



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

**Notice of Decision**

Decision Date: December 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022097

[REDACTED]

Dear [REDACTED]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s September 1, 2017 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).

This page intentionally left blank.



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

## Decision

Decision Date: December 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022097



## 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 a Medicaid Managed Care plan became effective no earlier than October 1, 2017?

## Procedural History

On October 7, 2016, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective September 1, 2016. You were enrolled into a Medicaid Managed Care plan, effective September 1, 2016.

On July 2, 2017, NYSOH issued a notice stating it was time to renew your coverage for the upcoming coverage year. The notice indicated that based on information obtained from state and federal data sources, NYSOH could not decide whether you qualified for financial help paying for your health coverage. You were directed to update your account by August 15, 2017 or the financial assistance you were receiving might end.

On August 1, 2017, NYSOH received your updated application for financial assistance with health insurance.

On August 2, 2017, NYSOH issued a notice stating the income information in your application did not match information received from state and federal data sources. You were directed to submit proof of your income by August 16, 2017, so NYSOH could determine your eligibility for health coverage.

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).

Also on August 2, 2017, NYSOH issued a notice stating your Medicaid Managed Care plan coverage would end on August 31, 2017, because you were no longer eligible to enroll in that plan.

On August 3, 2017, NYSOH issued an eligibility determination notice, based on an August 2, 2017 systematic eligibility redetermination, stating you were eligible for Medicaid, effective September 1, 2017. The notice directed you to “pick a health plan.”

On September 1, 2017, NYSOH issued an enrollment notice, based on an August 31, 2017 plan selection, confirming your enrollment in a Medicaid Managed Care plan, effective October 1, 2017.

Also on September 1, 2017, you spoke to NYSOH’s Account Review Unit and appealed insofar as your Medicaid Managed Care plan coverage was not effective earlier than October 1, 2017.

On November 2, 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 September 1, 2016 and you enrolled into a Medicaid Managed Care plan.
- 2) Your 12-month Medicaid eligibility period was set to expire on August 31, 2017 and you were sent a renewal notice directing you to update your account prior to August 15, 2017 to renew your coverage for the upcoming coverage year.
- 3) On August 1, 2017, NYSOH received your updated application indicating you had no annual income.
- 4) According to your account, NYSOH was unable to verify the income information listed in your application and you were directed to submit proof of your income.
- 5) You were placed in a pending Medicaid status and disenrolled from your Medicaid Managed Care plan.

- 6) You testified that you received the August 2, 2017 disenrollment notice stating your Medicaid Managed Care plan coverage would end on August 31, 2017.
- 7) On August 1, 2017, NYSOH received a copy of your 2016 tax return transcript. This document was verified the same day.
- 8) On August 2, 2017, NYSOH systematically redetermined your eligibility and found you eligible for Medicaid, effective September 1, 2017.
- 9) The eligibility determination notice issued by NYSOH on August 3, 2017 directed you to select a health plan. You testified you did not recall if you received that notice.
- 10) You testified, and your account confirms, that you receive your communication from NYSOH by regular mail.
- 11) There is no record of any notices issued to you by NYSOH being returned as undeliverable.
- 12) You testified that you attempted to select a health plan online at the beginning of August 2017, but you were unable to, so you called NYSOH immediately and they helped you to reselect a plan.
- 13) According to your account, you selected a Medicaid Managed Care plan online on August 31, 2017. Coverage through that plan became effective October 1, 2017.
- 14) You testified you are seeking to have your Medicaid Managed Care plan coverage backdated to September 1, 2017, because you have outstanding medical bills from that month and your provider does not accept fee-for-service Medicaid.
- 15) The Appeals Unit reviewed telephone calls recordings from August 2017 and concluded the following:
  - a. You first called on August 8, 2017 to inquire why your coverage was being cancelled August 31, 2017. You were told that your income documentation had been verified and you were eligible for Medicaid, effective September 1, 2017, so you would not have a gap in coverage. The representative advised you that you needed to select a health plan. You indicated that you would pick a health plan online.
  - b. The next call made was on August 31, 2017 when you requested to have your Medicaid Managed Care plan coverage backdated to

September 1, 2017. You were advised that a backdate request was being submitted on your behalf.

- 16) According to your account, on September 1, 2017, NYSOH denied your request to backdate your coverage.

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)).

## **Legal Analysis**

The issue is whether NYSOH properly determined your enrollment in your Medicaid Managed Care plan was effective no earlier than October 1, 2017.

You were enrolled in a Medicaid Managed Care plan effective, September 1, 2016. Your 12-month Medicaid eligibility period was set to expire on August 31, 2017 and you were sent a renewal notice directing you to update your account prior to August 15, 2017. On August 1, 2017, NYSOH received your updated application indicating you had no annual income. According to your account, NYSOH was unable to verify the income information listed in your application and you were directed to submit proof of your income. Since, NYSOH was unable to determine whether you were eligible for Medicaid, you were disenrolled from your Medicaid Managed Care plan, effective August 31, 2017.

NYSOH issued a disenrollment notice on August 2, 2017 indicating your Medicaid Managed Care plan coverage would end on August 31, 2017. You testified you received that notice.

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 account confirms that you submitted income documentation which was verified by NYSOH and your eligibility was systematically redetermined on August 2, 2017. You were determined eligible for Medicaid, effective September 1, 2017. The eligibility determination notice issued by NYSOH on August 3, 2017 directed you to pick a health plan.

Although you testified that you cannot remember whether you received the August 3, 2017 notice directing you to pick a health plan, your account confirms that you receive your communication from NYSOH by regular mail, that the mailing address listed on that notice matches the mailing address listed in your account, and there is no record of any notice issued to you by NYSOH being returned as undeliverable. Thus, the evidence establishes that NYSOH properly notified you that your Medicaid Managed Care plan coverage was ending on August 31, 2017 and you needed to select a new health plan.

Furthermore, recordings of telephone calls you made to NYSOH establish that you contacted NYSOH on August 8, 2017 and you were advised that you had to select a new health plan and you indicated that you would select a plan online. However, the evidence establishes that you did not submit an enrollment request until August 31, 2017.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

Pursuant to the regulations, 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.

Since the evidence establishes that you did not select a Medicaid Managed Care plan until August 31, 2017, after the fifteenth day of the month, coverage through that plan properly became effective on the first day of the second following month; that is, on October 1, 2017.

Therefore, the September 1, 2017 enrollment confirmation notice stating your enrollment in your Medicaid Managed Care plan was effective October 1, 2017 is correct and is AFFIRMED.

## **Decision**

The September 1, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** December 21, 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).

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

The effective date of your Medicaid Managed Care plan was October 1, 2017.

## **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 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 September 1, 2017 enrollment confirmation notice is AFFIRMED.

The effective date of your Medicaid Managed Care plan was October 1, 2017.

## **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।

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).

## **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&btumi 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.