



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

Notice of Decision

Decision Date: December 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022291

[REDACTED]

[REDACTED]

On November 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's discontinuance of your Medicaid and Managed Care plan coverage.

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
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Decision

Decision Date: December 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022291

[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 (MMC) plan ended as of June 1, 2017?

Procedural History

On February 14, 2017, NYSOH received your application for financial assistance with your health insurance. That same day, you uploaded a copy of your certificate of naturalization to your NYSOH account, as well as income documentation.

On February 15, 2017, NYSOH issued a notice stating that the income information in your application did not match what was received from state and federal data sources. The notice directed you to provide documentation of your income by March 1, 2017, and documentation of your citizenship status by May 15, 2017.

On February 23, 2017, you updated your NYSOH application and uploaded income documentation to your account.

On February 24, 2017, NYSOH again issued a notice stating that the income information in your application did not match what was received from state and federal data sources. The notice directed you to submit documentation of your income by March 1, 2017, and of your citizenship status by May 15, 2017.

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Also on February 24, 2017, NYSOH determined your eligibility.

On February 25, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective February 1, 2017. The notice stated that you needed to submit documentation of your citizenship status by May 15, 2017.

On February 27, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a Fidelis MMC plan, effective April 1, 2017.

On April 19, 2017, NYSOH issued a disenrollment notice, stating that you were disenrolled from your MMC plan, effective May 31, 2017.

Also on April 19, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MVP MMC plan, beginning June 1, 2017.

On May 21, 2017, NYSOH redetermined your eligibility.

On May 22, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible to remain enrolled in coverage through NYSOH, effective June 1, 2017, because you did not provide documentation of your citizenship status.

Also on May 22, 2017, NYSOH issued a notice of disenrollment, stating that you were disenrollment from your MVP MMC plan, effective June 1, 2017, because you were no longer eligible to remain enrolled in your MMC plan.

On June 2, 2017, you updated your NYSOH account.

On June 3, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective June 1, 2017. The notice stated that you needed to submit documentation of your citizenship status by August 31, 2017.

On June 13, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MVP MMC plan, beginning July 1, 2017.

On July 11, 2017, you updated your application again, and added your newborn child to the application.

On July 12, 2017, NYSOH issued a notice stating that the income information in your application did not match what was received from state and federal data sources. The notice directed you to submit documentation of your income by July 26, 2017, and documentation of your citizenship status by August 31, 2017.

Also on July 12, 2017, NYSOH issued a disenrollment notice, stating that you were disenrolled from your MVP MMC plan, effective July 31, 2017, because you were no longer eligible to remain enrolled in that plan.

On August 5, 2017, you updated your NYSOH application, and again uploaded a copy of your certificate of naturalization.

On August 6, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective August 1, 2017, and that you needed to submit documentation of your citizenship status by August 31, 2017.

Also on August 6, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MVP MMC plan, beginning September 1, 2017.

On August 7, 2017, NYSOH redetermined your eligibility.

On August 8, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective August 1, 2017.

On September 9, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of your disenrollment from your MMC plan, insofar as you were without coverage for the month of August 2017.

On November 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 supports the following findings of fact:

- 1) You testified, and the record reflects, that you are appealing your disenrollment from your MMC plan.
- 2) According to your NYSOH account, NYSOH received your application for financial assistance on February 14, 2017. You were asked to submit documentation to verify your citizenship status.
- 3) On February 14, 2017, you uploaded a copy of your certificate of naturalization to your NYSOH account, showing that you became a naturalized US citizen on [REDACTED] [REDACTED].
- 4) There is no indication in the record that this documentation was ever reviewed by NYSOH.

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- 5) On May 22, 2017, NYSOH issued notices informing you that you were being disenrolled from your MMC plan, and that you were no longer eligible for coverage through NYSOH because you did not submit citizenship documentation. You were disenrolled from coverage as of June 1, 2017.
- 6) On June 2, 2017 and July 11, 2017, you made updates to your NYSOH account and attempted to re-enroll in coverage. Again, NYSOH requested citizenship documentation from you after both of these updates.
- 7) You were found eligible for Medicaid again as of June 1, 2017, and were enrolled into an MMC plan effective July 1, 2017.
- 8) After you updated your application again on July 11, 2017, you were disenrolled from your MMC plan, effective July 31, 2017.
- 9) You updated your account on August 5, 2017 and again uploaded a copy of your certificate of naturalization.
- 10) NYSOH verified that documentation on August 7, 2017, and you were found fully eligible for Medicaid, effective August 1, 2017.
- 11) You selected an MMC plan for enrollment on August 5, 2017, with coverage beginning on September 1, 2017.
- 12) You testified that you do not understand why your coverage was dropped for the month of August, as you submitted the citizenship documentation that was requested in February 2017.
- 13) You testified that you contacted NYSOH at the beginning of August and asked if your coverage was active, as you had a medical procedure scheduled.
- 14) You testified that the person you spoke with said that she could see that you had uploaded your citizenship documentation in February 2017, so she did not know why you were being asked to provide it again.
- 15) You testified that the person you spoke with at NYSOH told you that you would have coverage through [REDACTED], so you went ahead with your medical procedure.
- 16) You testified that, after the procedure, you received a call from your doctor who told you that your MVP MMC plan did not cover the procedure.
- 17) You testified that the doctor you went to in August does not accept fee-for-service Medicaid, so you have an outstanding medical bill 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

