



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

Notice of Decision

Decision Date: May 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014130

[REDACTED]

Dear [REDACTED],

On April 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 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.

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 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014130

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your children's enrollment in their Medicaid Managed Care plan was effective February 1, 2016?

Procedural History

On November 30, 2016, your children's Medicaid Managed Care plan coverage, which was provided through the Monroe County Department of Social Services, ended.

On December 14, 2016, you submitted an application for financial assistance with NYSOH.

On December 15, 2016, NYSOH issued a notice of eligibility determination, based on your December 14, 2016 application, stating that your children were eligible for Medicaid Fee for Service coverage, effective December 1, 2016.

On December 19, 2016, you spoke to NYSOH's Account Review Unit and appealed your children's eligibility, insofar as their Medicaid Managed Care plan coverage from the Fulton County Department of Social Services did not continue with NYSOH beginning December 1, 2016.

On December 20, 2016, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Medicaid Managed Care plan and that their coverage was effective February 1, 2017.

On April 7, 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) You testified that prior to December 1, 2016, your children's Medicaid Managed Care Plan coverage was provided through the Monroe County Department of Social Services.
- 2) You testified that your children's Medicaid Managed Care Plan coverage through the Monroe County Department of Social Services ended effective November 30, 2016.
- 3) You testified that you submitted an application to NYSOH for financial assistance on December 14, 2016.
- 4) Your December 14, 2016 application did not request retroactive coverage for your children.
- 5) NYSOH records reflect that your children were enrolled in Medicaid Managed Care plans on December 14, 2016.
- 6) You testified that you remember selecting a Medicaid Managed Care plan for your children on December 14, 2016.
- 7) Notes in your account indicate that on December 14, 2016, attempts were made to enroll your children in a plan. It is not specified whether this referred to Medicaid fee-for-service, or to a Medicaid Managed Care plan.
- 8) You testified that you contacted the Monroe County Department of Social Services in December 2016 who advised that procedurally they had done everything correctly regarding your children's coverage.
- 9) NYSOH determined your children's Medicaid Managed Care plan start date based on a plan selection date of December 19, 2016.

10) You testified that NYSOH should have determined that your children were eligible for Medicaid Managed Care plan coverage effective January 1, 2017 because you selected plans for them on December 14, 2016.

11) You testified that you are seeking that your children's Medicaid Managed Care plan begin on December 1, 2016 because they should not have had an interruption in their Medicaid Managed Care plan coverage during December 2016 and January 2017 when they had Medicaid Fee for Service coverage.

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 is whether NYSOH properly determined that your children's enrollment in their Medicaid Managed Care plan was effective February 1, 2017.

You testified that your children's Medicaid Managed Care Plan coverage through the Monroe County Department of Social Services ended effective November 30, 2016. You credibly testified that you submitted an application to NYSOH for financial assistance on December 14, 2016 and on that date, you enrolled your children into a Medicaid Managed Care plan.

NYSOH determined your children's Medicaid Managed Care Plan start date based on a plan selection date of December 19, 2016. NYSOH records reflect that your children were enrolled in Medicaid Managed Care plans on December

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14, 2016. Based on your testimony and NYSOH records, you selected a Medicaid Managed Care plan for your children on December 14, 2016, and there is nothing in your account that contradicts this testimony. It is noted that your application was submitted only a single time.

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.

You credibly testified that you selected a Medicaid Managed Care plan for your children on December 14, 2016, and there is a note in your account that indicates that your children were enrolled in a plan on that day. Therefore, the Appeals Unit finds that your children's coverage in their Medicaid Managed Care plan should have properly taken effect on the first day of the month following December; that is, on January 1, 2017.

Therefore, the December 20, 2016 enrollment confirmation notice stating that your children's enrollment in their Medicaid Managed Care plan would be effective February 1, 2016, was incorrect and must be MODIFIED.

You testified that your children's Medicaid Managed Care plan provided through the Monroe County Department of Social Services ended effective November 30, 2016. There is no record of you contacting NYSOH before December 14, 2016. In your December 14, 2016 application, you did not request that NYSOH provide retroactive coverage for your children. Therefore, due to the delay in applying for coverage with NYSOH, we are unable to process a backdate request of your children's Medicaid Managed Care plan to December 1, 2016.

Decision

The December 20, 2016 enrollment confirmation notice is MODIFIED to reflect that your children's enrollment in their Medicaid Managed Care plan is effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll your children into their Medicaid Managed Care plan effective January 1, 2017.

Effective Date of this Decision: May 04, 2017

How this Decision Affects Your Eligibility

The effective date of your children's Medicaid Managed Care plan is January 1, 2017.

Your case is RETURNED to NYSOH to enroll your children into their Medicaid Managed Care plan effective January 1, 2017.

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):

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- By calling the Customer Service Center at 1-855-355-5777
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NY State of Health Appeals
P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The December 20, 2016 enrollment confirmation notice is MODIFIED to reflect that your children's enrollment in their Medicaid Managed Care plan is effective January 1, 2017.

The effective date of your children's Medicaid Managed Care plan is January 1, 2017.

Your case is RETURNED to NYSOH to enroll your children into their Medicaid Managed Care plan effective January 1, 2017.

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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