



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

## Notice of Decision

Decision Date: May 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011030

[REDACTED]

Dear [REDACTED],

On February 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 26, 2016 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).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: May 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011030

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly determine your enrollment in your Medicaid Managed Care plan was effective September 1, 2016?

## Procedural History

On July 22, 2015, NYSOH issued a notice of eligibility determination stating you were eligible for Medicaid, effective July 1, 2015.

On May 3, 2016, NYSOH issued a notice stating it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether you qualified for financial help paying for your health coverage. The notice directed you update your account by June 15, 2016 or you might lose the financial assistance you were currently receiving.

On May 17, 2016, NYSOH received your updated application.

On May 18, 2016, NYSOH issued a notice indicating the income information you provided did not match the information obtained from state and federal data sources. The notice directed you to submit income documentation by June 2, 2016 to confirm the information in your application so NYSOH could determine your eligibility.

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Also on May 18, 2016, NYSOH issued a disenrollment notice stating your coverage through your Medicaid Managed Care plan was terminated, effective June 30, 2016.

On May 21, 2016, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective July 1, 2016.

On July 25, 2016, you contacted NYSOH and you were enrolled in a Medicaid Managed Care plan.

Also on July 25, 2016, you spoke to NYSOH's Accounts Review Unit and appealed the coverage start date of your Medicaid Managed Care plan insofar as the coverage did not begin July 1, 2016.

On July 26, 2016, NYSOH issued an enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan, effective September 1, 2016.

On February 28, 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 support the following findings of fact:

- 1) You were determined eligible for Medicaid, effective July 1, 2015. You subsequently enrolled in a Medicaid Managed Care plan.
- 2) A prior Appeal Decision, issued November 20, 2016 [REDACTED], determined your coverage through this plan was effective July 1, 2015.
- 3) NYSOH issued a notice directing you to update your account and renew your health coverage for the 2016 coverage year by June 15, 2016, or your coverage might end.
- 4) You contacted NYSOH on May 17, 2016 to update your account.
- 5) Per your account, NYSOH was unable to verify the income information listed in your updated application, so you were directed to provide proof of your income by June 2, 2016.
- 6) Your Medicaid Managed Care plan enrollment was deleted by the "system" on May 17, 2016. Your coverage through this plan ended June 30, 2016.

- 7) On May 18, 2016, a copy of your Form 1040 income tax return for the 2015 tax year was uploaded to your NYSOH account ( [REDACTED] ).
- 8) NYSOH verified your income documentation on May 20, 2016 and systematically redetermined your eligibility based on this information.
- 9) On May 20, 2016, you were determined eligible for Medicaid, effective July 1, 2016.
- 10) You testified that in May 2016 you reenrolled, over the phone, in the same health plan for the upcoming coverage year.
- 11) Per your account, a new health plan enrollment was not submitted until July 25, 2016 resulting in a September 1, 2106 coverage start date.
- 12) NYSOH issued an enrollment notice, dated July 26, 2016, confirming your enrollment in a Medicaid Managed Care plan with a September 1, 2016 coverage start date. That notice indicated your enrollment was “as of May 26, 2016.”
- 13) You testified you did not contact NYSOH prior to July 25, 2016 to enroll into a plan, because you believed you were successfully enrolled into a health plan for the 2016 coverage year in May 2016.
- 14) NYSOH Appeals Unit reviewed telephone calls you placed to NYSOH in the months of May and July 2016 and determined the following:
  - a. You were advised of your Medicaid eligibility on May 20, 2016 and provided with a list of available Medicaid Managed Care plans. You were advised you needed to select a plan before June 15, 2016 for a July 1, 2016 coverage start date to avoid a gap in coverage. You indicated you would research the plans and call back later with your selection.
  - b. On May 26, 2016, you indicated you wanted to be reenrolled in your current health plan. The NYSOH representative confirmed your coverage with your current health plan was being renewed and the coverage start date was July 1, 2016. The representative indicated that because your current coverage did not end until June 30, 2016 “you will not have a gap in coverage” and “you should be fine.”
  - c. On July 26, 2017, you were advised by a NYSOH representative that your Medicaid Managed Care plan enrollment was “in

progress” and that “it was selected, but the confirm and check out process was not completed.” You stated you wanted to complete the enrollment and the representative indicated the enrollment was completed but the coverage start date through your Medicaid Managed Care plan was not effective until September 1, 2016.

