



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

Notice of Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012664

[REDACTED]

Dear [REDACTED],

On February 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 2016 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012664



Issue

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

Were you improperly prevented from selecting a Medicaid Managed Care plan earlier than October 7, 2016?

Procedural History

On December 25, 2015, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan, effective January 1, 2016.

Also on December 25, 2015, NYSOH issued an enrollment confirmation notice stating you were enrolled in the Essential Plan, effective January 1, 2016.

On May 3, 2016, NYSOH issued a notice stating it was time to renew your NYSOH health coverage. The notice indicated NYSOH did not have enough information from state and federal state sources to determine what coverage you qualified for and whether you were eligible for financial assistance. The notice directed you to update your account by June 15, 2016 of the financial assistance you were receiving might end.

According to your NYSOH account, no updates were made to your account by June 15, 2016.

On June 17, 2016, NYSOH issued an eligibility determination notice, based on a June 16, 2016 systematic eligibility redetermination, stating you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2016. The notice further stated you did not qualify for financial assistance

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because you did not respond to the renewal notice and failed to complete your renewal within the required time frame.

Also on June 17, 2016, NYSOH issued a disenrollment notice stating your Essential Plan was terminated, effective June 30, 2016, because you were no longer eligible to remain enrolled in the plan.

On July 6, 2016, NYSOH received your updated application for health insurance.

On July 7, 2016, NYSOH issued a notice of eligibility determination stating you were conditionally eligible for Medicaid. The notice directed you to provide proof of your income by July 21, 2016 to confirm your eligibility. The notice further directed you to “pick a health plan.”

On July 20, 2016, August 19, 2016, August 20, 2016, September 16, 2016, and September 23, 2016, NYSOH issued notices of eligibility determination, based on your updated applications, stating you remained conditionally eligible for Medicaid. The notices directed you to provide proof of your income to confirm your eligibility. The notices further directed you to “pick a health plan.”

On October 8, 2016, NYSOH issued an enrollment confirmation notice, based on your October 7, 2016 plan selection, stating you were enrolled in a Medicaid Managed Care plan, effective November 1, 2016.

On October 10, 2016, NYSOH issued an eligibility determination notice, based on an October 6, 2016 systematic eligibility redetermination, stating you were eligible for Medicaid, effective October 1, 2016.

On October 11, 2016, NYSOH issued an eligibility determination notice stating you were eligible for retroactive Medicaid coverage for the period from April 1, 2016 to June 30, 2016.

On October 19, 2016, you updated your application for health insurance. That day NYSOH prepared a preliminary determination stating you were conditionally eligible for Medicaid and you updated your enrollment in your Medicaid Managed Care plan for a November 1, 2016 coverage start date. You spoke to NYSOH’s Account Review Unit the same day and appealed the effective date of your Medicaid Managed Care plan insofar as it did not begin July 1, 2016.

On October 20, 2016, NYSOH issued an eligibility determination notice, based on your October 19, 2016 updated application, stating you were conditionally eligible for Medicaid, effective November 1, 2016. The notice directed you to provide proof of your income by November 3, 2016 to confirm your eligibility. The notice further directed you to “pick a health plan.”

Also on October 20, 2016, NYSOH issued an enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan, effective, November 1, 2016.

On February 10, 2017, 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) Your account indicates you enrolled in the Essential Plan with coverage beginning January 1, 2016.
- 2) On May 3, 2016, NYSOH issued a notice directing you to update your account and renew your coverage for the 2016 coverage year by June 15, 2016.
- 3) You testified you received the renewal notice and contacted NYSOH on or about May 17, 2016 to update your account. However, your NYSOH account indicates your account was not updated until July 6, 2016.
- 4) Your Essential Plan coverage was terminated as of June 30, 2016, purportedly because you failed to timely renew your health coverage.
- 5) You were determined conditionally eligible for Medicaid on July 6, 2016 and you were directed to provide proof of your income by July 21, 2016 to confirm your eligibility.
- 6) The eligibility determination issued on July 7, 2016 directed you to pick a health plan.
- 7) You testified you received this eligibility determination notice and subsequently you accessed your NYSOH account online and selected a Medicaid Managed Care plan. You testified you did not recall the exact day you selected the plan; however, you testified it was definitely in July 2016.
- 8) You testified that after enrolling in the Medicaid Managed Care plan online you sought medical treatment and your provider informed you that you did not have coverage through the Medicaid Managed Care plan.
- 9) Your account indicates you updated your application again on July 19, 2016, August 18, 2016, August 19, 2016, September 15, 2016, and

September 22, 2016. Following each update, NYSOH issued eligibility determination notices finding you remained conditionally eligible for Medicaid. Each notice directed you to pick a health plan.

