nystateofhealth
The Official Health Plan Marketplace

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

Notice of Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000015998

[redacted]

Dear [redacted],

On May 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 22, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000015998

[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 family's enrollments in their respective Medicaid Managed Care plans were effective April 1, 2017?

Procedural History

On December 21, 2016, NYSOH issued an eligibility determination notice stating that your family was eligible for Medicaid, effective January 1, 2017. That notice further stated that if you did not choose health plans for your family, health plans would be chosen by NYSOH.

On January 12, 2017, a plan enrollment notice was issued, based on NYSOH selecting a plan on your family's behalf, stating that your family was enrolled in a Medicaid Managed Care Plan and the effective date of that plan was February 1, 2017.

On February 21, 2017, you selected plans for your family's enrollments. That same day, a preliminary eligibility determination was made finding your family's enrollments in their respective plans would be effective on April 1, 2017.

Also on February 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the preliminary determination insofar as it began your family's respective Medicaid Managed Care plans on April 1, 2017, and not February 1, 2017.

On February 22, 2017, a plan enrollment notice was issued, based on your February 21, 2017 plan selections, stating that your family was enrolled in their respective Medicaid Managed Care plans and the effective dates of those plans were April 1, 2017.

On May 25, 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 you did receive the December 21, 2016 and January 12, 2017 notices by mail advising you that you need to pick health plans, otherwise plans would be chosen for your family, and that your new health plan could begin as of February 1, 2017.

2) You testified that although you received these notices, you never opened the envelopes until a much later date. Even if you had opened the mail in a timely manner, you testified that you would not have understood that you needed to pick a health plan. You have had the same health plan for years and expected that would be the plan that would continue.

3) According to your NYSOH account, on January 12, 2017, NYSOH picked a health plan on your family's behalf that was not the same plan as your family had last year.

4) According to your NYSOH account and your testimony, on February 21, 2017, NYSOH received your updated plan selections for health insurance and that your family's enrollments were effective on April 1, 2017.

5) You testified that you want your family's respective Medicaid Managed Care plans, which were effective as of April 1, 2017, to begin on February 1, 2017 because you have medical bills not covered by the plan selected by NYSOH.

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

Applicable Law and Regulations

Medicaid Managed Care Plan – Effective Date

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 day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your family's respective Medicaid Managed Care plans were effective April 1, 2017, and not as of February 1, 2017.

On December 21, 2016, NYSOH issued an eligibility determination notice stating that your family was eligible for Medicaid, effective January 1, 2017. That notice further stated that if you did not choose health plans for your family, health plans would be chosen by NYSOH.

Because there was no timely response to this notice, NYSOH selected a plan on your family's behalf, effective February 1, 2017.

You testified that you did receive the December 21, 2016 notice stating that you needed to select health plans, otherwise plans would be chosen on your family's behalf by NYSOH. Likewise, you received the January 12, 2017 plan enrollment notice confirming your family's enrollment in a different health plan for 2017. You testified that you did not open the notices you received from NYSOH until a much later date. You further testified that, even if you had opened the December 21, 2016 notice on time, you would not have selected a plan because you would not have understood what you needed to. You testified that you have had the same health plan for years and expected that coverage would continue in that same plan in 2017.

Since you received the December 21, 2016 notice and failed to open it in a timely manner, the record reflects that NYSOH properly notified you of your need to select a health plan to ensure your family's enrollment in the same health plans would continue.

The record shows that on February 21, 2017 you submitted a request to enroll your family in their respective Medicaid Managed Care plans.

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 goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your family's respective Medicaid Managed Care plans on February 21, 2017, coverage in those plans must take effect on the first day of the second month following February 2017; that is, on April 1, 2017.

Therefore, NYSOH's February 22, 2017 plan enrollment notice is AFFIRMED because it properly began your family's enrollment in their respective Medicaid Managed Care plans on April 1, 2017.

Decision

The February 22, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 30, 2017

How this Decision Affects Your Eligibility

This decision does not change your family's eligibility.

The effective date of your family's respective Medicaid Managed Care plans, as selected on February 21, 2017 plan enrollment notice, is April 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
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 22, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your family's eligibility.

The effective date of your family's respective Medicaid Managed Care plans, as selected on February 21, 2017 plan enrollment notice, is April 1, 2017.

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).

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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 مجانًا.

□□□□□ (Bengali)

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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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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)

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).

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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