



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

Notice of Decision

Decision Date: April 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026918

[REDACTED]

On March 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 29, 2017 discontinuance and disenrollment notices, and January 9, 2018 eligibility determination and 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 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: April 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026918

[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 you and your child's enrollment in a Medicaid Managed Care plan was effective February 1, 2017?

Procedural History

On November 16, 2017, NYSOH received your household's updated application for health insurance.

On November 17, 2017, NYOSH issued an eligibility determination stating that you and your child remained eligible for Medicaid, effective December 1, 2017.

Also on November 17, 2017, NYSOH issued a plan enrollment notice confirming you and your child's enrollment in a Medicaid Managed Care plan, effective December 1, 2016.

Lastly, on November 17, 2017, NYSOH updated your household's application for health insurance.

On November 18, 2017, NYOSH issued an eligibility determination stating that you and your child remained eligible for Medicaid, effective December 1, 2017.

On November 27, 2017, the November 17, 2017 eligibility determination notice was returned to NYSOH as undeliverable.

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On November 29, 2017, the November 17, 2017 plan enrollment notice and the November 18, 2017 eligibility determination notice were returned to NYSOH as undeliverable.

On November 29, 2017, NYSOH issued a discontinuance notice stating that you and your child were no longer eligible to receive health insurance through NYSOH, effective November 29, 2017, because notices regarding your and your child's eligibility and coverage sent to you by NYSOH were returned as undeliverable. The notice also stated that you needed to update your mailing address so that you could remain eligible for health coverage through NYSOH.

Also on November 29, 2017, NYSOH issued a disenrollment notice confirming that your and your child's Medicaid Managed Care plan would end on November 30, 2017.

On December 4, 2017, the November 29, 2017 discontinuance and disenrollment notices were returned to NYSOH as undeliverable.

On January 8, 2018, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared stating that you and your child were eligible for Medicaid. You also re-enrolled yourself and your child into a Medicaid Managed Care plan that day.

Also on January 8, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your child's Medicaid Managed Care plan insofar as it did not begin on December 1, 2017.

On January 9, 2018, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid, effective January 1, 2018.

Also on January 9, 2018, NYSOH issued a plan enrollment notice confirming your and your child's enrollment in a Medicaid Managed Care plan as of February 1, 2018.

On March 26, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave permission for the Hearing Officer to listen to recordings of telephone calls you had with NYSOH. The record was developed during the hearing and closed after the one telephone recording was reviewed.

Findings of Fact

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

- 1) You testified that you are appealing your and your child's disenrollment from your Medicaid Managed Care plan, effective November 30, 2017.

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- 2) You testified that when you and your child moved, you contacted NYSOH by telephone to update your address but the NYSOH representative did not make that change for you.
- 3) You further testified that you had to change your mailing address yourself at a later date through your NYSOH account, and believed you updated your mailing address at that time.
- 4) NYSOH's Appeals Unit reviewed the recording of the November 16, 2017 telephone call between you and a NYSOH representative and note the following occurred:
 - a. During that call, you stated you wished to report a change in your account, at which time the NYSOH representative directed you to update the address in your online account yourself.
 - b. You stated that you did not know your online username or password, so the NYSOH representative placed you on hold to be connected with the "website assistance group," at which time the telephone recording ended.
- 5) According to your NYSOH account, on November 16, 2017 at [REDACTED] an event titled "Where You Lived Changed," was created in the Events Tab and, in your Address History, your residential address and your legal address were changed to your new address, however your mailing address remained unchanged and reflected your prior address.
- 6) According to your NYSOH account, the notices mailed on November 17, 2017, November 18, 2017, and November 29, 2017 were all addressed to your previous address.
- 7) According to your NYSOH account, on January 8, 2018 at [REDACTED] an event titled "Mailing Address Changed," was created in the Events Tab, and your mailing address was updated to your new address.

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)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your and your child's enrollment in a Medicaid Managed Care plan was effective February 1, 2018.

