



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

## Notice of Decision

Decision Date: February 2, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Numbers: AP000000024979

[REDACTED]

On January 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 10, 2017 disenrollment and November 30, 2017 plan enrollment notices.

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 NY State of Health 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.

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## Decision

Decision Date: February 2, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Numbers: AP000000024979



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly end your Medicaid Managed Care (MMC) plan, effective November 30, 2017?

Did NYSOH properly enroll you in an Essential Plan with an enrollment start date of January 1, 2018?

## Procedural History

On April 21, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective as of April 1, 2017.

On April 27, 2017, NYSOH issued a plan enrollment notice confirming that as of April 26, 2017, you were enrolled in an MMC plan with an enrollment start date of June 1, 2017.

On November 9, 2017, you updated your NYSOH account.

On November 10, 2017, NYSOH issued a disenrollment notice stating that your MMC plan coverage would end on November 30, 2017, because you were no longer eligible to be enrolled in health insurance through NYSOH.

On November 29, 2017, your NYSOH account was updated and you were determined conditionally eligible for the Essential Plan, effective January 1, 2018.

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Also on November 29, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you would not be enrolled in health insurance coverage for the month of December 2017.

On November 30, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$0.00 premium per month for a limited time, effective as of January 1, 2018. The notice directed you to submit proof of income by February 27, 2018, to confirm your eligibility.

Also on November 30, 2017, NYSOH issued a plan enrollment notice confirming that as of November 29, 2017, you were enrolled in an Essential Plan with an enrollment start date of January 1, 2018. The notice directed you to submit proof of income by February 27, 2018, to confirm your eligibility.

On January 22, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of your November 9, 2017 telephone conversation with NYSOH's Customer Service Center.

On January 24, 2018, the Hearing Officer received the recording of your November 9, 2017 telephone conversation with an agent in NYSOH's Customer Service Center. That recording has been made part of the record as "NYSOH Exhibit A." The record is now complete and closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you requested the appeal because you were not enrolled in health insurance for the month of December 2017.
- 2) According to your NYSOH account, you were determined eligible for Medicaid as of April 1, 2017, and enrolled in a MMC plan with a start date of June 1, 2017.
- 3) You testified that [REDACTED] is your username through NYSOH.
- 4) You testified that you accessed your NYSOH account on November 9, 2017, to apply for your child.
- 5) You testified that, when updating the application, a question asked if you needed health insurance coverage, which you found to be confusing because you were already enrolled in health insurance through NYSOH.

- 6) According to your NYSOH account, on November 9, 2017, you changed your application from applying for health insurance to “Not Applying for Health Coverage.” You testified that you selected that option because you were already enrolled in health insurance through NYSOH
- 7) According to the telephone recording, on November 9, 2017, you contacted NYSOH’s Customer Service Center to apply for your child. You stated that you did not need to apply for health insurance because you were already enrolled in health insurance (NYSOH Exhibit A).
- 8) According to that telephone recording, there was no mention that you believed you were enrolled in coverage through NYSOH.
- 9) According to your NYSOH account, your MMC plan was discontinued as of November 30, 2017.
- 10) You testified that you did not receive any notice from NYSOH stating that your MMC coverage was discontinued.
- 11) According to your NYSOH account and testimony, NYSOH issues notices to you by regular mail.
- 12) According to your NYSOH account, the November 10, 2017 disenrollment notice was mailed to your mailing address and was not returned to NYSOH as undeliverable.
- 13) According to your NYSOH account, you enrolled in an Essential Plan on November 29, 2017, with an enrollment start date of January 1, 2018.
- 14) You testified that you did not know if you incurred any medical expenses in December 2017.

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

## **Applicable Law and Regulations**

### Medicaid Eligibility

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the

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applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

### Medicaid Continuous Coverage:

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage. This twelve-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916(a); N.Y. Soc. Serv. Law § 366(4)(c)).

