



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

### Notice of Decision

Decision Date: September 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020094

[REDACTED]

[REDACTED],

On September 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 24, 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: September 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020094



## 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 with Health Insurance Plan of Greater New York was effective August 1, 2017?

## Procedural History

On June 8, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your June 7, 2017 application, stating that you were conditionally eligible for Medicaid, effective June 1, 2017. Your eligibility was contingent on you submitting proof of your Citizenship Status by September 5, 2017.

On June 18, 2017, NYSOH issued a plan enrollment notice stating that you were enrolled in a Medicaid Managed Care plan with Fidelis Care, and that your coverage would start on August 1, 2017. The notice stated that you had been enrolled in this plan because you did not select a health plan.

On June 24, 2017, NYSOH issued a plan enrollment notice stating that you were enrolled in a Medicaid Managed Care plan with Health Insurance Plan of Greater New York, and that your coverage would start on August 1, 2017.

On June 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan with Health Insurance of Greater New York, insofar as it did not begin July 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).

On September 19, 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 support the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance with health insurance on June 7, 2017.
- 2) You testified, and the record reflects, that you received help with this application from a broker over the phone.
- 3) You testified that you informed the broker at the end of the call that you would like to enroll into a Medicaid Managed Care plan, you selected a Medicaid Managed Care plan with Health Insurance Plan of Greater New York for enrollment, and she informed you that you were all set for July 1, 2017.
- 4) The "Events" tab in your NYSOH account indicates that the broker who assisted you with your application selected a Medicaid Managed Care plan for enrollment on June 7, 2017, but this plan selection was never confirmed.
- 5) The "Events" tab in your NYSOH account indicates the system auto assigned your enrollment in a Medicaid Managed Care plan with Fidelis Care on June 17, 2017.
- 6) You testified that the Medicaid Managed Care plan that the system selected on June 17, 2017 was not the plan that you had selected for enrollment on June 7, 2017.
- 7) You testified that on June 23, 2017 you contacted NYSOH after receiving the June 18, 2017 plan enrollment notice, and changed your enrollment into the Medicaid Managed Care plan with Health Insurance of Greater New York; which is the plan that you selected for enrollment on June 7, 2017.
- 8) You testified that you want your Medicaid Managed Care plan with Health Insurance of Greater New York to begin on July 1, 2017 because you completed all the necessary requirements in order to enroll into coverage by June 7, 2017, and you feel that it is unfair that due to an error that your enrollment did not start until August 1, 2017.

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 your Medicaid Managed Care plan with Health Insurance of Greater New York was effective August 1, 2017.

On June 7, 2017, you submitted an application for financial assistance. Based on this application, you were found conditionally eligible for Medicaid. No confirmation of enrollment in a Medicaid Managed Care plan was submitted that day.

You testified, and the record reflects, that on June 23, 2017 you contacted NYSOH and enrolled into a Medicaid Managed Care plan with Health Insurance of Greater New York.

The date on which a Medicaid Managed Care plan can take effect depends on the day a plan is selected and confirmed for enrollment. A plan that is selected and confirmed 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 and confirmed on or after the sixteenth day of the month will go into effect on the first day of the second following month.

However, the record indicates that in the application you submitted on June 7, 2017 you received help from a broker. You testified that you informed the broker at the end of the phone call on June 7, 2017 that you would like to enroll into a Medicaid Managed Care plan with Health Insurance Plan of Greater New York for enrollment, and the broker informed you that you were all set for July 1, 2017. The "Events" tab in your NYSOH account indicates that the broker who assisted you with your application selected a Medicaid Managed Care plan for enrollment on June 7, 2017, but this plan selection was never confirmed.

Therefore, but for the error made on June 7, 2017 by your broker, you would have been successfully enrolled into a Medicaid Managed Care plan that day, and your enrollment would have been effective the first day of the month following June 2017; that is, on July 1, 2017.

As a result, the June 24, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan with Health Insurance of Greater New York would be effective August 1, 2017, was incorrect and is MODIFIED to state that your enrollment in your Medicaid Managed Care plan with Health Insurance of Greater New York would be effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan with Health Insurance of Greater New York as of July 1, 2017, and to notify you accordingly.

## **Decision**

The June 24, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan with Health Insurance of Greater New York would be effective August 1, 2017, was incorrect and is MODIFIED to state that your enrollment in your Medicaid Managed Care plan with Health Insurance of Greater New York would be effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan with Health Insurance of Greater New York as of July 1, 2017, and to notify you accordingly.

**Effective Date of this Decision:** September 25, 2017

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

The effective date of your Medicaid Managed Care plan is July 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).

## **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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The June 24, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan with Health Insurance of Greater New York would be effective August 1, 2017, was incorrect and is MODIFIED to state that your enrollment in your Medicaid Managed Care plan with Health Insurance of Greater New York would be effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan with Health Insurance of Greater New York as of July 1, 2017, and to notify you accordingly.

The effective date of your Medicaid Managed Care plan is July 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. ye 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.

### **שׂוֹדֵשׂ (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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