



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

Notice of Decision

Decision Date: January 08, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023519

[REDACTED]

[REDACTED]

On December 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 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: January 08, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023519

[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 spouse's and newborn's enrollment in their Medicaid Managed Care (MMC) plan was effective December 1, 2017?

Procedural History

On December 15, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was eligible to enroll in the Essential Plan with no monthly premium, effective January 1, 2017. This was because her income was less than the allowable income limit for the Essential Plan, and because she was in the first five years of her qualified immigration status or living in the United States under the color of law (PRUCOL).

Also on December 15, 2016, NYSOH issued a notice of enrollment confirmation, confirming your spouse's enrollment in a United Healthcare Essential Plan 4, beginning January 1, 2017.

On July 26, 2017, your spouse's enrollment was updated.

On July 27, 2017, NYSOH issued a disenrollment notice, stating that your spouse's enrollment in her United Healthcare Essential Plan was ending, effective July 31, 2017.

Also on July 27, 2017, NYSOH issued a notice of enrollment confirmation, confirming your spouse's enrollment in a Healthfirst Essential Plan 4, beginning August 1, 2017.

On September 3, 2017, NYSOH issued a renewal notice stating that it was time to renew your health insurance application on behalf of yourself and your children. The notice further stated that no action was necessary on your spouse's behalf, and that a notice would be issued regarding the renewal of her coverage around October 16, 2017. The notice further stated that her current coverage would end on November 30, 2017.

On October 3, 2017, you updated your NYSOH account several times. In the first application update, you indicated that your spouse was pregnant, expecting one child on [REDACTED]. However, you subsequently removed that information in the third application update that you made on that date. Two more application updates were performed that day by NYSOH agents who updated the income information in your application, based on information and documentation you submitted.

On October 4, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, beginning November 1, 2017.

Also on October 4, 2017, NYSOH issued a notice of enrollment confirmation stating that the type of Medicaid coverage your spouse was eligible for did not require or allow her to enroll in a health plan.

On October 5, 2017, NYSOH issued a disenrollment notice stating that your spouse's coverage in her Essential Plan 4 was ending, effective October 31, 2017.

On October 11, 2017, your NYSOH account was updated three times, and your newborn son was added to the account.

On October 12, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your three older children were eligible for Medicaid, effective November 1, 2017, and that you needed to pick a health plan for enrollment. The notice also stated that your newborn son was conditionally eligible for Medicaid, effective October 1, 2017, and that you needed to pick a health plan on his behalf as well.

Also on October 12, 2017, NYSOH issued a notice stating that your spouse was eligible for Medicaid for the period of July 1, 2017 through September 30, 2017.

On October 13, 2017, your NYSOH application was updated two more times.

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 October 14, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your three older children remained eligible for Medicaid, effective November 1, 2017, and that you needed to pick a health plan for enrollment. The notice also stated that your newborn son was conditionally eligible for Medicaid, effective October 1, 2017, and that you also needed to select a plan on his behalf.

On October 19, 2017, your NYSOH account was updated four times. That same day, NYSOH prepared a preliminary eligibility determination stating that you, your spouse, and your three older children were eligible for Medicaid, effective November 1, 2017, and your newborn son was temporarily eligible for Medicaid, effective October 1, 2017. You also selected a Healthfirst MMC plan for enrollment on behalf of yourself, your spouse, your newborn, and your second youngest child.

Also on October 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in her MMC plan, insofar as it did not begin October 1, 2017.

On October 20, 2017, NYSOH issued a notice of eligibility determination, based on your October 19, 2017 application, stating that you, your spouse, and your three oldest children were eligible for Medicaid, effective November 1, 2017, and your newborn son was eligible for Medicaid effective October 1, 2017.

Also on October 20, 2017, NYSOH issued a notice of enrollment confirmation, confirming that you, your spouse, your newborn, and your second youngest child were enrolled in a Healthfirst MMC plan, beginning December 1, 2017.

