



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

Notice of Decision

Decision Date: May 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014960

[REDACTED]

Dear [REDACTED],

On April 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 20, 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).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 19, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000014960

[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 spouse's enrollment in a Medicaid Managed Care (MMC) plan was effective March 1, 2017, and not February 1, 2017?

Procedural History

On January 12, 2017, NYSOH received your updated application for health insurance for your family.

On January 13, 2017, NYSOH issued an eligibility determination notice stating in part that your spouse remained eligible for Medicaid, effective February 1, 2017.

Also on January 13, 2017, NYSOH issued a plan enrollment notice stating in part that your spouse was in Medicaid through NYSOH and you needed to pick a health plan for her.

On January 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in her Medicaid Managed Care (MMC) plan, insofar as it began on March 1, 2017 and not February 1, 2017.

On January 20, 2017, NYSOH issued an enrollment notice regarding your January 19, 2017 selection stating in part that your spouse was enrolled in a MMC plan, with an enrollment start date of March 1, 2017.

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On February 9, 2017, NYSOH issued an eligibility redetermination stating in part that your spouse was eligible for the Essential Plan for a limited time, effective March 1, 2017. The notice further stated that your spouse no longer qualified for Medicaid as of February 28, 2017.

On February 15, 2017, NYSOH issued a plan enrollment notice confirming your spouse was enrolled in an Essential Plan, effective March 1, 2017.

On April 12, 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) According to your NYSOH account and your testimony, you are appealing to have your spouse's MMC plan start February 1, 2017.
- 2) According to your NYSOH account, on December 22, 2016, you uploaded a letter from your employer, dated December 15, 2016, stating that you have a gross income of \$280.00 a week. That letter was reviewed and verified by NYSOH on February 8, 2017.
- 3) According to your NYSOH account, on January 12, 2017, you submitted an application for financial assistance to NYSOH that listed your household expected annual income as \$14,300.00. That application stated that your spouse, who is an immigrant non-citizen, was pregnant with one child with an expected due date of [REDACTED]
- 4) According to your NYSOH account, state data sources indicate your reported earnings from your employer up through the fourth quarter of 2016 were \$23,400.00.
- 5) You testified that when you updated your account information on January 12, 2017, it was with a different Certified Application Counselor (CAC) than the one you had been previously using. You testified that this new CAC told you everything would remain the same for your family and that you did not need to worry about anything. You testified that this new CAC never told you that you needed to select an MMC plan for your spouse.
- 6) You testified you would have picked an MMC plan on January 12, 2017 for your spouse had you been told you needed to by the CAC.

- 7) According to your NYSOH account events tab, updates to your account were made on January 12, 2017 by a CAC and your spouse was enrolled in Medicaid Fee-For-Service effective February 1, 2017.
- 8) According to your NYSOH account and your testimony, you selected your spouse's MMC plan on January 19, 2017 and her enrollment was effective on March 1, 2017.
- 9) According to your NYSOH account and your testimony, your spouse gave birth to your newborn child on [REDACTED].
- 10) According to your NYSOH account, you added your newborn child to the account on February 8, 2017.
- 11) According to your NYSOH account, on February 9, 2017, an eligibility determination notice was issued based on your February 8, 2017 updated application, and stated in part that your spouse was eligible for the Essential Plan, effective March 1, 2017. Your spouse was subsequently enrolled in Essential Plan 4 effective March 1, 2017.
- 12) You testified that you need to have your spouse's MMC plan begin on February 1, 2017 because your spouse's doctor does not accept 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

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 spouse's enrollment in her MMC plan was effective March 1, 2017, and not February 1, 2017.

According to your NYSOH account, you updated your account on January 12, 2017 and indicated that your spouse, who is an immigrant non-citizen, was pregnant with an expected due date of [REDACTED]. That application at that time listed an expected household annual income as \$14,300.00. Based on this information, on January 13, 2017, NYSOH issued an eligibility determination notice stating that your spouse remained eligible for Medicaid, effective February 1, 2017.

You testified that when you updated your account information on January 12, 2017, it was with a different CAC than the one you had been regularly using. You testified that this new CAC told you everything would remain the same for your family and that you didn't need to worry about anything. You testified that this new CAC never told you that you needed to select a MMC plan for your spouse. However, there is no evidence to corroborate your testimony, which when reviewing with the activity in your account and the various eligibility and enrollment notices issued to you by NYSOH, is deemed not credible.

Further, as to the issue of credibility, the \$14,300.00 expected yearly income listed in your application appears to have been understated so as to gain Medicaid eligibility for your spouse. The December 15, 2016 letter from your employer states that your gross weekly earnings were \$280.00, which equals approximately \$14,560.00 a year. However, state data sources showed the same employer had actually paid you \$23,400.00 according to fourth quarter reporting in 2016. Further, your April 4, 2017 updated application now reflects annual income of \$24,544.00. Based on you reporting various household income on your applications versus your actual income obtained from credible data sources, your testimony is deemed incredulous and is given no weight.

Therefore, it is reasonable to conclude that the record lacks credible evidence to support your contention that, but for the CAC's failure on January 12, 2017 to properly inform you of the need to select an MMC plan for your spouse, you would have and her coverage could have started as of February 1, 2017.

As such, the issue turns to whether your spouse's MMC plan properly began on March 1, 2017, and not February 1, 2017.

According to your NYSOH account, you selected a MMC plan for your spouse on January 19, 2017.

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 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 January 19, 2017, you selected a MMC plan for your spouse, so it properly took effect on the first day of the second month following January 2017; that is, on March 2017.

Therefore, the January 20, 2017 plan enrollment notice stating that your spouse's enrollment in her MMC plan would be effective March 1, 2017, was correct and must be AFFIRMED.

Decision

The January 20, 2017 plan enrollment notice is AFFIRMED.

This decision does not change any subsequent eligibility redetermination or plan enrollment notices issued by NYSOH.

Effective Date of this Decision: May 19, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

Your spouse was eligible for Medicaid and had coverage under Medicaid Fee-For-Service as of February 1, 2017.

The effective date of your spouse's Medicaid Managed Care plan was March 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.

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

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Summary

The January 20, 2017 plan enrollment notice is AFFIRMED.

This decision does not change any subsequent eligibility redetermination or plan enrollment notices issued by NYSOH.

This decision does not change your spouse's eligibility.

Your spouse was eligible for Medicaid and had coverage under Medicaid Fee-For-Service as of February 1, 2017.

The effective date of your spouse's Medicaid Managed Care plan was March 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。我们可以为您免费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)

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).

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।

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&tumi 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.

שׂוֹדֵשׁ (Yiddish)

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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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