- 15) You testified, and your account confirms, you were without Medicaid Managed Care plan coverage in July and August 2016.
- 16) Your account confirms you had fee-for-service Medicaid coverage only in July and August 2016.
- 17) You testified you have outstanding medical bills not covered by fee-for-service Medicaid from that time.
- 18) You testified you want your coverage through your Medicaid Managed Care plan backdated to July 1, 2016, because you reenrolled back in May 2016.
- 19) You further testified that you have been blocked from accessing your NYSOH account online since it was set up several years ago due to a typo in the username and/ or password. You testified you have been working with NYSOH for years to correct this issue and it has still not been resolved. You further testified you want the issues with your online account corrected so you can access your account, make timely updates, and complete annual renewals yourself to avoid gaps in coverage.

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 12 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 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, NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined your enrollment in your Medicaid Managed Care plan was effective September 1, 2016.

You were determined eligible for Medicaid effective July 1, 2015.

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 May 3, 2016 renewal notice stated there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance. This notice directed you to supply additional information by June 15, 2016, or your financial assistance might end.

You testified, and your account confirms, you contacted NYSOH on May 17, 2016 and completed your renewal with a representative over the phone. However, NYSOH was unable to verify the income information listed in your application and you were directed to submit documentation of your income. Following this update, your enrollment in your Medicaid Managed Care plan was deleted by the "system." Your coverage through this plan ended June 30, 2016.

You submitted a copy of your 2015 tax return and NYSOH systematically redetermined your eligibility, on May 20, 2016, based on this information. Thus, you were determined eligible for Medicaid, effective July 1, 2016.

Your account confirms your fee-for-service Medicaid coverage continued, however, your Medicaid Managed Care plan coverage was terminated, effective June 30, 2016. A new enrollment was not submitted until you contacted NYSOH on July 25, 2016. The coverage start date through this new enrollment was not effective until September 1, 2016, resulting in a gap in Medicaid managed care plan coverage for the months of July and August 2016.

You credibly testified you reenrolled into your current health plan over the phone with a NYSOH representative in May 2016. You further testified you were assured your new enrollment would become effective July 1, 2016 and, thus, you would not experience a gap in your health plan coverage. NYSOH Appeals Unit reviewed the recordings of telephone calls you placed to NYSOH which corroborated this testimony.

On May 26, 2016, you contacted NYSOH and indicated you wanted to be reenrolled in your current health plan. The NYSOH representative confirmed your coverage with your current health plan was being renewed and the coverage start date was July 1, 2016. The representative indicated that because your current coverage did not end until June 30, 2016 “you will not have a gap in coverage” and “you should be fine.” Based on this evidence, it is concluded you selected a Medicaid Managed Care plan for enrollment on May 26, 2016.

Pursuant to the above cited regulations, the date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

As discussed above, you were disenrolled from your Medicaid Managed Care plan, effective June 30, 2016. Although your account indicates a new enrollment was not submitted until July 25, 2016, the evidence confirms you selected a plan for enrollment over the phone with a NYSOH representative on May 26, 2016. Accordingly, since you selected a plan after the fifteenth day of the month, the plan should have gone into effect on the first day of the second following month; that is July 1, 2016.

Therefore, NYSOH's July 26, 2016 enrollment confirmation notice is MODIFIED to reflect that the coverage through your Medicaid Managed Care plan became effective on July 1, 2016.

Your case is RETURNED to NYSOH to reinstate your coverage for the months of July and August 2016.

It is noted you also testified you have been blocked from accessing your NYSOH account online since it was set up several years ago due to a typo in the



username and/ or password. You testified you have been working with NYSOH for years to correct this issue and it has still not been resolved. You further testified you want the issues with your online account corrected so you can access your account, make timely updates, and complete annual renewals yourself to avoid gaps in coverage. Accordingly, your case is referred to Plan Management to resolve outstanding issues pertaining to the accessibility of your NYSOH account.

## **Decision**

The July 26, 2016 enrollment confirmation notice is MODIFIED to reflect that your MMC coverage became effective July 1, 2016.

Your case is RETURNED to NYSOH to reinstate your coverage for the months of July and August 2016.

**Effective Date of this Decision:** May 01, 2017

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

Your coverage through your Medicaid Managed Care plan should have become effective July 1, 2016.

Your case is being sent back to NYSOH to reinstate your coverage for the months of July and August 2016.

Your case is being referred to Plan Management to resolve outstanding issues pertaining to the accessibility of your NYSOH account.

## **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

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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  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The July 26, 2016 enrollment confirmation notice is MODIFIED to reflect that your MMC coverage became effective July 1, 2016.

Your case is RETURNED to NYSOH to reinstate your coverage for the months of July and August 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).

Your coverage through your Medicaid Managed Care plan should have become effective July 1, 2016.

Your case is being sent back to NYSOH to reinstate your coverage for the months of July and August 2016.

Your case is being referred to Plan Management to resolve outstanding issues pertaining to the accessibility of your NYSOH account.

### **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&etumi 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.

## **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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