



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

Notice of Decision

Decision Date: March 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025731

[REDACTED]

Dear [REDACTED]

On February 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 2, 2017 discontinuance and plan disenrollment 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: March 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025731

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your eligibility for and your enrollment in your Medicaid Managed Care plan ended effective November 30, 2017?

Procedural History

According to your NY State of Health (NYSOH) account, in September 2016, you were determined eligible for Medicaid, effective September 1, 2016, and you were enrolled into Medicaid Managed Care plan, effective November 1, 2016.

On July 2, 2017, NYSOH issued a change of address notice stating that NYSOH had received information from the U.S. Postal Service (USPS) that your new address is: "[REDACTED]". This notice further stated that all notices about your eligibility and coverage with NYSOH will be mailed to this address. This notice was mailed to "[REDACTED]", which was returned as undeliverable to NYSOH by the USPS on July 26, 2017.

Also on July 2, 2017, NYSOH issued a notice stating that it was time to renew your NYSOH coverage. This notice stated that NYSOH did not have enough information from state and federal data sources to determine if you can get help paying for your insurance or what coverage you could have for the upcoming insurance year. This notice directed you to complete your renewal by updating

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your NYSOH account between July 16, 2017 and August 15, 2017. This notice was addressed to "[REDACTED]".

On August 17, 2017, NYSOH issued a notice of change of address stating that NYSOH received information from the USPS that your new address is: "[REDACTED]". This notice further stated that all notices about your eligibility and coverage from NYSOH will be mailed to this address. This notice was returned as undeliverable to NYSOH by the USPS on August 31, 2017.

On August 18, 2017, NYSOH issued a notice of change of address stating that you had changed your mailing address to: "[REDACTED]". This notice further stated that all notices about your eligibility and coverage from NYSOH will be mailed to this address. This notice was returned as undeliverable to NYSOH by USPS on August 31, 2017.

On September 15, 2017, NYSOH received your updated application for financial assistance with health insurance. This application listed your mailing address as: "[REDACTED]".

On September 16, 2017, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, effective September 1, 2017. This notice was mailed to "[REDACTED]", which was returned to NYSOH as undeliverable by USPS on October 10, 2017.

Also on September 16, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective September 1, 2017. This notice was mailed to "[REDACTED]", which was returned as undeliverable to NYSOH on October 2, 2017.

On October 13, 2017, NYSOH issued a notice of change in mailing address stating that you have updated your mailing address in your account. This notice further stated that all notices about your eligibility and coverage with NYSOH will be mailed to this new address. This notice was mailed to "[REDACTED]", which was returned to NYSOH as undeliverable on October 30, 2017.

On October 16, 2017, NYSOH issued a notice of change in mailing address stating that you updated your mailing address in your account. This notice further stated that all notices about your eligibility and coverage with NYSOH will be mailed to this new address. This notice was mailed to "[REDACTED]", which was returned as undeliverable to NYSOH by USPS on November 20, 2017.

On November 2, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance coverage through NYSOH. This

notice stated that you did not qualified to enroll through NYSOH because NYSOH sent information to you regarding your eligibility and coverage by US mail to the mailing address provided in the account but that these notices were returned to NYSOH as undeliverable. This eligibility was effective November 1, 2017.

Also on November 2, 2017, NYSOH issued a plan disenrollment notice confirming your termination from your Medicaid Managed Care plan, effective November 30, 2017.

On December 1, 2017, NYSOH received your updated application for financial assistance with health insurance. This application included an updated mailing address.

On December 2, 2017, NYSOH issued a notice of change of address stating that NYSOH had received information from the USPS that your address had changed. All future notices from NYSOH will be mailed to this new address unless we are notified of a correction. This notice was mailed to "[REDACTED]".

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

Also on December 2, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective January 1, 2018.

On December 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as your Medicaid Managed Care plan started on January 1, 2018, and not December 1, 2017.

On December 14, 2017, NYSOH issued a notice of change of address stating that NYSOH had received information from the USPS that your address had change. This notice further stated that all future notices from NYSOH will be mailed to this new address unless NYSOH is notified of a correction. This notice was mailed to "[REDACTED]".

