account as of November 11, 2016, and to facilitate an enrollment in the respective health plan you, your spouse and your son are found eligible for during the period between August 1, 2016 and December 31, 2016 as result of the redetermination as of August 8, 2016.

Effective Date of this Decision: March 3, 2017

How this Decision Affects Your Eligibility

This is not your final determination. You will receive a new eligibility determination notice stating what your family's eligibility was as of August 8, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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

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).

appealed to the U.S. Department of Health and Human Services. 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 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

The November 12, 2016 eligibility determination notice is RESCINDED.

Your case is REMANDED to NYSOH to redetermine your family's eligibility as of August 8, 2016 based on the information contained in your account as of November 11, 2016, and to facilitate an enrollment in the respective health plan you, your spouse and your son are found eligible for during the period between August 1, 2016 and December 31, 2016 as result of the redetermination as of August 8, 2016.

This is not your final determination. You will receive a new eligibility determination notice stating what your family's eligibility was as of August 8, 2016.

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