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)).

Verification Process

NYSOH must verify certain information related to an individual's eligibility for Medicaid, including their citizenship or immigration status (See generally 42 CFR § 435.945). NYSOH must first attempt to verify an individual's citizenship status utilizing available electronic data sources or through other means available to NYSOH (42 CFR § 435.956(a)(1) & (2)). However, if NYSOH is unable to verify citizenship status in this manner, NYSOH must provide an individual with reasonable opportunity to provide documentation of their citizenship or immigration status. (42 CFR § 435.956(b)(1)). This "reasonable opportunity" period begins on the date the individual receives a notice from NYSOH requesting such documentation, and ends either when the documentation is verified, or 90 days after the date the period began (42 CFR § 435.956(b)(2)).

Legal Analysis

The issue under review is whether NYSOH properly disenrolled you from your Medicaid and MMC plan coverage, effective June 1, 2017.

NYSOH is required to verify the citizenship or immigration status of an applicant for Medicaid coverage. If NYSOH cannot verify this status through available data sources, then NYSOH must request such documentation from the applicant, and provide the applicant with 90 days to provide satisfactory documentation.

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You filed an application for health insurance on February 14, 2017. You indicated in that application that you were a US citizen, but NYSOH was unable to verify your citizenship status. In a notice dated February 15, 2017, NYSOH informed you that more information was needed to determine your eligibility, including documentation of your citizenship status. The notice stated that you had until May 15, 2017 to submit this documentation.

On February 14, 2017, the same day as your application, you uploaded a certificate of naturalization to your NYSOH account, indicating that you became a naturalized citizen on May 16, 2012. However, it appears that after you submitted this documentation, NYSOH neither reviewed nor verified it. Instead, you were repeatedly asked to supply documentation of your citizenship status in notices dated February 24 and February 25, 2017.

On May 21, 2017, NYSOH's system redetermined your eligibility. You were found ineligible for coverage through NYSOH, effective June 1, 2017, because you "failed" to submit documentation of your citizenship status. NYSOH also disenrolled you from your MMC plan, effective June 1, 2017.

In the subsequent months, you attempted to remedy the problem with your coverage and updated your application on June 2, 2017 and July 11, 2017. NYSOH continued to request citizenship documentation until you again uploaded your certificate of naturalization on August 5, 2017. However, by that point, you had again been disenrolled from your MMC plan, and your new enrollment did not begin until September 1, 2017, leaving you with a gap for August 2017. You testified that you thought you had coverage during August, and so you had a medical procedure for which you are now being billed.

Had NYSOH properly verified your citizenship documentation when you submitted it, your coverage would never have been discontinued, and you would not have needed to make repeated efforts to re-enroll, with the effect that you had gaps in your MMC coverage between June and September 2017.

Therefore, because the May 22, 2017 disenrollment and discontinuance notices were issued as a result of NYSOH's failure to properly verify your valid citizenship documentation, they are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your MVP MMC plan, beginning June 1, 2017 so that there is no gap in your MMC coverage.

Decision

The May 22, 2017 disenrollment and discontinuance notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your MVP MMC plan as of June 1, 2017, so that there is no gap in your MMC coverage between June and September 2017.

Effective Date of this Decision: December 08, 2017

How this Decision Affects Your Eligibility

You should not have been disenrolled from your Medicaid and MMC plan coverage.

Your case is being sent back to NYSOH to reinstate you in your MVP MMC plan as of June 1, 2017 so that there is no gap in your coverage.

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 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).

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 May 22, 2017 disenrollment and discontinuance notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your MVP MMC plan as of June 1, 2017, so that there is no gap in your MMC coverage between June and September 2017.

You should not have been disenrolled from your Medicaid and MMC plan coverage.

Your case is being sent back to NYSOH to reinstate you in your MVP MMC plan as of June 1, 2017 so that there is no gap in your coverage.

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&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.