



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

**Notice of Decision**

Decision Date: August 11, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018094

[REDACTED]

Dear [REDACTED],

On July 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s April 19, 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: August 11, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018094

[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 your enrollment in your Medicaid Managed Care plan was effective June 1, 2017?

## Procedural History

On March 3, 2017, NY State of Health (NYSOH) issued a renewal notice stating that it was time to renew your health insurance for the upcoming year. The notice stated that based on information from state and federal data sources, NYSOH could not make a decision about whether or not you qualify for financial help paying for your health insurance. This notice directed you to return to your NYSOH account between March 16, 2017 and April 15, 2017 to complete your renewal.

No updates were made to your account by April 15, 2017.

On April 17, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended effective May 1, 2017.

Also on April 17, 2017, NYSOH issued a plan disenrollment notice stating that your coverage with your Medicaid Managed Care plan ended effective April 30, 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).

On April 18, 2017, NYSOH received your updated application for financial assistance with health insurance. Also on this date a preliminary determination was made stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective May 1, 2017. You subsequently reenrolled into a Medicaid Managed Care plan.

Also on April 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin on May 1, 2017.

On April 19, 2017, NYSOH issued a notice of eligibility determination, based on your April 18, 2017 application, stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective May 1, 2017.

Also on April 19, 2017, NYSOH issued a notice of enrollment in the plan you selected on April 18, 2017, stating that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on June 1, 2017.

On July 28, 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 receive all of your notices from NYSOH via electronic alert.
- 2) You testified that you did receive the electronic alert regarding the notice that told you that you had to update your application in order to renew your eligibility between March 16, 2017 and April 15, 2017.
- 3) You testified that at that time you had not gotten any of your tax documents back from your accountant; therefore, you did not know what your income was and had to wait in order to submit an updated application.
- 4) You testified that you logged on in the afternoon of April 15, 2017 to update your NYSOH account but that you received an error screen that the system was down for routine maintenance.
- 5) You testified that you did not call NYSOH on April 15, 2017 after receiving the error message, and that you did not take a "screen shot" of this error message.

- 6) You testified that when you called on April 18, 2017, the NYSOH representative told you that she pulled up your NYSOH account and offered to submit an application for you.
- 7) You testified that you were told that it was possible that the system was down on April 15, 2017, but then told by another NYSOH representative that there was no note that the system was down on April 15, 2017.
- 8) The record indicates that you submitted an application to NYSOH for financial assistance on April 18, 2017 over the phone.
- 9) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on April 18, 2017, and that your enrollment was effective on June 1, 2017.
- 10) You testified that you want your Medicaid Managed Care plan to begin on May 1, 2017 because you do not think it is fair that you are penalized due to technical difficulties.

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 is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective June 1, 2017.

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You testified that you attempted to update your account on April 15, 2017 after receiving your tax documents back from your accountant. You further testified that while you were attempting to update your NYSOH, you received an error message stating that the system was down for routine maintenance. However, there is no indication in the record that you accessed your NYSOH account on April 15, 2017 or that an application was filed that day.

The record reflects, and you testified, that you submitted an application on April 18, 2017, and you enrolled into a Medicaid Managed Care plan that day.

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 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 April 18, 2017, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second month following after April 2017; that is, on June 1, 2017.

Therefore, the April 19, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective June 1, 2017, was correct and must be AFFIRMED.

## **Decision**

The April 19, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** August 11, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

The effective date of your Fee-For-Service Medicaid is May 1, 2017.

The effective date of your Medicaid Managed Care plan is June 1, 2017.

## **If You Disagree with this Decision (Appeal Rights)**

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).

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

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- By fax: 1-855-900-5557

## **Summary**

The April 19, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Fee-For-Service Medicaid is May 1, 2017.

The effective date of your Medicaid Managed Care plan is June 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 مجانًا.

### **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).

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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. y&b&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)**

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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