



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

Notice of Decision

Decision Date: May 02, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015143

[REDACTED]

Dear [REDACTED],

On April 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 2017 plan enrollment notice, February 26, 2017 discontinuance notice and February 26, 2017 plan disenrollment 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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Decision

Decision Date: May 02, 2017

NY State of Health Account ID: [REDACTED]
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Issue

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

Did NY State of Health properly determine that your Medicaid Managed Care plan enrollment began effective March 1, 2017 and then ended that same day?

Procedural History

On December 20, 2016, NY State of Health (NYOSH) received your application for financial assistance with health insurance.

On December 21, 2016, NYSOH issued an eligibility determination notice, based on your December 20, 2016 application, stating that you were eligible for Medicaid effective December 1, 2016. The notice also stated that you could not enroll in a Medicaid Managed Care (MMC) plan because, per the information available to NYOSH, you were enrolled in other full benefit health insurance or Medicare.

On January 9, 2017, you uploaded a document confirming that your health insurance through your employer ended effective November 30, 2016.

Also on January 9, 2017, NYOSH received your updated application.

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On January 10, 2017, NYSOH issued an eligibility redetermination notice stating that you remain eligible for Medicaid effective December 1, 2016. The notice also stated that you could not enroll in a MMC plan because, per the information available to NYOSH, you were enrolled in other full benefit health insurance or Medicare.

On January 20, 2017, NYOSH validated and verified the document you uploaded to your account on January 9, 2017. NYSOH then removed the third-party health insurance from your NYOSH account and redetermined your eligibility for health insurance.

On January 21, 2017, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid effective January 1, 2017. This notice also instructed you to pick an MMC plan for enrollment.

On January 24, 2017, NYSOH issued a plan enrollment notice, based on your January 23, 2017 plan selection, that stated the MMC plan you selected would start March 1, 2017.

On January 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the January 24, 2017 plan enrollment notice insofar as it began your MMC plan on March 1, 2017, and not December 1, 2016.

On February 26, 2017, NYSOH issued an eligibility redetermination 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, effective February 26, 2017. You also could not enroll in a qualified health plan at full cost. This was because notices sent to you by NYSOH were returned as undeliverable. This notice also stated that you needed to update your mailing address so that you could remain eligible for health coverage through NYOSH.

Also on February 26, 2017, NYSOH issued a disenrollment notice stating that your coverage in your MMC plan would end effective March 1, 2017. This was because you were no longer eligible to remain enrolled in health insurance through NYOSH.

On February 28, 2017, NYOSH received your updated application.

On March 1, 2017, NYSOH issued an eligibility redetermination notice, based on your February 28, 2017 updated application, stating that you were eligible for Medicaid effective February 1, 2017. This notice also instructed you to pick a MMC plan for enrollment.

Also on March 1, 2017, NYSOH issued a plan enrollment notice, based on your February 28, 2017 plan selection, that stated you were enrolled into an MMC effective April 1, 2017.

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).

On April 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you requested to amend the appeal to include your disenrollment from your MMC plan for the month of March 2017. The Hearing Officer granted the request. 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 your NYOSH account confirms, that you were determined eligible for Medicaid, effective December 1, 2016.
- 2) Per your NYSOH account, when you initially applied for health insurance on December 20, 2016, NYSOH records reflected that you were still enrolled in third-party health insurance.
- 3) On January 9, 2017, you uploaded a letter from UnitedHealthcare, dated December 5, 2016, confirming that your coverage through the Empire Plan ended effective November 30, 2016.
- 4) On January 20, 2017, NYOSH validated and verified this document, and the third-party health insurance information was removed from your NYOSH account.
- 5) Per your NYSWOH account, you selected a MMC plan on January 23, 2017.
- 6) Per your NYSOH account, the January 10, 2017 eligibility redetermination notice was returned as undeliverable mail on January 19, 2017.
- 7) You testified that you were told by a NYSOH representative that your coverage would not become effective March 1, 2017 because you had notices that were returned to NYSOH.
- 8) Per your NYSOH account, no other NYOSH notices were returned as undeliverable mail prior to the January 10, 2017 eligibility redetermination notice.
- 9) Per your NYSOH account, all notices sent to you prior to the update you made on February 28, 2016, including the January 10, 2017 notice, were addressed to: [REDACTED], [REDACTED].

- 10) Per your NYSOH account, you have had the same mailing and home address since initially applying on December 20, 2016.
- 11) NYOSH received your updated application for health insurance on February 28, 2017.
- 12) On February 28, 2017, you selected your MMC plan for reenrollment and was effective on April 1, 2017.
- 13) You testified that you want your MMC plan to have a start date of December 1, 2016, and you would like your MMC plan reinstated for the month of March 2017 because you have unpaid medical bills from December 2016 through March 2017.

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)).

Third Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY SSL § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid social security number (NY SSL § 366(4)(c)).

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State Residency Requirement

To be eligible for enrollment through NYSOH and, specifically, in a Medicaid Managed Care plan through the New York State of Health, an applicant must be a resident of New York State (NY Public Health Law § 2510(6)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your initial enrollment in your MMC plan was effective March 1, 2017.

