



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

## Notice of Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025712

[REDACTED]

Dear [REDACTED],

On February 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 2017 determination and disenrollment notices, and December 2, 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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## Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025712



## Issues

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

Did NY State of Health properly determine that you and your two oldest children were no longer eligible for health insurance, effective November 30, 2017?

Did NY State of Health properly determine that your and your two oldest children's enrollment in a Medicaid Managed Care plan was next effective January 1, 2018?

## Procedural History

On November 15, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating you and your two oldest children (children) were eligible for Medicaid, effective December 1, 2016. You enrolled yourself and your children in a Medicaid Managed Care plan, effective December 1, 2016.

On November 24, 2017, NYSOH issued a discontinuance notice stating you and your children were no longer eligible to enroll in health insurance through NYSOH, effective November 24, 2017. The notice stated this was because NYSOH sent you information, including notices about your eligibility and coverage, by U.S. mail to the mailing address provided in your account, which notices were returned as undeliverable.

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On November 24, 2017, NYSOH issued a disenrollment notice terminating your and your two oldest children's enrollment in your Medicaid Managed Care plan, effective November 30, 2017. The notice stated this was because all of you were no longer eligible to enroll in insurance through NYSOH.

On December 1, 2017, NYSOH received your and your children's updated application for financial assistance with your health insurance.

Your address was updated on December 1, 2017.

On December 2, 2017, NYSOH issued an eligibility determination notice stating you and your children were eligible for Medicaid, effective December 1, 2017.

On December 2, 2017, NYSOH issued a plan enrollment notice confirming your and your children's enrollment in a Medicaid Managed Care plan, effective January 1, 2018.

On December 2, 2017, NYSOH issued a notice stating you updated your mailing address.

On December 6, 2017, NYSOH issued three notices entitled resending returned mail. The notices stated you were receiving the letters because NYSOH sent you information by U.S. Mail to the mailing address in your account but the mailings were returned to NYSOH as undeliverable. The notices had been issued to [REDACTED]

On December 13, 2017, you contacted NYSOH's Account Review Unit and appealed your and your children's disenrollment from your Medicaid Managed Care plan as of November 30, 2017, and your enrollment start date of January 1, 2018.

On February 21, 2018, 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 you are seeking insurance for yourself and your two oldest children for the month of December 2017.
- 2) You testified you and your children have lived in New York State throughout 2017.

- 3) You testified you and your children currently reside at [REDACTED]
- 4) Your NYSOH account shows that your previous address was listed as [REDACTED]
- 5) NYSOH received return mail from your mailing address [REDACTED], on December 6, 2017.
- 6) You and your children were disenrolled from your Medicaid Managed Care plan effective November 30, 2017.
- 7) According to your NYSOH account, NYSOH did not receive returned mail from your previous address for any notices issued after November 24, 2017.
- 8) According to your NYSOH account, your address was marked as invalid on November 23, 2017 based on your NYSOH events tab.
- 9) You testified you are seeking to have our Medicaid Managed Care plan backdated for you and your children for the month of December 2017.
- 10) You testified your previous address was a temporary forwarding mailing address. You testified you were not sure, but you think the mail forwarding may have ended in September 2017.
- 11) According to your NYSOH account, the first time NYSOH received your updated and current address of [REDACTED] was on December 1, 2017.
- 12) You enrolled yourself and your two children back into a Medicaid Managed Care plan on December 1, 2017, with an enrollment start date of January 1, 2018.

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

## **Applicable Law and Regulations**

### Medicaid Continuous Coverage

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

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Under 42 CFR § 435.403, Medicaid must be provided to “eligible residents of the State” (42 CFR § 435.403(a)). A person shall not be eligible for Medicaid unless he or she is a resident of the state, or, while temporarily in the state, requires immediate medical care which is not otherwise available (N.Y. Soc. Serv. Law § 366(1)(d)(1)).

### Requirement for Individuals to Report Changes

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change (45 CFR §155.330(b), 45 CFR §155.305, 42 CFR §435.403, 42 CFR §435.406, 42 CFR §425.603).