- 10) You testified that in August 2016, you again accessed your NYSOH account online and you were able to enroll in a Medicaid Managed Care plan. You further testified the health plan later advised you that you did not have coverage through the plan.
- 11) According to your NYSOH account, the first record of activity on your online account was on August 12, 2016.
- 12) You testified you contacted NYSOH in August 2016 and you were advised to wait a few days until your Medicaid Managed Care plan enrollment could be detected by the system.
- 13) You testified you were seen several times by various providers related to your pregnancy and the birth of your child from July 2016 to October 2016 and you have outstanding medical bills from this time because the providers do not accept fee-for-service Medicaid.
- 14) You testified you believed you were covered by a Medicaid Managed Care plan during this time because you completed the enrollment several times online.
- 15) Your account indicates that on October 6, 2016, NYSOH systematically redetermined your eligibility, based on income documentation submitted, and found you fully eligible for Medicaid, effective October 1, 2016.
- 16) You enrolled in a Medicaid Managed Care plan online on October 7, 2016 for a November 1, 2016 coverage start date.
- 17) You are appealing the November 1, 2016 start date of your Medicaid Managed Care plan requesting your coverage through this plan be backdated to July 1, 2016.

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

Applicable Law and Regulations

Medicaid Coverage Start Dates

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 §

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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 your coverage under your Medicaid Managed Care plan should be backdated to begin earlier than the effective date of November 1, 2016.

You testified that you had enrolled in a Medicaid Managed Care plan online in July 2016; however, you also stated, and your account confirms, this enrollment did not become effective at that time.

Your account indicates you updated your application again several times in July, August, and September 2016. Following each update, NYSOH issued eligibility determination notices finding you remained conditionally eligible for Medicaid and directing you to pick a health plan. You testified that following one of these application updates in August 2016, you again accessed your NYSOH account online and you were able to enroll in a Medicaid Managed Care plan. However, you testified, and your account confirms, you were not successfully enrolled in a plan in August 2016.

Despite your alleged attempts at enrolling earlier, your account indicates you did not select a Medicaid Managed Care plan until October 7, 2016. Your coverage through this plan did not become effective until November 1, 2016.

It is noted there is no evidence in your account that you selected a Medicaid Managed Care plan prior to October 7, 2016. Additionally, there is no indication of any apparent defect in your account that would have prevented you from selecting a Medicaid Managed Care plan prior to October 7, 2016, nor is there any evidence that you contacted NYSOH prior to filing your appeal on October 19, 2016 to submit a complaint regarding your inability to successfully enroll into a Medicaid Managed Care plan online.

Pursuant to the above cited regulations, 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.

Since you selected a plan on October 7, 2016, your coverage under that plan began on November 1, 2016. Even had you selected a plan on July 6, 2016, coverage through that plan would have become effective on the first day of the following month; that is, August 1, 2016. If you selected a plan between July 16 and July 31, 2016, the coverage would have become effective the first day of the second following month; that is September 1, 2016. Therefore, there would be no possibility that your enrollment in a Medicaid Managed Care plan could have been effective as early as June 1, 2016. The earliest possible date your Medicaid Managed Care plan coverage could have become effective was August 1, 2016.

Accordingly, in the absence of any corroborating evidence showing you attempted to enroll in a Medicaid Managed Care plan prior to October 7, 2016, NYSOH Appeals Unit is without sufficient justification to grant an earlier coverage start date for your Medicaid Managed Care plan.

Therefore, the October 20, 2016 enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan, effective November 1, 2016, was correct and must be AFFIRMED.

Your case is RETURNED to Plan Management to investigate whether a defect existed in your account preventing you from selecting a Medicaid Managed Care plan prior to October 7, 2016.

Decision

The October 8, 2016 enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan, effective November 1, 2016, was correct and must be AFFIRMED.

Your case is RETURNED to Plan Management to investigate whether a defect existed in your account preventing you from selecting a Medicaid Managed Care plan prior to October 7, 2016.

Effective Date of this Decision: April 10, 2017

How this Decision Affects Your Eligibility

This decision does not affect your eligibility.

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).

Your Medicaid Managed Care plan coverage became effective November 1, 2016.

Your case is being sent back to Plan Management to investigate whether a defect existed in your account preventing you from selecting a Medicaid Managed Care plan at an earlier date.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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- By mail at:
NY State of Health Appeals
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- By fax: 1-855-900-5557

Summary

The October 8, 2016 enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan, effective November 1, 2016, was correct and must be AFFIRMED.

This decision does not affect your eligibility.

Your Medicaid Managed Care plan coverage became effective November 1, 2016.

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 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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