



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

Notice of Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029646

[REDACTED]

Dear [REDACTED],

On March 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 7, 2018 plan disenrollment notice and March 3, 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: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029646

[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 your Medicaid Managed Care plan terminated effective February 28, 2018?

Did NYSOH properly determine that your enrollment in a Medicaid Managed Care Plan became effective no earlier than April 1, 2018?

Procedural History

On December 29, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective January 1, 2018. The notice further directed you to provide documentation confirming your income January 12, 2018.

Also on December 29, 2017, NYSOH issued a plan enrollment notice in a Medicaid Managed Care plan beginning January 1, 2018.

On January 26, 2018, NYSOH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid, effective January 1, 2018. The notice further directed you to provide documentation confirming your income by the next day, January 27, 2018.

On January 27, 2018, NYSOH issued another eligibility determination notice stating that you remained conditionally eligible for Medicaid, effective January 1,

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2018. The notice further directed you to provide documentation confirming your income that same day, January 27, 2018.

On February 7, 2018, NYSOH issued a discontinuance notice. That notice stated that you were no longer eligible for health insurance through NYSOH, effective March 1, 2018, because you did not submit the requested income documentation by the deadline.

Also on February 7, 2018, NYSOH issued a plan disenrollment notice stating that your coverage in your Medicaid Managed Care plan ended February 28, 2018.

On March 2, 2018, you contacted NYSOH and updated your application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for Medicaid, and you selected a Medicaid Managed Care plan for enrollment.

Also on March 2, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your Medicaid Managed Care plan insofar as it did not begin on March 1, 2018.

Lastly, on March 2, 2018, NYSOH received your request for an expedited appeal due to your medical condition. This request was approved and you were scheduled for an expedited hearing.

On March 3, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective March 1, 2018.

On March 3, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan beginning April 1, 2018.

On March 16, 2018, you had an expedited 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 that you are seeking to have your enrollment in your Medicaid Managed Care plan begin on March 1, 2018.
- 2) According to your NYSOH account and your testimony, you were determined conditionally eligible for Medicaid beginning January 1, 2018, and enrolled into a Medicaid Managed Care plan. You were conditionally eligible pending proof of your income so NYSOH could confirm your eligibility.

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- 3) According to your NYSOH account and your testimony, NYSOH did not receive your income documentation by January 27, 2018.
- 4) According to your NYSOH and testimony, you submitted an updated application for health insurance on March 2, 2018, at which time NYSOH confirmed your eligibility for Medicaid, which began March 1, 2018, and your enrollment in your Medicaid Managed Care plan begins April 1, 2018.
- 5) You testified that you are without a Medicaid Managed Care plan during the month of March 2018, and that you incurred medical bills for prescription medications.

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 Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). However, if the applicant submits an incomplete application or there is insufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

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, 13 ADM-03(III)(F)).

Medicaid Managed Care (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

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day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan terminated February 28, 2018.

You applied to NYSOH for financial assistance with health insurance on December 28, 2017. On December 29, 2017, NYSOH found you conditionally eligible for Medicaid, effective December 1, 2017. Your conditional eligibility was because NYSOH was unable to verify the income information listed in that application and was therefore unable to make a final determination on your eligibility for full Medicaid coverage. In that same notice, NYSOH directed you to submit proof of your income by January 12, 2018.

The evidence of record shows that NYSOH did not receive the requested documentation by January 12, 2018.

Pursuant to regulations, 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 within 10 days of the date of the notice.

On January 26, 2018 and January 27, 2018, NYSOH issued eligibility determination notices requesting additional income information due on or before January 27, 2018, purportedly as an extension of the original due date of January 12, 2018.

The evidence of record shows that NYSOH did not receive the requested documentation by January 27, 2018. As a result, you were disenrolled from your Medicaid Managed Care plan on February 28, 2018.

Since the requested documentation was due January 27, 2018, one day after the date of the January 26, 2018 notice, and the day of the January 27, 2018 notice, NYSOH did not provide you with 10 days additional notice to produce proof of your income. As such, you were not provided with sufficient notice to complete your application and confirm your Medicaid eligibility, resulting in you being disenrolled from Medicaid and your Medicaid Managed Care Plan.

As such, the February 7, 2018 plan disenrollment notice terminating your coverage under your Medicaid Managed Care plan on February 28, 2018 is **RESCINDED**.

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 second issue is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan became effective no earlier than April 1, 2018.

You updated your application for health insurance with NYSOH on March 2, 2018, which NYSOH verified and your eligibility for Medicaid was confirmed. You were found eligible for Medicaid beginning March 1, 2018, and you selected a Medicaid Managed Care plan that same day, which begins April 1, 2018.

The date on which a Medicaid Managed Care plan can take effect depends on the day a plan is selected 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.

Since you selected a Medicaid Managed Care plan on March 2, 2018, ordinarily the effective date would be the first day of the first month following March 2018; that is, as of April 1, 2018.

However, as discussed above, the January 26, 2018 and January 27, 2018 eligibility determination notices did not provide you with sufficient notice to complete your application and confirm your Medicaid eligibility. Since NYSOH confirmed your eligibility for Medicaid and allowed you to select a Medicaid Managed Care plan on March 2, 2018, it is reasonable to assume that the proof of income you provided on March 2, 2018 would have been the same had the January 26, 2018 and January 27, 2018 eligibility determination notices given you adequate time to submit income documentation.

As such, the March 3, 2018 plan enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective March 1, 2018.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

Decision

The February 7, 2018 plan disenrollment notice determination is RESCINDED.

The March 3, 2018 plan enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective March 1, 2018.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

Effective Date of this Decision: March 16, 2018

How this Decision Affects Your Eligibility

Since you were not given sufficient notice to allow you to submit income documents, NYSOH improperly disenrolled you from your Medicaid Managed Care plan.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed Care plan as of March 1, 2018. NYSOH will notify you once this is done.

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 February 7, 2018 plan disenrollment notice determination is RESCINDED.

The March 3, 2018 plan enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective March 1, 2018.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

Since you were not given sufficient notice to allow you to submit income documents, NYSOH improperly disenrolled you from your Medicaid Managed Care plan.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed Care plan as of March 1, 2018. NYSOH will notify you once this is done.

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 1-855-355-5777번으로 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. yEbEtumi 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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