



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

Notice of Decision

Decision Date: February 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025260

[REDACTED]

[REDACTED]

On February 7, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 24, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: February 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025260

[REDACTED]

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 child's enrollment in her Medicaid Managed Care plan was effective December 1, 2017?

Procedural History

On October 24, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your October 23, 2017 application, stating, in part, that your child was eligible for Medicaid, effective October 1, 2017.

Also on October 24, 2017, NYSOH issued a plan enrollment notice, based on the plan you selected for your child on October 23, 2017, stating, in part, that your child was enrolled in a Medicaid Managed Care plan, and that your child's coverage would start on December 1, 2017.

On December 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in her Medicaid Managed Care plan insofar as it did not begin November 1, 2017.

On February 7, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was left open to allow for the Hearing Officer to listen to NYSOH's Call Center recordings. The Hearing Officer listen to the available telephone recordings from October 11, 2017, after which the record was closed.

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Findings of Fact

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

- 1) You testified that you are only appealing your child's Medicaid Managed Care plan start date.
- 2) You testified that you attempted to submit an application with the help of an application counselor through NYSOH on October 11, 2017, but you were unable to complete the application because your application counselor received an error message when attempting to do so.
- 3) The Hearing Officer reviewed the telephone call recordings that were made on October 11, 2017 and determined that:
 - a. You were on the line with your application counselor. Your application counselor requested that NYSOH transfer your information to her dashboard, so that she could assist you in completing your application; and
 - b. The NYSOH representative successfully transferred your application to the application counselor's dashboard. After which the telephone call was disconnected; and
 - c. Your application counselor called back and informed the NYSOH representative that she received an error message when attempting to complete your application; and
 - d. When the NYSOH representative accessed your account, she informed you and your application counselor that she was receiving the same message; and
 - e. That the NYSOH representative informed you to try to access your account again in 24 hours to see if the error was still there.
- 4) You testified, and the telephone record indicates, that you attempted to contact NYSOH multiple times between October 11, 2017 and October 23, 2017.
- 5) The record indicates that, on October 23, 2017, your child was found eligible for Medicaid. This coverage was effective October 1, 2017.
- 6) The record indicates that you selected a Medicaid Managed Care plan for your child on October 23, 2017, and that your child's enrollment was effective on December 1, 2017.
- 7) You testified that you want your child's Medicaid Managed Care plan to begin on November 1, 2017, because you have unpaid medical bills from that month.

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 under review is whether NYSOH properly determined that your child's enrollment in her Medicaid Managed Care plan was effective December 1, 2017.

The record indicates that you child was found eligible for Medicaid on October 23, 2017 and this Medicaid eligibility was effective October 1, 2017.

However, you testified that you and your application counselor contacted NYSOH on October 11, 2017, to attempt to complete an application. You further testified that you and your application counselor were unable to complete the application that day because an error screen prevented you from submitting the application. You testified that you contacted NYSOH between October 11, 2017 and October 23, 2017 multiple times. You were finally able to submit an application on October 23, 2017, and you enrolled your child into a Medicaid Managed Care plan that day. A review of the record, which includes telephone records, including the NYSOH's Call Center recordings from October 11, 2017, confirms this testimony.

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.

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Based on the credible evidence of the record, it is reasonable to infer, that but for the technical difficulties, that you would have submitted an application for financial assistance on October 11, 2017. Had you submitted an application on October 11, 2017, your child would have been found eligible for Medicaid on that day and you would have enrolled her into a Medicaid Managed Care plan.

If you had enrolled your child into a plan on October 11, 2017, your child's Medicaid Managed Care plan would have taken effective on the first day of the month following October 2017; that is, on November 1, 2017.

Therefore, the October 24, 2017 plan enrollment notice stating that your child's enrollment in her Medicaid Managed Care plan became effective on December 1, 2017, is MODIFIED to state that your child's Medicaid Managed Care plan began as of November 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into her Medicaid Managed Care plan as of November 1, 2017, and to notify you accordingly.

Decision

The October 24, 2017 plan enrollment notice is MODIFIED to stated that your child's Medicaid Managed Care plan is effective November 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into her Medicaid Managed Care plan as of November 1, 2017, and to notify you accordingly.

Effective Date of this Decision: February 22, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child's enrollment in her Medicaid Managed Care plan should have started as of November 1, 2017.

Your case is being sent back to NYSOH to enroll your child into her Medicaid Managed Care plan as of November 1, 2017. NYSOH will notify you once this has been completed.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The October 24, 2017 plan enrollment notice is MODIFIED to stated that your child's Medicaid Managed Care plan is effective November 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into her Medicaid Managed Care plan as of November 1, 2017, and to notify you accordingly.

This decision does not change your child's eligibility.

Your child's enrollment in her Medicaid Managed Care plan should have started as of November 1, 2017.

Your case is being sent back to NYSOH to enroll your child into her Medicaid Managed Care plan as of November 1, 2017. NYSOH will notify you once this has been completed.

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।

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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&etumi ama wo obi a okyerε 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.

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