On November 17, 2017, NYSOH issued a notice stating that your spouse was eligible for Medicaid for the period of October 1, 2017 through October 31, 2017, and that services she received from providers who accept Medicaid would be covered under regular Medicaid for that time period.

On December 21, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you clarified that you were also appealing the start date of your newborn's MMC plan. 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) Your spouse was enrolled in an Essential Plan 4 through Healthfirst as of January 1, 2017.

- 2) On October 3, 2017, you updated your NYSOH account and indicated that your spouse was pregnant and expecting one child with a due date of [REDACTED]
- 3) You testified that you were updating your account on that day because you received the September 3, 2017 notice stating that you needed to renew your application for financial assistance.
- 4) You testified, and your NYSOH account confirms, that you did not report your spouse's pregnancy prior to that date.
- 5) Your NYSOH account reflects that, on October 3, 2017, you updated your application first by logging into your NYSOH account, and then over the phone with NYSOH, and then again by logging into your NYSOH account.
- 6) The October 3, 2017 application updates reflect that in the first two updates, you indicated that your spouse was pregnant. However, in the third application update ([REDACTED]) your spouse was marked as not pregnant.
- 7) On October 4, 2017, NYSOH issued a notice stating that your spouse was eligible for the Essential Plan, effective November 1, 2017, but also issued a notice stating that the type of Medicaid she was eligible for did not require or allow her to select an MMC plan.
- 8) You testified that, after you updated your application, you were told that your family was eligible for Medicaid, but that your enrollments in your MMC plan were being cancelled.
- 9) You testified that you were told that your family could not enroll in an MMC plan, but no one was able to tell you why, and you received many different reasons from NYSOH employees you spoke with.
- 10) You testified that you were calling NYSOH constantly, and you eventually received a letter stating that you could choose a plan.
- 11) Your NYSOH account reflects that your application was updated twice on October 11, 2017 by someone with the username [REDACTED] and you and your family were found eligible to enroll in an MMC plan as of that day. Also on that day, your newborn son was added to your application and was found conditionally eligible for Medicaid.
- 12) Your NYSOH account reflects that NYSOH issued a notice of eligibility determination on October 12, 2017 stating that you and your family needed to select an MMC plan.

- 13) Your NYSOH account reflects that your application was updated again on October 14, 2017 by [REDACTED]” and you were again asked to pick a plan, but no plan was selected.
- 14) Your NYSOH account reflects that you selected a plan for enrollment on behalf of your spouse and other household members on October 19, 2017, and your spouse and newborn were enrolled in a Healthfirst MMC plan as of December 1, 2017.
- 15) You testified that you have medical bills for both your spouse and newborn for the month of October 2017 because they saw doctors that were not covered by Fee For Service Medicaid.

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)).

MMC 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 your spouse and newborn’s enrollment in their MMC plan began on December 1, 2017.

Your NYSOH account reflects that you updated your application on October 3, 2017 and indicated that your spouse was pregnant and expecting one child, due on [REDACTED]. You testified that you had not previously informed NYSOH of your spouse’s pregnancy, and that you only added it on October 3, 2017 because you were updating your NYSOH account in response to a renewal notice.

However, you updated the application three separate times on October 3, 2017 and, on the third time, you answered “NO” to the question regarding whether your spouse was pregnant. NYSOH updated your application twice more that day in response to income documentation you submitted, but the application now stated that your spouse was not pregnant, and so the eligibility determination that resulted was based on that information.

Therefore, NYSOH issued a notice of eligibility determination stating that your spouse was again eligible for the Essential Plan, now for \$20.00 per month, effective November 1, 2017. However, - likely as a result of the many application updates on October 3, 2017 – NYSOH also issued a confusing enrollment confirmation notice that stated, in part, that the type of Medicaid coverage your spouse was eligible for did not require or allow her to enroll in a health plan.

On October 5, 2017, NYSOH issued a disenrollment notice stating that your spouse’s coverage in her Healthfirst Essential Plan 4 was ending as of October 31, 2017. The notice again stated that the type of Medicaid she was eligible for did not require or allow her to enroll in a health plan.