### 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 first issue under review is whether NYSOH properly determined that you and your two oldest children were no longer eligible for health insurance, effective November 30, 2017.

You and your children were eligible for Medicaid, effective December 1, 2016. You and your children were enrolled in a Medicaid Managed Care plan, effective December 1, 2016.

Generally, an individual remains eligible for Medicaid for twelve continuous months unless the person becomes otherwise ineligible. If a person lacks state residence or is unable to prove state residence during those twelve months they become ineligible for Medicaid and continuous coverage.

On November 24, 2017, NYSOH issued a discontinuance notice stating you and your children were no longer eligible to enroll in health insurance through

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NYSOH, effective November 24, 2017. The notice stated this was because NYSOH sent you information including notices about your eligibility and coverage by U.S. mail to the mailing address provided in your account and these notices were returned as undeliverable. You and your children were then disenrolled from your Medicaid Managed Care plan as of November 30, 2017.

You credibly testified that you and your children have remained a New York State resident for all of 2017.

NYSOH received return mail notices from the address listed in your account on December 6, 2017. The record shows NYSOH did not receive return mail notices after the November 24, 2017 notices that were issued. You testified and the record shows your address was first updated to [REDACTED] [REDACTED] was on December 1, 2017. You explained your prior address was a temporary mail forwarding which may have ended in September 2017 but you were not sure the exact date it ended.

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change.

Since NYSOH did not receive your updated address or end of your prior mail forwarding address until December 1, 2017, which is beyond thirty days from September 30, 2017, you did not comply with the reporting requirement necessary for your continued enrollment in a Medicaid Managed Care plan.

Therefore, the November 24, 2017 eligibility determination and disenrollment notices ending your and your children's Medicaid eligibility and Medicaid Managed Care plan enrollment effective November 30, 2017, were proper and are AFFIRMED.

The second issue under review is whether NYSOH properly determined that you and your two oldest children's eligibility for Medicaid and enrollment in your Medicaid Managed Care plan was effective January 1, 2018.

You testified that you contacted NYSOH on December 1, 2017. You and your two oldest children were determined eligible for Medicaid as of December 1, 2017. You re-enrolled yourself and your two oldest children into a Medicaid Managed Care plan that day, with a January 1, 2018 enrollment start date.

The date on which a Medicaid Managed Care 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 you selected a Medicaid Managed Care plan on December 1, 2017, it properly took effect on the first day of the first month following December 2017; that is, on January 1, 2018.

Therefore, the December 2, 2017 plan enrollment notice stating that your and your children's enrollment in your Medicaid Managed Care plan would be effective January 1, 2018, was correct and must be AFFIRMED.

## **Decision**

The November 24, 2017 eligibility determination and disenrollment notices ending your and your children's Medicaid eligibility and Medicaid Managed Care plan enrollment effective November 30, 2017, were proper and are AFFIRMED.

The December 2, 2017 plan enrollment notice stating that your and your children's enrollment in your Medicaid Managed Care plan would be effective January 1, 2018, was correct and must be AFFIRMED.

**Effective Date of this Decision:** March 15, 2018

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

Your and your two oldest children's enrollment in your Medicaid Managed Care plan properly ended November 30, 2017.

Your and your two oldest children' enrollment in your Medicaid Managed Care plan started January 1, 2018.

Your and your two oldest children had Medicaid Fee-For-Service in the month of December 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

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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  
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- By fax: 1-855-900-5557

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## **Summary**

The November 24, 2017 eligibility determination and disenrollment notices ending your and your children's Medicaid eligibility and Medicaid Managed Care plan enrollment effective November 30, 2017, were proper and are AFFIRMED.

The December 2, 2017 plan enrollment notice stating that your and your children's enrollment in your Medicaid Managed Care plan would be effective January 1, 2018, was correct and must be AFFIRMED.

Your and your two oldest children's enrollment in your Medicaid Managed Care plan properly ended November 30, 2017.

Your and your two oldest children' enrollment in your Medicaid Managed Care plan started January 1, 2018.

Your and your two oldest children had Medicaid Fee-For-Service in the month of December 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।

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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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε 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.

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