In the following situations, individuals are not entitled to receive continuous coverage:

- Unable to locate;
- Death;
- Consumer requests to have his/her Medicaid closed;
- Failure to provide or cooperate in obtaining a Social Security Number, if otherwise required;
- Failure to provide documentation of citizenship after the reasonable opportunity period;
- Moved out of State;
- Coverage established under MAGI in error;
- Undocumented pregnant women (only get 60 days post-partum);
- Failure to comply with absent parent (IV-D) requirements; and
- Individuals receiving treatment in a setting where Medicaid eligibility is not available

(see 42 CFR § 435.916(a); N.Y. Soc. Serv. Law § 366(4)(c); GIS 15 MA/22).

### MMC Disenrollment

NYSOH is responsible for disenrolling enrollees automatically upon death or loss of Medicaid eligibility. All such disenrollments will be effective at the end of the month in which the death or loss of eligibility occurs (Medicaid Managed Care Model Contract (Appendix H-7(a)(iv), effective 3/1/2014 – 2/28/2019).

### Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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## Legal Analysis

The first issue under review is whether NYSOH properly ended your MMC plan effective November 30, 2017.

You were determined eligible for Medicaid and enrolled in a MMC plan, effective June 1, 2017.

Generally, once individuals are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of changes or updates they make to their NYSOH account. This twelve-month period is based on the effective date of the Medicaid eligibility determination. Under certain circumstances, including a request by the enrollee or their representative to end their Medicaid coverage, the continuous coverage may end.

You testified that you accessed your NYSOH account on November 9, 2017, to apply for your child. At that time, you changed your application from applying for health insurance for yourself to "Not Applying for Health Coverage." You testified that you selected that option because you were already enrolled in health insurance through NYSOH and did not need health insurance. By selecting this type of application, the system registered that you were requesting to end your Medicaid coverage and did not need coverage in any other health insurance program. In turn, your eligibility for Medicaid ended, which triggered your disenrollment from your MMC plan.

Also on November 9, 2017, you contacted NYSOH's Customer Service Center and told the representative that you did not need health insurance because you were already enrolled in health insurance. According to that telephone recording, there was no mention that you believed you were enrolled in coverage through NYSOH such that it is concluded that there was no error attributable to NYSOH.

Further, you testified that you did not receive any notice from NYSOH informing you that your Medicaid coverage was discontinued. The record reflects that you elected to receive notifications by regular mail, and there is no evidence in the record that the November 10, 2017, disenrollment notice was returned as undeliverable. Therefore, the notice is deemed to have been properly sent.

NYSOH must end an enrollee's MMC coverage automatically upon loss of Medicaid eligibility when triggered by the enrollee's request. The enrollee's coverage ends at the end of the month in which the loss of eligibility occurs. Since you were no longer eligible for Medicaid coverage as of November 9, 2017, your MMC plan properly ended November 30, 2017.

Therefore, the November 10, 2017 disenrollment notice is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that you were enrolled in an Essential Plan with an enrollment start date of January 1, 2018.

The record reflects that you selected and were enrolled in an Essential Plan on November 29, 2017.

The date on which enrollment in an Essential 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.

Since the plan was selected on November 29, 2017, the plan would properly take effect on the first day of the second month after November 29, 2017; that is, on January 1, 2018.

Therefore, the November 30, 2017 plan enrollment notice is AFFIRMED.

## **Decision**

The November 10, 2017 disenrollment notice is AFFIRMED.

The November 30, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** February 2, 2018

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

Your MMC plan properly ended on November 30, 2017.

You were properly enrolled in an Essential Plan with an enrollment start date of January 1, 2018.

## **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

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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 November 10, 2017 disenrollment notice is **AFFIRMED**.

The November 30, 2017 plan enrollment notice is **AFFIRMED**.

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Your MMC plan properly ended on November 30, 2017.

You were properly enrolled in an Essential Plan with an enrollment start date of January 1, 2018.

## **Legal Authority**

We are sending you this notice 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)

這是一個重要的文件。如果您需要幫助理解此文件，請打電話至 1-855-355-5777。我們可以為您免費提供相應語種的口譯服務。

## 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)

이것은 중요한 문서입니다. 이해를 돕기 위해 1-855-355-5777로 전화하십시오. 필요한 언어의 통역 서비스를 무료로 제공합니다.

## 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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**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.

**□□□□□ (Hindi)**

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**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。

**□□□□□ (Nepali)**

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**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.

**שׂוֹדִישׁ (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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