



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

Notice of Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022417

[REDACTED]

Dear [REDACTED],

On October 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 15, 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: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022417

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

Procedural History

On December 15, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for up to \$274.00 per month in advance premium tax credits and if you enrolled in a silver level health plan, cost sharing reductions. This eligibility was effective as of January 1, 2017.

Also on December 15, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a silver level qualified health plan.

On August 21, 2017, you updated your NYSOH account to indicate that you were pregnant.

On August 22, 2017, NYSOH issued a determination stating that you were eligible for Medicaid coverage for all outpatient prenatal Medicaid services. The notice stated that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan. The notice further requested that you provide proof of your household income by September 5, 2017 in order to confirm your eligibility.

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Also on August 22, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your silver level qualified health plan would end effective August 31, 2017. That notice also stated that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a plan.

On August 29, 2017, you uploaded income documentation to your NYSOH account.

On September 11, 2017, you uploaded a letter stating the end of your insurance through an employer.

On September 14, 2017, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible for Medicaid. You subsequently enrolled into a Medicaid Managed Care plan for an October 1, 2017 start date.

Also on September 14, 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 September 1, 2017.

On September 15, 2017, NYSOH issued a notice of eligibility determination, based on your September 14, 2017 application, stating that you were eligible for Medicaid, effective September 1, 2017.

Also on September 15, 2017, NYSOH issued a notice of enrollment in the plan you selected on September 14, 2017, stating that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on October 1, 2017.

On October 31, 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 updated your NYSOH account on August 21, 2017 to indicate that you were pregnant.
- 2) You testified that you were told the system was pinging that you had third party health insurance and that prevented you from selecting a Medicaid Managed Care plan.

- 3) You submitted a letter on September 11, 2017 stating the end date of your prior insurance coverage through them.
- 4) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on September 14, 2017, and that your enrollment was effective on October 1, 2017.
- 5) You testified that you want your Medicaid Managed Care plan to begin on September 1, 2017 because you have medical bills from the month of September.

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

Applicable Law and Regulations

Presumptive Eligibility for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for 2 months after the month in which the pregnancy ends (N.Y. Soc. Serv. Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

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)).

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Legal Analysis

The issue is whether NYSOH properly your enrollment in your Medicaid Managed Care plan was effective October 1, 2017.

On September 14, 2017, NYSOH received your updated application for financial assistance. As a result, you were found fully eligible for Medicaid, effective September 1, 2017. You subsequently enrolled into a Medicaid Managed Care plan for an October 1, 2017 start 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.

Since on September 14, 2017, you selected a Medicaid Managed Care plan, it would properly take effect on the first day of the following month after September; that is, on October 1, 2017.

You testified that you were told the system was pinging that you had third party health insurance and that prevented you from selecting a Medicaid Managed Care plan as of August 22, 2017. However, a review of the record indicates that the reason why you were prevented from selecting a plan on August 22, 2017 was because you were eligible for Medicaid coverage for all outpatient prenatal services only and that type of Medicaid coverage does not allow you to enroll in a health plan. You were asked to submit income documentation in order to be found fully eligible for Medicaid.

Notwithstanding the fact that you were not fully eligible for Medicaid as of the August 22, 2017 application and your contention that third party health insurance prevented you from selecting a plan, 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. Even if you were able to select a plan as of August 22, 2017, the effective date of that plan would have still been October 1, 2017.

Therefore, the September 15, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective October 1, 2017, was correct and must be **AFFIRMED**.

Decision

The September 15, 2017 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 3, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is October 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 September 15, 2017 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is October 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)

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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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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