



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

Notice of Decision

Decision Date: September 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017217

[REDACTED]

Dear [REDACTED],

On September 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 22, 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: September 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017217



Issue

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

Did NYSOH properly determined your enrollment in a Medicaid Managed Care plan became effective no earlier than March 1, 2017?

Procedural History

On December 13, 2016, NYSOH received your initial application for financial assistance with health insurance.

On December 14, 2016, NYSOH issued a notice stating you were conditionally eligible for Medicaid, effective December 1, 2016. The notice directed you to submit proof that you were no longer enrolled in third party health insurance by December 28, 2016 or you might lose your insurance or receive less help paying for coverage.

Also on December 14, 2016, NYSOH issued an enrollment notice indicating the type of Medicaid coverage you were eligible for did not allow you to enroll in a plan.

On January 11, 2017, NYSOH verified the documentation you submitted and your eligibility was systematically redetermined the same day.

On January 12, 2017, NYSOH issued an eligibility determination notice stating you were fully eligible for Medicaid, effective January 1, 2017.

On January 18, 2017, NYSOH issued another eligibility determination notice, based on a January 17, 2017 systematic eligibility redetermination, stating you remained eligible for Medicaid, effective January 1, 2017.

On January 22, 2017, NYSOH issued an enrollment notice, based on your January 21, 2017 plan selection, confirming you were enrolled in a Medicaid Managed Care plan, effective March 1, 2017.

On March 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your Medicaid Managed Care plan insofar as it was not effective February 1, 2017.

On September 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 were initially determined conditionally eligible for fee-for-service Medicaid, effective December 1, 2016, pending receipt of documentation evidencing that you were no longer enrolled in third party health insurance. You were not permitted to enroll in a Medicaid Managed Care plan at that time.
- 2) You submitted documentation on December 21, 2016 and that documentation was verified by NYSOH on January 11, 2017.
- 3) Your eligibility was systematically redetermined the same day and you were found to be fully eligible for Medicaid, effective January 1, 2017. You were permitted to enroll in a Medicaid Managed Care plan at that time.
- 4) You testified that you attempted to select a health plan online prior to the fifteenth of the month, but you were unable to. You testified you called NYSOH the same day and the representative was unable to submit a plan selection for you that day either. You testified the representative told you that there was a defect in your account preventing the enrollment from being submitted. You testified the representative told you that because the issue was on their end you would not be penalized for not picking your plan in time.
- 5) Notes in your account relating to your request to backdate your Medicaid Managed Care plan coverage, incident [REDACTED], indicate that you contacted NYSOH on January 13, 2017 and attempted to enroll in a health

plan, but you were unable to because “a defect arose on the account, [REDACTED] [REDACTED] to correct the defect.”

- 6) Your account confirms that your enrollment was “updated” on January 13, 2017, but you were not actually enrolled into a plan.
- 7) According to your account, your enrollment was not successfully submitted until January 21, 2017. Coverage through your plan became effective March 1, 2017.
- 8) According to notes in your account, you requested your Medicaid Managed Care plan coverage be backdated to February 1, 2017, but NYSOH denied your request, because you were “a new enrollee.”
- 9) You appealed the effective date of your Medicaid Managed Care plan and requested that coverage through that plan begin February 1, 2017.

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

Applicable Law and Regulations

Medicaid Coverage Start Dates

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 your enrollment in a Medicaid Managed Care plan became effective no earlier than March 1, 2017.

On January 11, 2017, your eligibility was systematically redetermined and you were found fully eligible for Medicaid, effective January 1, 2017. You were permitted to enroll in a health plan at that time.

The evidence establishes that you attempted to select a Medicaid Managed Care for enrollment on January 13, 2017, but your enrollment was not successfully submitted due to a defect in your account. Notes in your account confirm that a specific defect was identified and your account indicates that your enrollment was “updated” on January 13, 2017, but you were not successfully enrolled into a plan that day.

Pursuant to the regulations, the date on which a Medicaid Managed Care plan can become effective depends on the date on which the plan is selected

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.

Although your account indicates that an enrollment was not successfully submitted for you until January 21, 2017, as discussed above, the evidence establishes that you were eligible to enroll and would have enrolled into a Medicaid Managed Care plan on January 13, 2017, but for the defect in your account. Given this evidence, it is concluded that you should have been permitted to select a Medicaid Managed Care on January 13, 2017.

Had you been permitted to select a Medicaid Managed Care plan on January 13, 2017, prior to the fifteenth day of the month, your plan would have become effective the first day of the next following month; that is, February 1, 2017.

Therefore, the January 22, 2017 enrollment confirmation notice stating your enrollment in a Medicaid Managed Care plan was effective March 1, 2017 is MODIFIED to reflect your enrollment in this plan became effective February 1, 2017.

Your case is RETURNED to NYSOH to ensure your enrollment in your Medicaid Managed Care plan is backdated to February 1, 2017.

Decision

The January 22, 2017 enrollment confirmation is MODIFIED to reflect your enrollment in your Medicaid Managed Care plan became effective February 1, 2017.

Your case is RETURNED to NYSOH to ensure your enrollment in your Medicaid Managed Care plan is backdated to February 1, 2017.

Effective Date of this Decision: September 13, 2017

How this Decision Affects Your Eligibility

You should have been covered by your Medicaid Managed Care plan in February 2017.

Your case is being sent back to NYSOH to ensure your enrollment in your Medicaid Managed Care plan is backdated to February 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 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 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 January 22, 2017 enrollment confirmation is MODIFIED to reflect your enrollment in your Medicaid Managed Care plan became effective February 1, 2017.

Your case is RETURNED to NYSOH to ensure your enrollment in your Medicaid Managed Care plan is backdated to February 1, 2017.

You should have been covered by your Medicaid Managed Care plan in February 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.

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).

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।

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.

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).

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.