



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

Notice of Decision

Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029515



Dear [REDACTED]

On May 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 16, 2017 disenrollment notice and the January 12, 2018 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).

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Decision

Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029515



Issue

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

Did NY State of Health properly terminate your enrollment in your Medicaid Managed Care plan as of December 31, 2017, and properly re-enroll you into your Medicaid Managed Care plan as of February 1, 2018?

Procedural History

On December 16, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your December 15, 2017 updated application, stating that you remained eligible for Medicaid coverage for all outpatient prenatal services, effective January 1, 2018. The notice directed you to provide additional information to confirm your eligibility.

Also on December 16, 2017, NYSOH issued a disenrollment notice stating in part that your coverage in your Medicaid Managed Care (MMC) plan would be terminated effective December 31, 2017, because the type of Medicaid coverage you are eligible for does not allow you to enroll in a plan.

On December 19, 2018, you submitted proof of your income (see Document [REDACTED]). NYSOH validated that documentation the same day.

On December 20, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid. The notice further directed you to pick a health plan.

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On January 12, 2018, a plan enrollment notice was issued confirming your enrollment in your MMC plan, effective February 1, 2018. The notice stated that you were enrolled into this health plan because you did not select a health plan.

On February 28, 2018, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and plan enrollment notice insofar as it began your MMC plan on February 1, 2018, and not January 1, 2018.

On May 15, 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) According to your NYSOH account and testimony, you receive all your notices electronically; that is, by email alert.
- 2) According to your NYSOH account, you updated your application for health insurance on December 15, 2017, and changed the income information in your application and attested to being pregnant. As such, you were placed in conditional Medicaid status and terminated from your MMC plan as of December 31, 2017, because the type of Medicaid coverage you were eligible for did not require or allow you to enroll in a health plan.
- 3) You testified that you never received any electronic alert or notice that you were being terminated from your MMC plan. You testified that you did not realize you were disenrolled from your MMC plan until you went to pick a prescription at your pharmacy and you had to pay out of pocket.
- 4) You further testified that you never received any notice that you needed to select a plan.
- 5) According to your NYSOH account, you never selected a health plan. As such, on January 11, 2018, NYSOH systematically updated your account and selected an MMC plan on your behalf.
- 6) You testified that you are seeking reinstatement in your MMC plan as of January 1, 2018, because you have medical bills that are not covered by Medicaid Fee-For Service.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

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).

Medicaid Managed Care Plan – Effective Date

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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR §435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your enrollment in your MMC plan as of December 31, 2017, and properly re-enroll you into your Medicaid Managed Care plan as of February 1, 2018.

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.

You updated your NYSOH account on December 15, 2017. The income amount that was entered into this application did not match federal and state data sources. As such, NYSOH asked that you submit additional documentation to confirm your eligibility and you were simultaneously disenrolled from your MMC plan.

However, you testified that you never received any electronic alert or notice that you were being terminated from your MMC plan. You further testified that you did not realize you were disenrolled from your MMC plan until you went to pick a prescription at your pharmacy, which you had to pay for out of pocket.

Although the record reflects that you elected to receive alerts regarding notices from NYSOH electronically, it was your update to your account on December 15, 2017, in which you changed your income information and reported your pregnancy, that resulted in you needing to provide additional information before your eligibility could be confirmed. It also resulted in you being disenrolled from your MMC plan effective December 31, 2017, because the type of Medicaid coverage you are eligible for, presumptive Medicaid, did not allow you to enroll in a plan.

Therefore, it is concluded that your own actions were the sole cause of your disenrollment and that it was proper under the law.

As such, the December 16, 2017 disenrollment notice stating that your enrollment in your MMC plan ended effective December 31, 2017, is correct and must be AFFIRMED.

The remaining issue is whether NYSOH properly determined that your re-enrollment in your MMC plan was effective February 1, 2018.

Pursuant to NYSOH's December 15, 2017 request, you submitted proof of income on December 19, 2017, which was verified that same day. This was the date your application is considered complete.

Also on December 19, 2017, NYSOH redetermined your eligibility for financial assistance with health insurance based on your submitted documentation. The next day, NYSOH issued a notice directing you to select a health plan.

Because you did not select a health plan, NYSOH selected a plan on your behalf on January 11, 2018.

However, you testified that you never received any notice that you needed to select a health plan.

Nonetheless, the date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day of the month and the fifteenth of the month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Your application was considered complete as of December 19, 2017 and you could select a health plan as of that date. Had NYSOH properly notified of your need to select a health plan as of December 19, 2017, your MMC plan would still have begun as of February 1, 2018.

As such, the January 12, 2018 plan enrollment notice stating that your enrollment in your MMC plan was effective February 1, 2018, is correct and must be **AFFIRMED**.

Decision

The December 16, 2017 disenrollment notice is **AFFIRMED**.

The January 12, 2018 plan enrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 29, 2018

How this Decision Affects Your Eligibility

Your enrolment in your MMC plan properly ended as of December 31, 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).

This decision does not change your eligibility for Medicaid or enrollment in an MMC plan.

You had Fee-For Service Medicaid in the month of January 2018.

The effective date of your MMC 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.
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 December 16, 2017 disenrollment notice is AFFIRMED.

The January 12, 2018 plan enrollment notice is AFFIRMED.

Your enrolment in your MMC plan properly ended as of December 31, 2017.

This decision does not change your eligibility for Medicaid or enrollment in an MMC plan.

You had Fee-For Service Medicaid in the month of January 2018.

The effective date of your MMC 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 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।

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 मदद 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.

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