You and your child were found eligible for and enrolled into a Medicaid Managed Care plan, effective December 1, 2016.

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, on November 17, 2017 and November 18, 2017, NYSOH issued several notices which were returned as undeliverable. You and your child were subsequently disenrolled from your Medicaid Managed Care plans because mail addressed to you from NYSOH was returned as undeliverable. Therefore, the system assumed that you and your child no longer met the state residency requirement for enrollment in a Medicaid Managed Care plan.

As such, on November 29, 2017, NYSOH issued a discontinuance notice and a plan disenrollment notice, stating that you and your child were no longer eligible to enroll in Medicaid and your Medicaid Managed Care plan would end, effective November 30, 2017. These notices were also returned to NYSOH as undeliverable.

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However, the notices that were sent to you on November 17, 2017, November 18, 2017, and November 29, 2017, were all mailed to your old address. You testified, and the credible evidence in the record reflects, that on November 16, 2017, you attempted to change your address with NYSOH over the telephone. Rather than assisting you, the NYSOH representative directed you to update the address in your online account yourself. The credible evidence of record reflects that you changed your address on November 16, 2017 through your NYSOH account, and that you believed your mailing address was properly updated after doing so.

Based on the credible evidence of the record, it is reasonable to conclude that but for the inaction or ineffective assistance of the NYSOH representative, your and your child's mailing address would have been updated correctly on November 16, 2017. Had it been properly and timely updated, the notices from NYSOH would have been sent to the correct mailing address and not returned as undeliverable, and your child would not have been disenrolled from your Medicaid Managed Care for not meeting the state residency requirement.

Therefore, the November 29, 2017 discontinuance and plan disenrollment notices are RESCINDED.

The January 9, 2018 eligibility determination notice and the January 9, 2018 plan enrollment notices are MODIFIED to state that you and your child were enrolled in a Medicaid Managed Care plan effective December 1, 2017.

Your case is RETURNED to NYSOH to reinstate your and your child's coverage in Medicaid and your Medicaid Managed Care plan as of December 1, 2017, and to notify you accordingly.

Decision

The November 29, 2017 discontinuance notice is RESCINDED.

The November 29, 2017 plan disenrollment notice is RESCINDED.

The January 9, 2018 eligibility determination notice is MODIFIED to state that you and your child were eligible for Medicaid effective December 1, 2017.

The January 9, 2018 plan enrollment notice is MODIFIED to state that you and your child were enrolled in a Medicaid Managed Care plan effective December 1, 2017.

Your case is RETURNED to NYSOH to reinstate your and your child's coverage in Medicaid and your Medicaid Managed Care plan as of December 1, 2017, and to notify you accordingly.

Effective Date of this Decision: April 4, 2018

How this Decision Affects Your Eligibility

Your case is sent back to NYSOH to begin your and your child's Medicaid eligibility effective December 1, 2017.

Your case is sent back to NYSOH to reinstate you and your child in your Medicaid Managed Care plans effective December 2017.

NYOSH will notify you once this change has been completed.

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

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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):

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- 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 29, 2017 discontinuance notice is **RESCINDED**.

The November 29, 2017 plan disenrollment notice is **RESCINDED**.

The January 9, 2018 eligibility determination notice is **MODIFIED** to state that you and your child were eligible for Medicaid effective December 1, 2017.

The January 9, 2018 plan enrollment notice is **MODIFIED** to state that you and your child were enrolled in a Medicaid Managed Care plan effective December 1, 2017.

Your case is **RETURNED** to NYSOH to reinstate your and your child's coverage in Medicaid and your Medicaid Managed Care plan as of December 1, 2017, and to notify you accordingly.

Your case is sent back to NYSOH to begin your and your child's Medicaid eligibility effective December 1, 2017.

Your case is sent back to NYSOH to reinstate you and your child in your Medicaid Managed Care plans effective December 2017.

NYOSH will notify you once this change has been completed.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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 مجانًا.

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. yeb&tumi ama wo obi a okyer& 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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