



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

Notice of Decision

Decision Date: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014237

[REDACTED]

Dear [REDACTED],

On March 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 7, 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: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014237

[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 that your enrollment in your Medicaid Managed Care plan was effective January 1, 2017?

Procedural History

On December 31, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective December 1, 2015.

On October 9, 2016, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. The notice stated in part that, based on information from federal and state sources, you were eligible for Essential Plan with a premium of \$20.00, effective December 1, 2016. That notice also stated that if you believed that NYSOH made an error, you must update your account between October 16, 2016 and November 15, 2016.

On October 17, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan would end effective November 30, 2016.

Also on October 17, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in an Essential Plan with a premium of \$20.00, effective December 1, 2016.

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

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On December 7, 2016, NYSOH issued an eligibility determination notice, based on your December 6, 2016 updated application, stating that you were eligible for Medicaid, effective December 1, 2016.

Also on December 7, 2016, NYSOH issued an enrollment confirmation notice, based on your December 6, 2016 plan selection, stating that you were enrolled in a Medicaid Managed Care Plan, effective January 1, 2017.

On December 21, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your Medicaid Managed Care plan on January 1, 2017, and not December 1, 2016.

On March 6, 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 supports the following findings of fact:

- 1) You testified, and the record reflects, that you receive all your notices from NYSOH via regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application to renew your Medicaid Managed Care coverage. You also testified that you did not receive any notice that this coverage was being terminated, effective November 30, 2016.
- 3) You testified that you did not know that you needed to update your account until December 2016, which is when you tried to pick up a prescription at the pharmacy and were told that you were not covered by insurance.
- 4) According to your NYSOH account, your October 9, 2016 renewal notice and the October 17, 2016 disenrollment and enrollment confirmation notices were sent to the "ID Proofed Address" on file, which is different from your mailing address. These notices were returned to NYSOH as undeliverable mail on October 17, 2016 and on October 24, 2016, respectively.
- 5) According to your NYSOH account and your testimony, NYSOH received your updated application for health insurance on December 6, 2016. You selected your Medicaid Managed Care Plan that day and your enrollment was effective on January 1, 2017.

- 6) You testified that you want your Medicaid Managed Care plan to begin on December 1, 2016 because you have outstanding medical bills that are not covered by Medicaid Fee-For Service.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid

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 Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care 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)).
) (c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective January 1, 2017.

You were originally found eligible for Medicaid effective December 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 October 9, 2016 renewal notice stated that, based on federal and state data sources, you were eligible for the Essential Plan effective December 1, 2016, and that you needed to update your account between October 16, 2016 and November 15, 2016, if you felt this determination was a mistake.

Because there was no timely response to this notice, you were automatically enrolled in the Essential Plan with a premium of \$20.00 per month as of December 1, 2016.

However, you credibly testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account or that you were terminated from your Medicaid Managed Care plan as of November 30, 2016. Further, the credible evidence of the record indicates that your October 9, 2016 renewal notice and the October 17, 2016 disenrollment and enrollment confirmation notices were sent to the "ID Proofed Address" on file, which differs from your mailing address on file. These notices were subsequently returned to NYSOH on October 17, 2016 and on October 24, 2016.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account accordingly.

You first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on December 6, 2016 and, therefore, we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Had the information been submitted at that time, your enrollment in your Medicaid Managed Care plan would have begun on December 1, 2016.

Therefore, the December 7, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment start date in your Medicaid Managed Care plan to December 1, 2016, and to notify you accordingly.

Decision

The December 6, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment start date in your Medicaid Managed Care plan to December 1, 2016, and to notify you accordingly.

Effective Date of this Decision: April 20, 2017

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How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan is December 1, 2016.

Your case is being sent back to NYSOH to make your enrollment start date in your Medicaid Managed Care plan effective December 1, 2016. NYSOH will notify you once this has been done.

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 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

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Summary

The December 6, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective December 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment start date in your Medicaid Managed Care plan to December 1, 2016, and to notify you accordingly.

The effective date of your Medicaid Managed Care plan is December 1, 2016.

Your case is being sent back to NYSOH to make your enrollment start date in your Medicaid Managed Care plan effective December 1, 2016. NYSOH will notify you once this has been done.

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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