



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

Notice of Decision

Decision Date: September 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018751

[REDACTED]

Dear [REDACTED],

On August 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 6, 2017 plan enrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: September 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP0000000018751



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 (MMC) plan was effective June 1, 2017?

Procedural History

On February 7, 2017, NYSOH issued a renewal notice welcoming you to NYSOH and informing you that you need to renew your coverage through NYSOPH and what steps you needed to take before your Medicaid coverage ends. The notice further stated that your Medicaid coverage through [REDACTED] Department of Social Services (LDSS) was to end April 30, 2017, and you were sent a notice earlier to this effect. The notice further instructed you that an account has been started for you and to log into the account between March 16, 2017 and April 15, 2017 to complete the renewal process for anyone who needs health coverage.

On May 2, 2017, your NYSOH account was updated.

On May 3, 2017, NYSOH Issued a notice indicating that additional information in the form of proof of income was required to confirm your eligibility for financial assistance. You were instructed to provide such proof for yourself by May 17, 2017.

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On May 5, 2017, based on your May 4, 2017 updated application, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective May 1, 2017. The notice also stated you needed to pick a health plan.

On May 6, 2017, NYSOH issued a plan enrollment confirmation notice stating that you had selected an MMC plan and the enrollment start date was June 1, 2017.

On May 8, 2017, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your MMC plan coverage on June ,1 2017, and not May 1, 2017.

On August 14, 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 of your notices from NYSOH by regular mail.
- 2) You testified that you did not receive the February 7, 2017 notice from NYSOH telling you that you needed to update your NYSOH account in order to renew your MMC coverage.
- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not receive any notice from [REDACTED] LDSS telling you to recertify through NYSOH for your MMC coverage to renew.
- 5) You testified that you did not know that you needed to update your account until you went to urgent care and found out you had no insurance.
- 6) According to your NYSOH account, NYSOH received your updated applications for health insurance on May 2 and 4, 2017.
- 7) According to the February 7,2017 renewal notice, you had Medicaid coverage through [REDACTED] LDSS until April 30, 2017. An EmedNY

report, NYS's reporting system, shows you were enrolled in an MMC plan until that date.

- 8) According to your NYSOH account, you had coverage with Medicaid Fee-For-Service, effective May 1, 2017, and had no gap in Medicaid coverage.
- 9) According to your NYSOH account and testimony, you selected your MMC plan on May 5, 2017, and your coverage start date in that plan was June 1, 2017.
- 10) You testified that you want your MMC plan to begin on May 1, 2017 because you see other doctors. You further testified that you have no medical bills for that month.

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 twelve 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)).

Medicaid – Effective Date

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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your MMC plan was effective June ,1 2017, and not as of May 1, 2017.

Generally, a qualified individual's eligibility for Medicaid must be redetermined 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 February 7, 2017 renewal notice stated that you were being transitioned from Medicaid coverage through your LDDS to NYSOH and your Medicaid coverage through LDSS was to end April 30, 2017. The notice further informed you to log into the NYSOH account that had been created for you between March 16, 2017 and April 15, 2017 to complete the renewal process for yourself.

Because there was no timely response to this notice, you were terminated from your MMC plan through LDSS, effective April 30, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, it is concluded that NYSOH properly notified you of your annual renewal would be through NYSOH and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

You testified that you never got any notice from your LDSS that your MMC plan was ending April 30, 2017. NYSOH Appeals Unit has no jurisdiction over whether you received timely notice from your LDSS regarding your coverage ending as of April 30, 2017. You can avail yourself of information on the fair hearing process in this regard through NYSOH Office of Temporary Disability and Assistance (OTDA) at the following website: <https://otda.ny.gov/hearings/>

Next, the record shows that on May 2 and 4, 2017, you updated the information in your NYSOH account and selected an MMC plan on May 5, 2017.

The date on which an 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 goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your MMC plan through NYSOH on May 5, 2017, it must take effect on the first day of the following after May 2017; that is, on June 1, 2017.

Therefore, NYSOH's May 6, 2017 plan enrollment notice is AFFIRMED because it properly began your enrollment in your MMC plan on June 1, 2017.

Decision

The May 6, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: September 6, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility for Medicaid.

Your enrollment in your MMC plan through LDSS ended effective April 30, 2017.

You had coverage with Medicaid Fee-For-Service through NYSOH for the month of May 2017.

The effective date of your Medicaid Managed Care plan is June 1, 2017.

You had no gap in health insurance coverage while you were transitioning from LDSS to 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.

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).

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
- By fax: 1-855-900-5557

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Summary

The May 6, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility for Medicaid.

Your enrollment in your MMC plan through LDSS ended effective April 30, 2017.

You had coverage with Medicaid Fee-For-Service through NYSOH for the month of May 2017.

The effective date of your Medicaid Managed Care plan is June 1, 2017.

You had no gap in health insurance coverage while you were transitioning from LDSS to NYSOH.

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 مجاناً.

বাংলা (Bengali)

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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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. y&b&tumi 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.

שׂוֹדֵשׁ (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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