The record reflects that you applied for financial assistance through NYOSH on December 20, 2016.

On December 21, 2016, you were determined eligible for Medicaid as of January 1, 2017, but were not permitted to select a MMC plan for enrollment because NYOSH's records reflected that you were enrolled in other full benefit health insurance or Medicare.

You testified that your health insurance from your employer ended effective November 30, 2016. In fact, on January 9, 2017, you uploaded a letter from UnitedHealthcare, dated December 5, 2016, confirming that your health insurance coverage through the Empire Plan ended effective November 30, 2016.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in an MMC plan. However, when a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a MMC plan. Since NYSOH had information that you were enrolled in other full benefit health insurance, you were not permitted to enroll in an MMC plan.

However, on January 20, 2017, NYOSH verified and validated the document you uploaded on January 9, 2017. Thus, NYOSH removed the third-party health insurance information from your account and redetermined your eligibility.

On January 21, 2017, NYOSH issued an eligibility redetermination notice stating that you remained eligible for Medicaid, effective January 1, 2017. This notice further directed you to pick a MMC plan for enrollment.

The record reflects that on January 23, 2017 you selected an MMC plan for enrollment.

Generally, 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.

As noted above, you were unable to enroll into a plan prior to January 20, 2017 due to there being third-party health insurance information on your account. However, the record reflects that this was in error and was corrected on January 20, 2017. Had this misinformation not been reflected in your NYOSH account, you would have could select an MMC plan on December 20, 2016, the date of your first application. Had you could select a plan that day, your coverage would have started the first day of the second month following December 2016; that is, February 1, 2017.

Therefore, the January 24, 2017 plan enrollment notice stating that your enrollment in your MMC plan was effective March 1, 2017, is MODIFIED to stated that your enrollment in your MMC plan was effective February 1, 2017.

Your case is being RETURN to NYOSH to effectuate the change and to notify you accordingly.

The second issue under review is whether NYSOH properly determined that your enrollment in your MMC plan ended effective March 1, 2017.

For an applicant to remain eligible for enrollment in a MMC plan through NYSOH, they must meet both the financial and non-financial requirements. One of the non-financial requirements is that the applicant must be a New York state resident.

Per your NYSOH account, on January 10, 2017, NYSOH issued an eligibility determination notice that was returned to NYOSH as undeliverable mail on January 19, 2017.

Thus, you were disenrolled from your MMC plan as of March 1, 2017, because mail addressed to you by NYSOH was returned as undeliverable; therefore, the system assumed that you no longer met the state residency requirement for enrollment in a MMC plan. As such, on February 26, 2017, NYSOH issued an eligibility redetermination notice and a plan disenrollment notice that indicated you were no longer eligible to enroll in Medicaid and your coverage in your MMC plan would end effective March 1, 2017.

However, a review of the record demonstrates that this was the only notice returned as undeliverable despite several other notices being sent to the exact same address. The record also reflects that you have had the same mailing address and have not moved since you first applied for health insurance through NYOSH in December 2016.

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Based on the credible evidence of the record, since the January 10, 2017 notice was the only notice returned as undeliverable to NYSOH despite other notices being sent to the same mailing address, it is reasonable to conclude that this notice was returned as undeliverable through no fault of your own and likely due to the United State Postal Service's error. As such, it is reasonable to conclude that your disenrollment from your MMC plan was in error.

Therefore, the February 26, 2017 eligibility redetermination notice and February 26, 2017 plan disenrollment notice must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate coverage in your MMC plan for the month of March 2017, and to notify you accordingly.

Decision

The January 24, 2017 plan enrollment confirmation notice is MODIFIED to state that your coverage in your MMC plan was effective February 1, 2017.

The February 26, 2017 discontinuance notice is RECINDED.

The February 26, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to effectuate the changes to your account as noted above, and to notify you accordingly.

Effective Date of this Decision: May 02, 2017

How this Decision Affects Your Eligibility

The effective date of your MMC plan is being changed to February 1, 2017 by this Decision.

Your case is being sent back to NYSOH to change the start date of your MMC plan from March 1, 2017 to February 1, 2017.

Your case is sent back to NYSOH to reinstate coverage in your MMC plan for the month of March 2017.

NYOSH will notify you once this change has been made.

If You Disagree with this Decision (Appeal Rights)

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 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
Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The January 24, 2017 plan enrollment confirmation notice is MODIFIED to state that your coverage in your MMC plan was effective February 1, 2017.

The February 26, 2017 discontinuance notice is RECINDED.

The February 26, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to effectuate the changes to your account as noted above, and to notify you accordingly.

The effective date of your MMC plan is being changed to February 1, 2017 by this Decision.

Your case is being sent back to NYSOH to change the start date of your MMC plan from March 1, 2017 to February 1, 2017.

Your case is sent back to NYSOH to reinstate coverage in your MMC plan for the month of March 2017.

NYOSH will notify you once this change has been made.

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)

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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।

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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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.

אַײַדיש (Yiddish)

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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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