



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

Notice of Decision

Decision Date: October 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019963

[REDACTED]

Dear [REDACTED],

On October 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 7, 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.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019963

[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 you, your spouse and your children's enrollment in your Medicaid Managed Care plan was effective July 1, 2017?

Procedural History

On March 6, 2017, NYSOH issued a renewal notice stating that you, your spouse and your children's Medicaid coverage was being transitioned from the [REDACTED] Department of Social Services to NYSOH and that you, your spouse and your children's coverage in your Medicaid Managed Care plan was ending effective May 31, 2017. The notice directed you to update your account by May 15, 2017 to continue your health coverage.

NYSOH records reflect that you updated your NYSOH application on June 6, 2017.

On June 7, 2017, NYSOH issued a notice of eligibility determination, based on your June 6, 2017 application, stating that you, your spouse and your children were eligible for Medicaid, effective June 1, 2017.

Also on June 7, 2017, NYSOH issued a notice of enrollment in the plan you selected on June 6, 2017, stating that you, your spouse and your children were

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enrolled in a Medicaid Managed Care plan, and that your coverage would start on July 1, 2017.

On June 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of you, your spouse and your children's enrollment in your Medicaid Managed Care plan, insofar as it did not begin June 1, 2017.

On October 17, 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 received a renewal notice dated March 6, 2017, stating that your family's Medicaid coverage was being transitioned from the [REDACTED] Department of Social Services to NYSOH. You were directed to select a plan by May 15, 2017.
- 2) You testified that you created a NYSOH account in March 2017.
- 3) You testified that on April 28, 2017 you attempted to update your NYSOH application online. You testified that you were unable to complete your application and that a message displayed stating that the system was experiencing difficulties and that you should try again later.
- 4) You testified that you continued unsuccessfully every day thereafter attempting to log onto your NYSOH account but were unable to complete your application or select a health plan.
- 5) You testified that you were very nervous because you were aware that you had to complete your application and select a plan by May 15, 2017 for your family's Medicaid Managed Care plan coverage to continue effective June 1, 2017.
- 6) You testified that you called NYSOH on May 12, 2017 and advised a representative that you were still unable to complete your application or select a health plan. You testified that the representative acknowledged the problem existed and advised you that you would receive a call from NYSOH when the problem with the computer system was resolved.
- 7) You testified that you called NYSOH on May 16, 2017 and advised that you were still unable to complete your application or select a plan. You testified that you requested that the NYSOH representative complete your

application for you. You testified that the NYSOH representative stated that they also were unable to complete the application or select a health plan due to the system defect. You testified that the NYSOH representative advised you not to worry because your Medicaid Managed care plan would be backdated.

- 8) You testified that you continued to be unable to complete your application or select a plan and called NYSOH on June 1, 2017 to advise them of the situation. You testified that the NYSOH representative acknowledged the problem and advised you that you will receive a call from NYSOH when the problem with the computer system was resolved.
- 9) You uploaded telephone records to your NYSOH account verifying your calls to NYSOH.
- 10) You testified that you received a call from a NYSOH representative on June 6, 2017 stating that the system error had been corrected and that you could complete your application and select a plan. You testified that on that date a NYSOH representative completed your application and assisted you in selecting health plans for you and your family members.
- 11) You testified, and NYSOH records reflect, that you selected your Medicaid Managed Care Plan on June 6, 2017 and that your enrollment was effective on July 1, 2017.
- 12) You testified that you want your Medicaid Managed Care plan to begin on June 1, 2017 because you made every effort to enroll in a plan before the deadline of May 15, 2017. You also testified that you wanted a start date of June 1, 2017 because you have medical bills incurred during June 2017 which are not covered under Medicaid Fee for Service coverage.

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

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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, your spouse and your children's enrollment in a Medicaid Managed Care plan was effective July 1, 2017.

You testified that you received a renewal notice dated March 6, 2017, stating that your family's Medicaid coverage was being transitioned from the [REDACTED] Department of Social Services to NYSOH. You were directed to select a plan by May 15, 2017.

You testified that you created a NYSOH account in March 2017. You testified that on April 28, 2017 you attempted to update your NYSOH application online. You testified that you were unable to complete your application and that a message displayed stating that the system was experiencing difficulties and that you should try again later.

You testified that you continued unsuccessfully every day thereafter attempting to log onto your NYSOH account but were unable to complete your application or select a health plan.

You testified that you were very nervous because you were aware that you had to complete your application and select a plan by May 15, 2017 for your family's Medicaid Managed Care plan coverage to continue effective June 1, 2017.

You testified that you called NYSOH on May 12, 2017 and advised a representative that you were still unable to complete your application or select a health plan. You testified that the representative acknowledged the problem existed and advised you that you will receive a call from NYSOH when the problem with the computer system was resolved.

You testified that you called NYSOH on May 16, 2017 and advised that you were still unable to complete your application or select a plan. You testified that you requested that the NYSOH representative complete your application for you. You testified that the NYSOH representative stated that they also were unable to complete the application or select a health plan due to the system defect. You testified that the NYSOH representative advised you not to worry because your Medicaid Managed care plan would be backdated.

You testified that you continued to be unable to complete your application or select a plan and called NYSOH on June 1, 2017 to advise them of the situation. You testified that the NYSOH representative acknowledged the problem and advised you that you will receive a call from NYSOH when the problem with the computer system was resolved.

You testified that you received a call from a NYSOH representative on June 6, 2017 stating that the system error had been corrected and that you could complete your application and select a plan. You testified that on that date a NYSOH representative completed your application and assisted you in selecting health plans for you and your family members.

You submitted an application to NYSOH for financial assistance on June 6, 2017 and also selected Medicaid Managed Care Plans on that date.

Your credible testimony and NYSOH records reflect that you attempted to complete your application and select Medicaid Managed Care Plans for you and your family on May 15, 2016. Therefore, you should have been able to select health plans for you and your family on that date.

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 May 15, 2017, you were prevented from selecting a Medicaid Managed Care plan by an acknowledged defect in NYSSOH's computer system. Had you been able to enroll on that day, your coverage in your MMC plan would have taken effect on the first day of the following month; that is, on June 1, 2017.

The Appeals Unit finds that you were improperly prevented from timely enrolling in your MMC plan, and that your coverage in that plan should have been effective June 1, 2017.

Therefore, the June 7, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective July 1, 2017, was incorrect and is MODIFIED to reflect that you, your spouse and your children's Medicaid Managed Care plan coverage was effective June 1, 2017.

Decision

The June 7, 2017 enrollment confirmation notice is MODIFIED to reflect that you, your spouse and your children's Medicaid Managed Care plan coverage was effective June 1, 2017.

Your case is being RETURNED to NYSOH to reinstate you, your spouse and your children into your Medicaid Managed Care plan, effective June 1, 2017.

Effective Date of this Decision: October 23, 2017

How this Decision Affects Your Eligibility

Your case is being RETURNED to NYSOH to reinstate you, your spouse and your children into your Medicaid Managed Care plan, effective June 1, 2017.

The effective date of you, your spouse and your children's Medicaid Managed Care plan is June 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

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).

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 June 7, 2017 enrollment confirmation notice is MODIFIED to reflect that you, your spouse and your children's Medicaid Managed Care plan coverage was effective June 1, 2017.

Your case is being RETURNED to NYSOH to reinstate you, your spouse and your children into your Medicaid Managed Care plan, effective June 1, 2017.

The effective date of you, your spouse and your children's Medicaid Managed Care plan is June 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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&btumi ama wo obi a okyerε 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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