



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

Notice of Decision

Decision Date: March 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027694

[REDACTED]

Dear [REDACTED],

On March 12, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's November 29, 2017 disenrollment notice and the January 9, 2018 enrollment confirmation 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.

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Decision

Decision Date: March 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027694

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your enrollment in a Medicaid Managed Care plan ended, effective December 31, 2017?

Did NYSOH properly determine that your re-enrollment in a Medicaid Managed Care plan began February 1, 2018?

Procedural History

On October 18, 2017, NYSOH received your application for financial assistance with your health insurance.

On October 19, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by November 2, 2017.

On October 31, 2017, NYSOH received your updated application for health insurance.

On November 1, 2017, NYSOH issued an eligibility determination notice, based on your October 31, 2017 application, stating that you were conditionally eligible

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for Medicaid, effective December 1, 2017. This notice requested income documentation for your household by November 2, 2017.

Also on November 1, 2017, NYSOH issued an enrollment confirmation notice confirming your enrollment in a Medicaid Managed Care plan, effective December 1, 2017.

On November 29, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH effective January 1, 2018, because you had not provided the requested information of your household income to confirm your eligibility.

Also on November 29, 2017, NYSOH issued a disenrollment notice stating that you were disenrolled from your Medicaid Managed Care plan as of December 31, 2017.

On January 8, 2018, you updated your NYSOH account information and uploaded a copy of your 2018 Social Security annual benefit statement.

Additionally, on January 8, 2018, NYSOH verified the Social Security annual benefit statement you uploaded as valid proof of your income.

On January 9, 2018, NYSOH issued an eligibility determination notice, based on your January 8, 2018 application, stating that you were eligible for Medicaid, effective January 1, 2018.

Also on January 9, 2018, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan, effective February 1, 2018.

On January 23, 2018, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, insofar as it did not begin January 1, 2018.

On March 12, 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, and the record reflects, that you are appealing your enrollment start date of your Medicaid Managed Care plan.

- 2) You testified, and the record reflects that you receive all of your notices from NYSOH by regular mail.
- 3) You testified that you did not know that you needed to update your account until January 2018 when your pharmacy informed you that you no longer had health insurance.
- 4) According to your NYSOH account, NYSOH received your application for financial assistance on October 18, 2017.
- 5) On October 19, 2017, NYSOH sent you a notice requesting proof of your household income by November 2, 2017.
- 6) The record reflects that there was no proof of income submitted to your account by November 2, 2017.
- 7) The record reflects that on January 8, 2018 you submitted your Social Security benefits statement as proof of income. Your social security benefit statement was verified as acceptable proof of income on that day.
- 8) You testified and the record reflects that you selected a Medicaid Managed Care plan on January 8, 2018.
- 9) The record reflects that no notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 10) You testified that you want your Medicaid Managed Care plan to begin on January 1, 2018 because it was not your fault that you did not receive the October 19, 2017 notice asking you to provide income documentation by November 2, 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)).

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

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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

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Legal Analysis

The first issue is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan ended, effective December 31, 2017.

On October 18, 2017, NYSOH received your application for financial assistance with your health insurance.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

NYSOH issued a notice on October 19, 2017, stating that the income amount that was entered on your October 18, 2017 application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income by November 2, 2017.

On November 1, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective December 1, 2017. This notice also requested income documentation for your household by November 2, 2017. You subsequently enrolled into a Medicaid Managed Care plan.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. You testified that you did not receive notice from NYSOH telling you that you needed to update the information in your NYSOH account. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

The record reflects that there was no proof of income submitted to your account by November 2, 2017. Accordingly, your enrollment in a Medicaid Managed Care plan was terminated as of December 31, 2017 because you did not submit documentation to confirm your income.

Therefore, the November 29, 2017 notice stating that you were disenrolled from your Medicaid Managed Care plan effective December 31, 2017 is AFFIRMED.

The second issue is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was effective February 1, 2018.

On January 8, 2018, you updated your NYSOH account information and were found eligible for Medicaid. Also on January 8, 2018 you selected a Medicaid Managed Care plan for enrollment.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

The record reflects and you confirmed, that you enrolled into a Medicaid Managed Care plan on January 8, 2018.

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 January 8, 2018, your plan would therefore properly take effect on the first day of the next month following after January 2018; that is, on February 1, 2018.

Therefore, the January 9, 2018 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2018, was correct and must be AFFIRMED.

Decision

The November 29, 2017 disenrollment notice is AFFIRMED.

The January 9, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 26, 2018

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is February 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 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.

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).

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 29, 2017 disenrollment notice is AFFIRMED.

The January 9, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is February 1, 2018.

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&etumi 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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