



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

## Notice of Decision

Decision Date: November 22, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022489

[REDACTED]

Dear [REDACTED],

On November 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 2, 2017 plan enrollment 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: November 22, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000022489

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly enroll you and your [REDACTED] child (child) in a Medicaid Managed Care (MMC) plan with an enrollment start date of June 1, 2017?

## Procedural History

On February 7, 2017, NYSOH issued a notice stating the members of your household have Medicaid coverage through Orange County Department of Social Service, and that coverage would end on April 30, 2017. The notice instructed you to contact NYSOH to renew your household's health insurance coverage for the upcoming coverage year.

On May 1, 2017, your NYSOH account was updated.

On May 2, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your child were eligible for Medicaid, effective May 1, 2017.

Also on May 2, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that as of May 1, 2017, you and your child were enrolled in a MMC plan with an enrollment start date of June 1, 2017.

On September 18, 2017, you requested an appeal relative to the enrollment start date of your and your child's MMC plan.

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 November 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of your March 17, 2017 telephone conversation with NYSOH's customer service.

On November 14, 2017, the NYSOH Appeals Unit received the recording of your March 17, 2017, conversation with NYSOH's customer service. That recording has been made part of the record as "NYSOH Exhibit 1." The record is now complete and closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you were appealing the enrollment start date of your and your [REDACTED] child's MMC plan.
- 2) According to your NYSOH account, your child was born on [REDACTED]
- 3) You testified that you and your child were enrolled in Medicaid coverage through Orange County Department of Social Services through April 30, 2017.
- 4) You testified that you contacted NYSOH multiple times; however, you were disconnected before your application could be completed.
- 5) According to your NYSOH account, the information in your account was updated on March 17, 2017.
- 6) According to the telephone call recording, on March 17, 2017, you contacted NYSOH to update the information in your account. The NYSOH representative stated that your spouse was the account holder and would have to provide the information. You gave the telephone to your spouse; however, your spouse stated they did not have the necessary information to complete the application. Your spouse stated that they would complete the application online or would call back if assistance was needed. The NYSOH representative provided your spouse with the operating hours of the customer service center (NYSOH Exhibit 1).
- 7) According to your NYSOH account, your account was updated on May 1, 2017.

- 8) According to your NYSOH account, you and your child enrolled in a MMC plan on May 1, 2017.
- 9) You testified that you never received a notice from NYSOH stating that your MMC plan would start on June 1, 2017.
- 10) According to your NYSOH account and testimony, you receive notices from NYSOH by U.S. mail.
- 11) According to your NYSOH account, none of the notices that have been issued by NYSOH have been returned as undeliverable.
- 12) You testified that you and your child incurred medical expenses in the month of May 2017 and want the MMC plan to cover those expenses.

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

## **Applicable Law and Regulations**

### MMC Enrollment Start Date

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 that you and your child's MMC plan should have an enrollment start date of June 1, 2017.

You testified that you and your child were enrolled in Medicaid coverage through Orange County Department of Social Services. On February 7, 2017, NYSOH issued a notice stating the members of your household have Medicaid coverage through Orange County Department of Social Service, and that coverage would end on April 30, 2017. The notice instructed you to contact NYSOH to renew your household's health insurance coverage for the upcoming year (see Document [REDACTED]).

You testified that you contacted NYSOH multiple times to renew your coverage; however, on each attempt you were disconnected before your household's application could be completed.

The record reflects that, on March 17, 2017, you and your spouse contacted NYSOH's customer service center to renew your household's health insurance coverage through NYSOH. During that conversation with a NYSOH representative, your spouse stated they did not have the necessary information to complete the application. Further, that they would complete the application online or would call back if assistance was needed. The NYSOH representative provided your spouse with the operating hours of the customer service center (NYSOH Exhibit 1).

The record reflects that on May 1, 2017, your account was updated and an application for financial assistance was completed. That same day, you and your child were determined eligible for Medicaid and enrolled in an MMC plan.

You testified that you did not receive any notice from NYSOH stating that your and your child's MMC plan would start on June 1, 2017. The record reflects that you receive your notices from NYSOH by U.S. Mail, and none of the notices that were issued by NYSOH have been returned as undeliverable. On May 2, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that as of May 1, 2017, you and your child were enrolled in a MMC plan with an enrollment start date of June 1, 2017 [REDACTED]. Therefore, it is concluded that NYSOH provided you with adequate notice of your and your child's MMC plan enrollment start date.

The date on which an MMC 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.

The available record supports that you and your child were enrolled in a MMC on May 1, 2017. Since the MMC plan was selected on May 1, 2017, it properly took effect on the first day of the following month; that is, on June 1, 2017.

Therefore, the May 2, 2017 plan enrollment notice is AFFIRMED.

## **Decision**

The May 2, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** November 22, 2017

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

You and your child were enrolled in an MMC plan with an enrollment start date of 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  
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 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 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 May 2, 2017 plan enrollment notice is AFFIRMED.

You and your child were enrolled in an MMC plan with an enrollment start date of 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।

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).

## **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&etumi ama wo obi a okyer& 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.

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).