



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

Notice of Decision

Decision Date: April 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028854

[REDACTED]

[REDACTED]

On April 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 1, 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).

This page intentionally left blank.



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

Decision

Decision Date: April 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028854

[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 enrollment in your Medicaid Managed Care plan was effective April 1, 2017?

Procedural History

Account # [REDACTED]

On October 12, 2016, NY State of Health (NYSOH) issued an eligibility determination notice, based on an October 11, 2016 updated application, stating in part that you were eligible for Medicaid, effective October 1, 2016.

On October 14, 2016, NYSOH issued a plan enrollment notice confirming in part that your enrollment in a Medicaid Managed Care plan was effective November 1, 2016.

On December 2, 2016, NYSOH received an updated application for financial assistance with health insurance. You were also removed as a household member from this NYSOH account on that date.

On December 4, 2016, NYSOH issued a plan disenrollment notice stating that you were no longer enrolled in your Medicaid Managed Care plan coverage as of January 31, 2017, because you were no longer eligible to remain enrolled in health insurance through NYSOH.

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).

Account # [REDACTED]:

On February 28, 2017, a new NYSOH account was created listing you as the account holder and NYSOH received your application for financial assistance with health insurance.

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

On March 1, 2017, NYSOH issued a plan enrollment notice stating that you were enrolled in a Medicaid Managed Care plan, effective April 1, 2017.

On January 18, 2018, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective February 1, 2018.

Also on January 18, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective April 1, 2017.

On February 13, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin on February 1, 2017.

On February 27, 2018, NYSOH issued a notice about your Medicaid coverage, which stated that NYSOH reevaluated your eligibility for Medicaid for November 1, 2016 through January 31, 2017 and found that you had coverage through MVP Health Plan, Inc. for that time period in Account # [REDACTED].

On March 1, 2018, NYSOH issued a notice about your Medicaid coverage, which stated that NYSOH reevaluated your eligibility for December 1, 2016 through December 31, 2016 and found that you had coverage through MVP Health Plan, Inc. for that time period in Account # [REDACTED].

On March 3, 2018, NYSOH issued a notice about your Medicaid coverage, which stated that NYSOH reevaluated your eligibility for Medicaid for January 1, 2017 through January 31, 2017 and found that you had coverage through MVP Health Plan, Inc. for that time period in Account # [REDACTED].

On April 9, 2018, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. That day you asked for an adjournment, which was granted.

On April 23, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to timely notice of the adjourned telephone hearing. The record was developed during the hearing and closed at the end of the hearing.

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).

Findings of Fact

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

- 1) According to your NYSOH account, in October 2016 you were listed as a household member on Account # [REDACTED].
- 2) According to NYSOH Account # [REDACTED], you were found eligible for Medicaid, effective October 1, 2016, and enrolled into a Medicaid Managed Care plan as of November 1, 2016.
- 3) The record indicates that, on December 2, 2016, you were removed as a household member from Account [REDACTED].
- 4) According to NYSOH Account [REDACTED], on December 3, 2016, NYSOH issued a plan disenrollment notice stating that you were no longer eligible to remain enrolled in your Medicaid Managed Care plan, and as a result, your coverage would terminate effective January 31, 2017.
- 5) The record indicates that you were enrolled in a Medicaid Managed Care plan from November 1, 2016 through January 31, 2017.
- 6) You testified that you were unaware that you were listed on another account as a household member and always thought you had your own NYSOH account.
- 7) The record indicates that, on February 28, 2017, a new NYSOH account was created by username "[REDACTED]" and you were listed as the account holder (see Account # [REDACTED]).
- 8) The record indicates, and you testified, that you receive your notices from NYSOH by regular mail.
- 9) The record indicates that you received notices from NYSOH by regular mail on both Account [REDACTED].
- 10) The record indicates that the address listed in Account [REDACTED] is the same address as listed in your current account; which is:

[REDACTED]
- 11) You testified that you have lived at the same address at all times relevant to this appeal.

