



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

## Notice of Decision

Decision Date: April 13, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027902

[REDACTED]

[REDACTED]

On April 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2017 disenrollment and 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).

This page intentionally left blank.



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

## Decision

Decision Date: April 13, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027902



## 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 your Medicaid Managed Care (MMC) plan was effective January 1, 2018?

Did NYSOH properly determine that your enrollment in your Essential Plan ended, effective November 30, 2017?

## Procedural History

On October 17, 2016, NYSOH issued a renewal notice stating that it was time to renew your health insurance coverage for 2017. The notice further stated that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective January 1, 2017.

On November 18, 2016, NYSOH issued a notice of enrollment, confirming your enrollment in an Essential Plan, beginning January 1, 2017.

On October 24, 2017, NYSOH issued a renewal notice stating that it was time to renew your health insurance coverage for 2018. The notice further stated that, based on information from federal and state data sources, NYSOH could not determine whether you qualified for financial assistance with the cost of health insurance. The notice directed you to update your application between November 16, 2017 and December 15, 2017, or you could lose your health insurance and any financial assistance you were receiving.

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).

On November 16, 2017, you updated your NYSOH account.

On November 17, 2017, NYSOH issued a notice of eligibility determination, based on your November 16, 2017 application, stating that you were eligible for Medicaid, effective November 1, 2017.

Also on November 17, 2017, NYSOH issued a notice of enrollment in the plan you selected on November 16, 2017, stating that you were enrolled in an MMC plan, and that your plan coverage would begin on January 1, 2018.

That same day, NYSOH issue a disenrollment notice, stating that your enrollment in your Essential Plan coverage would end, effective November 30, 2017.

On January 26, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan, insofar as it did not begin December 1, 2017.

On April 4, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue under review was amended to also include the November 17, 2017 disenrollment notice. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified, and your NYSOH account confirms, that you were enrolled in a Fidelis Care Essential Plan in 2017.
- 2) You testified that you received the October 25, 2017 renewal notice telling you that you needed to update your account beginning November 16, 2017.
- 3) You testified that you thought it was strange that the notice said told you to update your application beginning the 16<sup>th</sup>, and not the 15<sup>th</sup>, so you called NYSOH on both the 14<sup>th</sup> and 15<sup>th</sup> of November.
- 4) You testified that, on both the 14<sup>th</sup> and 15<sup>th</sup>, the NYSOH representatives told you that you needed to call back on the 16<sup>th</sup> to renew.
- 5) You testified that you called again on November 16<sup>th</sup> and renewed your application, and the person you spoke with told you that your coverage would remain "exactly the same."

- 6) Your NYSOH account confirms that your application was updated on November 16, 2017. That day, a Fidelis Care MMC plan was selected for enrollment.
- 7) On November 17, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, and a notice of enrollment confirmation, confirming your enrollment in a Fidelis MMC plan beginning January 1, 2018.
- 8) You testified you went to [REDACTED] appointments in December 2017 and that, in mid-December, the [REDACTED] office called you and told you that you no longer had Essential Plan coverage, and that you were now covered by Medicaid.
- 9) You testified you called NYSOH to find out what was going on, and you were told that you were now Medicaid eligible.
- 10) You testified that your [REDACTED] office does not accept Fee-For-Service Medicaid, so you now have outstanding medical bills 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)).

MMC 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)).

### Essential Plan – Eligibility Redetermination

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of

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).

the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your enrollment in your MMC plan began on January 1, 2018.

You were sent a renewal notice indicating that you needed to update your NYSOH application between November 16, 2017 and December 15, 2017 to renew your health insurance coverage for 2018. You testified that you tried to renew your application earlier, on November 14<sup>th</sup> and 15<sup>th</sup>, but were informed that you needed to wait until November 16<sup>th</sup>. On November 16<sup>th</sup>, 2017, your NYSOH application was updated, and a Fidelis Care MMC plan was selected.

The date on which an MMC 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.

On November 16, 2017, an MMC plan was selected on your behalf, so it properly took effect on the first day of the second month following November: that is, on January 1, 2018.

Therefore, the November 17, 2017 enrollment confirmation notice, stating that your enrollment in your MMC plan would begin January 1, 2018, was correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan coverage ended, effective November 30, 2017.

You updated your NYSOH account on November 16, 2017. As a result, you were found newly eligible for Medicaid, and no longer eligible for the Essential Plan.

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month. For updates received by NYSOH from the sixteenth to the last day

of any month, NYSOH must ensure changes are effective the first day of the second following month.

You updated your application on November 16, 2017. Therefore, any changes in your Essential Plan eligibility resulting from that update should not have gone into effect until the first day of the second month following November 1, 2017. This means your enrollment in your Essential Plan coverage should not have ended until December 31, 2017.

Therefore, the November 17, 2017 disenrollment notice is MODIFIED to state that your enrollment in your Essential Plan coverage ended as of December 31, 2017.

Your case is RETURNED to NYSOH to reinstate you in your Fidelis Care Essential Plan for the month of December 2017, and to notify you when this has been done.

## **Decision**

The November 17, 2017 enrollment confirmation notice is AFFIRMED.

The November 17, 2017 disenrollment notice is MODIFIED to state that your enrollment in your Fidelis Care Essential Plan ended as of December 31, 2017.

Your case is RETURNED to NYSOH to reinstate you in your Essential Plan coverage for the month of December 2017, and to assist you in submitting or resubmitting your medical bills to your plan for possible payment, once any outstanding premium payment has been made.

**Effective Date of this Decision:** April 13, 2018

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

This decision does not change your current eligibility.

The effective date of your MMC plan is January 1, 2018.

You should have remained enrollment in your Essential Plan coverage until December 31, 2017.

Your case is being sent back to NYSOH to reinstate you in your Essential Plan coverage for the month of December 2017.

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).

You will be responsible for any premium payments that result from the backdating of your coverage.

NYSOH will assist you in submitting your medical bills to your Essential Plan for possible payment, once any necessary premium payment has been made.

## **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 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).



## **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 17, 2017 enrollment confirmation notice is **AFFIRMED**.

The November 17, 2017 disenrollment notice is **MODIFIED** to state that your enrollment in your Fidelis Care Essential Plan ended as of December 31, 2017.

Your case is **RETURNED** to NYSOH to reinstate you in your Essential Plan coverage for the month of December 2017, and to assist you in submitting your medical bills to your plan for possible payment, once any outstanding premium payment has been made.

This decision does not change your current eligibility.

The effective date of your MMC plan is January 1, 2018.

You should have remained enrollment in your Essential Plan coverage until December 31, 2017.

Your case is being sent back to NYSOH to reinstate you in your Essential Plan coverage for the month of December 2017.

You will be responsible for any premium payments that result from the backdating of your coverage.

NYSOH will assist you in submitting your medical bills to your Essential Plan for possible payment, once any necessary premium payment has been made.

## **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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。我们可以为您免费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.

### (Bengali)

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).

1-855-355-5777

### **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. y&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.

### **אַײַדיש (Yiddish)**

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).

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.

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).