



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

Notice of Decision

Decision Date: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016798

[REDACTED]

Dear [REDACTED],

On June 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2017, enrollment confirmation notices.

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: July 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016798

[REDACTED]

Issue

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

Did NY State of Health properly determine that you and your spouse's Medicaid Managed Care plan with Emblem Health began April 1, 2017?

Procedural History

On January 13, 2017, NY State of Health (NYSOH) received your and your spouse's updated application for financial assistance with your health insurance.

On January 13, 2017, NYSOH received income documentation.

On January 14, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to enroll in the Essential Plan with a \$0.00 per month premium for a limited time effective February 1, 2017. The notice stated you needed to provide proof of your household income by April 13, 2017.

On January 14, 2017, NYSOH issued an enrollment notice confirming your and your spouse's enrollment in an Essential Plan 2 on January 13, 2017, with a start date of February 1, 2017.

On January 23, 2017, NYSOH verified your income documentation.

On January 23, 2017, NYSOH redetermined your and your spouse's eligibility for financial assistance.

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On January 24, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for Medicaid, effective February 1, 2017. The notice stated to pick a plan. If a plan was not chosen by you, one would be chosen for you.

On January 24, 2017, NYSOH issued a cancellation notice stating you and your spouse's enrollment in the Essential Plan 2 would end effective February 1, 2017.

On February 11, 2017, you and your spouse were automatically enrolled in a Medicaid Managed Care plan with Healthfirst, effective March 1, 2017.

On February 16, 2017, you and your spouse were enrolled in a Medicaid Managed Care plan with Emblem Health, effective April 1, 2017.

On February 17, 2017, NYSOH issued an enrollment notice confirming your and your spouse's enrollment in a Medicaid Managed Care plan with Emblem Health, effective April 1, 2017.

Also on February 17, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in Health first ends as of March 31, 2017.

On March 13, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your and your spouse's enrollment in a Medicaid Managed Care plan with Emblem Health effective April 1, 2017, requesting that it begin March 1, 2017.

On June 20, 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, and the record reflects, that you are appealing your and your spouse's enrollment start date of your Medicaid Managed Care plan with Emblem Health. You are seeking a start date of March 1, 2017, not April 1, 2017.
- 2) According to your NYSOH account, NYSOH updated your application on January 23, 2017, for you and your spouse after reviewing income documentation.

- 3) On January 23, 2017, you and your spouse were determined eligible for Medicaid.
- 4) A notice was issued on January 24, 2017, stating you and your spouse were eligible for Medicaid, effective February 1, 2017. The notice said pick a plan. If a plan was not chosen by you, one would be chosen for you.
- 5) The record reflects you and your spouse were automatically enrolled in Healthfirst Medicaid Managed Care plan on February 11, 2017.
- 6) You testified and the record supports on February 16, 2017, you met with your Navigator and enrolled you and your spouse in a Medicaid Managed Care plan with Emblem Health, effective April 1, 2017.
- 7) You testified that you want your Medicaid Managed Care plan with Emblem Health to begin on March 1, 2017, because the doctor you see does not accept Healthfirst.
- 8) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 9) You testified that you did not receive any notices telling you that you needed to update your application and select a new health plan or one would be chosen for you.
- 10) The January 24, 2017, notice was issued to your correct address which you confirmed during your telephone hearing.
- 11) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 12) You reside in [REDACTED], NY.

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)).

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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 you and your spouse's Medicaid Managed Care plan enrollment with Emblem Health began April 1, 2017.

After determining you and your spouse were eligible for Medicaid on January 23, 2017 NYSOH issued a notice to your address on January 24, 2017, stating you and your spouse were eligible for Medicaid, effective February 1, 2017. The notice said pick a plan. If a plan was not chosen by you, one would be chosen for you.

After not receiving a response or new enrollment, NYSOH automatically enrolled you and your spouse in a Medicaid Managed Care plan on February 11, 2017, with Healthfirst effective March 1, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account and pick a Medicaid Managed Care plan or one would be chosen for you. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail.

The January 24, 2017, notice was issued to your correct address which you confirmed during your telephone hearing. Additionally, there is no evidence in the record that any of the notices that were sent to your mailing address were returned to NYSOH as undeliverable based on your account.

Therefore, the record reflects that NYSOH properly notified you that you needed to pick a Medicaid Managed Care plan.

The record shows that on February 16, 2017, you updated the information in your NYSOH account and submitted a request for you and your spouse to enroll in a Medicaid Managed Care plan with Emblem Health.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

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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 and your spouse's Medicaid Managed Care plan on February 16, 2017, it must take effect on the first day of the second month after February; that is, on April 1, 2017.

Therefore, NYSOH's February 17, 2017, enrollment confirmation notice is AFFIRMED because it properly began your and your spouse's enrollment in your Medicaid Managed Care plan with Emblem Health on April 1, 2017.

Decision

The February 17, 2017, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 26, 2017

How this Decision Affects Your Eligibility

Your and your spouse's enrollment in your Medicaid Managed Care plan with Emblem Health 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)).

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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 17, 2017, enrollment confirmation notice is AFFIRMED.

Your and your spouse's enrollment in your Medicaid Managed Care plan with Emblem Health is April 1, 2017.

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:



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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