You testified, and your NYSOH account confirms, that your spouse gave birth on [REDACTED]. Your NYSOH account reflects that, on October 11, 2017 and October 14, 2017, someone with the username “[REDACTED]” updated your account several times, and your spouse and newborn were found eligible for Medicaid, effective November 1, 2017 and October 1, 2017, respectively. However, no MMC plan was selected for enrollment for either your spouse or newborn on either of those days.

On October 19, 2017, your application was updated again, and you selected an MMC plan for enrollment on behalf of your family, including your spouse and newborn.

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.

On October 19, 2017, you selected an MMC plan for your spouse and newborn, so their enrollment properly took effect on the first day of the second month following after October; that is, on December 1, 2017.

Since it was you, and not NYSOH, that removed the information regarding your spouse’s pregnancy from your application on October 3, 2017, there is no error on NYSOH’s part that caused the delay in your spouse and newborn’s Medicaid

eligibility determination. Moreover, it appears that someone updated your NYSOH account on your behalf on both October 11, 2017 and October 14, 2017, and your spouse and newborn were found eligible to enroll in an MMC plan. Had a plan been selected on either of those days, your spouse' and newborn's MMC plan enrollments could have started on November 1, 2017. Again, as this delay is not the fault of NYSOH, there is no basis for backdating the enrollment start date.

Therefore, the October 20, 2017 enrollment confirmation notice stating that your spouse and newborn's enrollment in their Healthfirst MMC plan would be effective December 1, 2017, was correct and must be AFFIRMED.

However: It is noted that your spouse was enrolled in a Healthfirst Essential Plan 4 until October 31, 2017, pursuant to the October 5, 2017 disenrollment notice.

As such, your case is RETURNED to NYSOH to reinstate your spouse in her Healthfirst Essential Plan 4 coverage for the month of October 2017, and to assist you in submitting any unpaid medical bills your spouse has for the month of October 2017 to Healthfirst to determine whether they can be paid by her Essential Plan 4 coverage.

Decision

The October 20, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure that your spouse remained enrolled in her Healthfirst Essential Plan 4 coverage throughout the month of October 2017.

Your case is RETURNED to NYSOH to assist you in submitting any bills for your spouse from the month of October 2017 that were not covered by Fee For Service Medicaid to her Healthfirst Essential Plan 4, where they will be considered for payment.

Effective Date of this Decision: January 08, 2018

How this Decision Affects Your Eligibility

Your spouse and newborn were eligible for Fee For Service Medicaid, effective October 1, 2017.

The effective date of your spouse and newborn's MMC enrollment is December 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).

Your spouse was enrolled in her Healthfirst Essential Plan 4 through October 31, 2017.

Your case is being sent back to NYSOH to make sure that your spouse remained in her Essential Plan 4 coverage during the month of October 2017.

Your case is also being sent back for NYSOH to help you with submitting any unpaid medical bills for your spouse for the month of October 2017 to her Healthfirst Essential Plan to see whether they can be covered.

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 October 20, 2017 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to ensure that your spouse remained enrolled in her Healthfirst Essential Plan 4 coverage throughout the month of October 2017.

Your case is **RETURNED** to NYSOH to assist you in submitting any bills for your spouse from the month of October 2017 that were not covered by Fee For Service Medicaid to her Healthfirst Essential Plan 4, where they will be considered for payment.

Your spouse and newborn were eligible for Fee For Service Medicaid, effective October 1, 2017, and the effective date of your spouse and newborn's MMC enrollment is December 1, 2017.

Your spouse was enrolled in her Healthfirst Essential Plan 4 through October 31, 2017.

Your case is being sent back to NYSOH to make sure that your spouse remained in her Essential Plan 4 coverage during the month of October 2017.

Your case is also being sent back for NYSOH to help you with submitting any unpaid medical bills for your spouse for the month of October 2017 to her Healthfirst Essential Plan to see whether they can be covered.

Legal Authority

We are issuing this determination in accordance with 45 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).

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&btumi 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.

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.