On February 14, 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:

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- 1) According to your NYSOH account and your testimony, you were enrolled in a Medicaid Managed Care plan, effective September 1, 2017.
- 2) According to your NYSOH account, you were subsequently disenrolled from your Medicaid Managed Care plan, effective November 30, 2017.
- 3) According to your NYSOH account, when you initially set up your NYSOH account on September 22, 2016, you indicated that your mailing, residential, and legal address was "[REDACTED]".
- 4) You testified that you have been at the [REDACTED], NY address for about 17 years.
- 5) You testified that you once resided at "[REDACTED], [REDACTED]," but that you lived there when you were younger.
- 6) You testified that the address that is listed on your ID card is "[REDACTED]".
- 7) The record indicates that multiple notices issued by NYSOH from July 2, 2017 through October 16, 2017, have all been returned to NYSOH as undeliverable by the USPS.
- 8) According to your NYSOH account, the system was changing your mailing address from your [REDACTED], NY address to the [REDACTED], NY address without your knowledge due to information NYSOH received from data sources.
- 9) You testified that you are appealing because you would like to have your Medicaid Managed Care plan reinstated for the month of December 2017.

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)).

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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)).

To be eligible for enrollment in a Medicaid Managed Care plan through the New York State of Health, an applicant must be a resident of New York State (NY Public Health Law § 2510(6)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plans ended effective November 30, 2017.

For an applicant to remain eligible for enrollment in a Medicaid Managed Care plan through NYSOH, they must meet both the financial and non-financial requirements. One of the non-financial requirements is that the applicant must be a New York State resident.

According to your NYSOH account, multiple notices issued from July 2, 2017 through October 16, 2017, were returned to NYSOH as undeliverable.

As a result, you were subsequently disenrolled from your Medicaid Managed Care plan because the returned mail indicated to the system that you no longer met the state residency requirement for enrollment in a Medicaid Managed Care plan. As such, on November 2, 2017, NYSOH issued a discontinuance notice and a plan disenrollment notice stating respectively that you were no longer eligible to enroll in Medicaid and your coverage in your Medicaid Managed Care plan would end, effective November 30, 2017.

However, a review of the record indicates that NYSOH was unilaterally changing your mailing address without your knowledge due to information that they received from data sources. You testified, and the record reflects, that your current address is: "[REDACTED]". You testified that you used to reside at "[REDACTED]" when you were younger, but that you have been at your current address for 17 years.

Therefore, it is reasonable to conclude that the data sources that NYSOH was relying on with regard to your address were erroneous. As a result, since the

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record indicates that NYSOH unilaterally changed your mailing address due to erroneous data sources, it is also reasonable to conclude that these notices were returned as undeliverable through no fault of your own, and was the result of an error of the USPS and NYSOH. As such, your disenrollment from your Medicaid Managed Care plan was in error.

Therefore, the November 2, 2017 discontinuance notice and November 2, 2017 plan disenrollment notice must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your coverage in your Medicaid Managed Care plan for the month of December 2017, and to notify you accordingly.

The record indicates that after filing the appeal NYSOH has changed your address back to the Yonkers address multiple times. Therefore, NYSOH is also directed to ensure that your mailing address remains as "[REDACTED]", unless they are informed by you that your address has changed.

Decision

The November 2, 2017 discontinuance notice is RESCINDED.

The November 2, 2017 plan disenrollment notice is RESCINDED.



Your case is RETURNED to NYSOH to reinstate your coverage in your Medicaid Managed Care plan for the month of December 2017, and to notify you accordingly.

NYSOH is also directed to ensure that your mailing address remains as "[REDACTED]", unless they are informed by you that your address has changed.

Effective Date of this Decision: March 5, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of December 2017. NYOSH will notify you once this change has been completed.

NYSOH is also directed to ensure that your mailing address remains as “ ,” unless you inform them that your address has changed.

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:

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The November 2, 2017 discontinuance notice is RESCINDED.

The November 2, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your coverage in your Medicaid Managed Care plan for the month of December 2017, and to notify you accordingly.

NYSOH is also directed to ensure that your mailing address remains as “[REDACTED]”, unless they are informed by you that your address has changed.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of December 2017. NYOSH will notify you once this change has been completed.

NYSOH is also directed to ensure that your mailing address remains as “[REDACTED]”, unless you inform them that your address has changed.

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)

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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।

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&etumi 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.

אײִדיש (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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