



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

Notice of Decision

Decision Date: May 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015923



Dear [REDACTED],

On May 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2017 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 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015923



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 enrollment in your Medicaid Managed Care (MMC) plan was effective April 1, 2017?

Procedural History

On January 28, 2016 NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan, effective March 1, 2016.

On January 6, 2017, NYSOH issued a renewal notice, stating that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2017, or you might lose the financial assistance you were currently receiving.

On February 15, 2017, you updated your NYSOH account.

On February 16, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective February 1, 2017. The notice also stated that you needed to select a health plan.

Also on February 16, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your MMC plan, insofar as it began on April 1, 2017, and not March 1, 2017.

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On February 17, 2017, an enrollment confirmation notice was issued that stated that you had selected an MMC plan, and that the effective date of that plan was April 1, 2017.

On May 19, 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 support the following findings of fact:

- 1) You testified that you received the January 6, 2017 renewal notice.
- 2) You testified that you tried to renew your NYSOH application online on February 15, 2017, but were unable to access your account.
- 3) You testified that you called NYSOH that same day and updated your application by phone, but that, at the end of the update, you were told that NYSOH was unable to complete your application at that time due to technical problems.
- 4) You testified that you were not able to select a plan until someone from NYSOH called you back two days later.
- 5) You testified that the person you spoke with on the 15th of February 2017 did not tell you that the start date of your coverage would be affected by the fact that you could not enroll on that day.
- 6) Your NYSOH account reflects that a plan was selected for enrollment on February 16, 2017, and that your enrollment began on April 1, 2017.
- 7) You testified that, when you found out that your MMC plan coverage would not start until April 1, 2017, you called NYSOH to ask if the start date could be changed to March 1, 2017.
- 8) You testified that the NYSOH representative that you spoke with told you that a defect should have been filed when you called on the 15th; however, since a defect was not filed, your coverage could not be backdated.
- 9) Notes entered in Incident # [REDACTED] on February 16, 2017 state "Consumer called in on 02/15/2017 and completed her renewal. She

was unable to select a plan because the application went into a resequence status. No report was filed for the resequence status. However, the account is notated in Siebel 2/15/2017 5:57 - indicating application is in resequence status. Application, 02/16/2017 is no longer in resequence status and consumer was able to enroll into her MMC. However, because of the 24hour wait of the resequence status, this is pushing out the consumer enrollment to 04/01/2017 instead of 03/01/2017 as she did complete renewal in time.”

- 10) After the hearing, the Hearing Officer listened to the recording of your February 15, 2017 phone conversation with NYSOH in its entirety. The NYSOH representative completed the application with you, but then informed you that the system was experiencing technical difficulties with accepting the application, and that you should call back within 24 hours to re-process the application. The representative also indicated that she would make a notation in your account to indicate that you would be calling back.

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

Applicable Law and Regulations

Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York’s Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR §600.345; (NY

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Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

Medicaid Managed Care 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 2010,13 ADM-03(III)(F)).

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 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 issue under review is whether NYSOH properly determined that your enrollment in your MMC plan was effective April 1, 2017.

You were originally found eligible for the Essential Plan, effective March 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's January 6, 2017 renewal notice stated that, based on information obtained from state and federal data sources, you were newly eligible to receive up to \$186.46 per month in advance payments of the premium tax credit, effective March 1, 2017. You were also informed that your Essential Plan coverage would end as of February 28, 2017.

You testified that, on February 15, 2017, you contacted NYSOH to update your application, and the record confirms this. You testified that you went through your application, but NYSOH was experiencing difficulties with its system, and was unable to complete the enrollment process. Notes entered in NYSOH's system confirm that there was a technical problem on the day when you updated your application, and that this caused you to be unable to select an MMC plan. Additionally, the recording of the phone call that you had with NYSOH on February 15, 2017 further confirms that you attempted to complete your application and enrollment on that day, but the NYSOH representative you spoke

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with was unable to fully process your application because of technical problems. Your enrollment in your MMC plan was not completed until February 16, 2017, according to the record.

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 day of the second following month. Because your plan selection was made on February 16, 2017, your enrollment began on the first day of the second month following February – April 1, 2017.

However, you attempted to complete your renewal and enroll in a plan on February 15, 2017, and a technical problem with NYSOH's system was the sole obstacle to your plan selection on that day. Had you been able to select an MMC plan on February 15, 2017, your enrollment in your MMC plan would have begun on March 1, 2017.

Since your inability to enroll in an MMC plan on February 15, 2017 was due to no fault of your own, the February 17, 2017 notice of enrollment confirmation is MODIFIED to state that your enrollment in your MMC plan was effective March 1, 2017.

Decision

The February 17, 2017 notice of enrollment confirmation is MODIFIED to state that your enrollment in your MMC plan was effective March 1, 2017.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your MMC plan to the appropriate date.

Effective Date of this Decision: May 25, 2017

How this Decision Affects Your Eligibility

Your enrollment in your MMC plan should have been effective as of March 1, 2017.

Your case is being sent back to NYSOH to backdate your MMC plan start date to 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.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 17, 2017 notice of enrollment confirmation is MODIFIED to state that your enrollment in your MMC plan was effective March 1, 2017.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your MMC plan to the appropriate date.

Your enrollment in your MMC plan should have been effective as of March 1, 2017.

Your case is being sent back to NYSOH to backdate your MMC plan start date to 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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