



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

Notice of Decision

Decision Date: December 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022608

[REDACTED]

[REDACTED]

On November 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 21, 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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Decision

Decision Date: December 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022608

[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 in a Medicaid Managed Care (MMC) plan with an enrollment start date of November 1, 2017?

Procedural History

On August 22, 2017, you submitted an application for financial assistance through NYSOH.

On August 23, 2017, NYSOH issued a notice stating that your August 22, 2017, application had been reviewed. The information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of your household income by September 6, 2017, to confirm your eligibility.

Also on August 23, 2017, income documentation was uploaded to your account [REDACTED]

On August 24, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective as of August 1, 2017.

Also on August 24, 2017, NYSOH issued a plan enrollment notice confirming that as of August 23, 2017, you were enrolled in an MMC plan, through Fidelis Care, with an enrollment start date of October 1, 2017.

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On September 20, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your MMC plan through Affinity was November 1, 2017.

On September 21, 2017, NYSOH issued a plan enrollment notice confirming that as of September 20, 2017, you were enrolled in an MMC plan, through Affinity Health Plan Inc (Affinity), with an enrollment start date of November 1, 2017.

Also on September 21, 2017, NYSOH issued a disenrollment notice stating that your Fidelis Care enrollment would end on October 31, 2017, because you requested to end your coverage on September 20, 2017.

On September 30, 2017, your account was systematically updated.

On October 1, 2017, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid; however, records showed that you were enrolled in other health insurance or Medicare and individuals who have other health insurance or Medicare cannot be enrolled in an MMC plan.

Also on October 1, 2017, NYSOH issued a disenrollment notice stating that your Affinity enrollment would end on November 1, 2017, because you have other health insurance or Medicaid.

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 until November 28, 2017, to allow you to submit a termination letter of your third-party health insurance.

No additional documentation was received by NYSOH's Appeals Unit within the allotted time. The record is now complete and closed. This Decision is based on the evidence adduced at time of hearing.

Findings of Fact

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

- 1) According to your account and testimony, you are applying for health insurance for yourself.
- 2) According to your account and testimony, you applied for health insurance on August 22, 2017, with the assistance of a navigator at [REDACTED]
- 3) You testified that you contacted NYSOH on August 23, 2017, and instructed a NYSOH representative to enroll you in an Affinity health

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plan. Further, that the representative enrolled you in the wrong MMC plan.

- 4) According to your account, on August 23, 2017, your enrollment was initiated by the username [REDACTED]
- 5) On August 24, 2017, NYSOH issued a plan enrollment notice confirming that as of August 23, 2017, you were enrolled in a MMC plan through Fidelis Care [REDACTED]
- 6) According to your account, you receive notices from NYSOH by U.S. mail.
- 7) According to your account, none of the notices that have been issued by NYSOH have been returned as undeliverable.
- 8) According to your account, on September 20, 2017, you terminated your enrollment with Fidelis Care and enrolled in coverage through Affinity.
- 9) You testified that you want to be enrolled in coverage through Affinity with an enrollment start date of October 1, 2017.
- 10) According to your account, your Affinity coverage ended on November 1, 2017, because you were enrolled in third-party health insurance.
- 11) You testified that you were enrolled in employed-sponsored insurance, through Aetna; however, the coverage ended on August 31, 2017.

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 were enrolled in an MMC plan, through Affinity, with an enrollment start date of November 1, 2017.

The record reflects that you applied for health insurance on August 22, 2017, with the assistance of a navigator at [REDACTED]. Based on that application, you were directed to provide income documentation to confirm your eligibility for financial assistance. On August 23, 2017, income documentation was uploaded to your account to satisfy NYSOH's request for documentation to confirm your eligibility.

You testified that you contacted NYSOH on August 23, 2017, and requested to be enrolled in an Affinity health insurance plan; however, the NYSOH customer service representative enrolled you in the wrong health plan.

The record reflects that on August 23, 2017, your health plan enrollment was initiated by the username [REDACTED] not a NYSOH customer service representative. On August 24, 2017, NYSOH issued a notice confirming that as of August 23, 2017, you were enrolled in an MMC plan through Fidelis Care (see [REDACTED]). 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. Therefore, NYSOH provided you with adequate notice of your MMC plan enrollment.

The record supports that, on September 20, 2017, you contacted NYSOH's customer service center to change your MMC health plan. You terminated your enrollment through Fidelis Care and enrolled in coverage through Affinity.

The date on which a 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 were enrolled in an Affinity MMC plan on September 20, 2017. Since the MMC plan was selected on September 20, 2017, it properly took effect on the first day of the second following month; that is November 1, 2017.

Therefore, the September 21, 2017 plan enrollment notice is AFFIRMED.

Subsequent to your appeal request, your account was updated and it was determined that you were ineligible to be enrolled in an MMC plan because data sources indicated that you were enrolled in third-party health insurance. You

testified that you were enrolled in employer-sponsored health insurance through the end of August 2017.

The Hearing Officer left the record open until November 28, 2017, to allow you to submit a termination letter of your employer-sponsored health insurance. No additional documentation was received by NYSOH's Appeals Unit by November 28, 2017, to confirm the end date of your employer-sponsored insurance. Therefore, the record lacks necessary evidence to determine if you were properly disenrolled from your MMC plan, effective November 1, 2017, such that there is no basis to return your case to NYSOH to take further action.

Decision

The September 21, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: December 5, 2017

How this Decision Affects Your Eligibility

You were properly enrolled in a MMC plan, through Affinity, with an enrollment start date of November 1, 2017.

The record lacks necessary evidence to determine if you were properly disenrolled from your MMC plan, effective November 1, 2017, such that there is no basis to return your case to NYSOH to take further action.

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

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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):

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- 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 21, 2017 plan enrollment notice is AFFIRMED.

You were properly enrolled in an MMC plan, through Affinity, with an enrollment start date of November 1, 2017.

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The record lacks necessary evidence to determine if you were properly disenrolled from your MMC plan, effective November 1, 2017, such that there is no basis to return your case to NYSOH to take further action.

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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