- 12) There is no indication in the record that the December 3, 2016 plan disenrollment notice has been returned as undeliverable.
- 13) The record indicates that, on February 28, 2017, NYSOH received your application for financial assistance with health insurance (see Account [REDACTED]).
- 14) The record indicates that, on February 28, 2017, you were found eligible for Medicaid, through Account [REDACTED], effective February 1, 2017.
- 15) The record indicates that you selected a Medicaid Managed Care plan on February 28, 2017 for enrollment, and that this enrollment was made effective April 1, 2017.
- 16) You testified that you have medical bills from the months of November 2016 through February 2017, and as a result, you would like your Medicaid Managed Care plan to begin as of November 1, 2016.
- 17) You testified that you are under the impression that the reason your medical bills are not being paid is because your birthdate was incorrectly listed in the system.

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 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 issue under review is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective April 1, 2017.

The record indicates that you were determined eligible for Medicaid, effective October 1, 2016 and enrolled into a Medicaid Managed Care plan, effective November 1, 2016 (see Account [REDACTED]). On December 2, 2016, the record indicates, that you were removed as a household member on Account # [REDACTED], and as a result, you were disenrolled from your Medicaid Managed Care plan coverage as of January 31, 2017, as noted in the December 3, 2017 plan disenrollment notice (see Document # [REDACTED] on Account # [REDACTED]).

You testified that you did not receive any notice from NYSOH telling you that your enrollment in your Medicaid Managed Care plan ended as of January 31, 2017. You testified, and NYSOH account [REDACTED] confirms, that you elected to receive notifications by regular mail. Further, the mailing address listed in Account [REDACTED] is the same address listed in your current NYSOH account. You testified that this address has been your address at all times relevant to this appeal. However, there is no evidence in the record that the December 3, 2016 plan disenrollment notice that was sent to your mailing address was returned to NYSOH as undeliverable.

Therefore, the record reflects that NYSOH properly notified you that your enrollment in your Medicaid Managed Care plan was terminating as of January 31, 2017.

The record indicates that, on February 28, 2017, a NYSOH account was created, you were listed as the account holder, and an updated application for financial assistance was submitted (see Account # [REDACTED]). The record further indicates that you were found eligible for Medicaid as of February 1, 2017 and you submitted a request to enroll in a Medicaid Managed Care plan on February 28, 2017.

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.

On February 28, 2017, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second month following February 2017; that is, on April 1, 2017.

Therefore, the March 1, 2017 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective April 1, 2017, was correct and must be AFFIRMED.

During the hearing, you testified that you are receiving medical bills for medical services rendered in November 2016. The record indicates that you were enrolled into Medicaid Managed Care plan coverage from November 1, 2016 through January 31, 2017 (see Document [REDACTED]).

Therefore, your case is RETURNED to Plan Management to investigate why certain of your medical bills from November 2016 are not being processed by your Medicaid Managed Care plan. You shall be notified of its findings.

Decision

The March 1, 2017 plan enrollment notice is AFFIRMED.

Your case is being RETURNED to Plan Management to investigate why certain of your medical bills from November 2016 are not being processed by your Medicaid Managed Care plan. You shall be notified of its findings.

Effective Date of this Decision: April 27, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 1, 2017.

The record indicates that you were enrolled into Medicaid Managed Care plan coverage from November 1, 2016 through January 31, 2017.

Your case is being sent back to Plan Management to investigate why certain of your medical bills from November 2016 are not being processed by your Medicaid Managed Care plan. You shall be notified of its findings.

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.

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 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:

- 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

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 March 1, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 1, 2017.

The record indicates that you were enrolled into Medicaid Managed Care plan coverage from November 1, 2016 through January 31, 2017.

Your case is being RETURNED to Plan Management to investigate why certain of your medical bills from November 2016 are not being processed by your Medicaid Managed Care plan. You shall be notified of its findings.

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।

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).

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.

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.

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).