



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

Notice of Decision

Decision Date: March 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026636

[REDACTED]

Dear [REDACTED],

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 3, 2018 plan enrollment and disenrollment notices.

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: March 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026636

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly enroll you in a Medicaid Managed Care (MMC) plan, through UnitedHealthcare of New York, Inc. (UHC), with an enrollment start date of February 1, 2018?

Did NYSOH properly end your MMC plan, through Healthfirst, effective January 31, 2018?

Procedural History

On November 23, 2017, NYSOH issued an eligibility determination notice stating that you remain eligible for Medicaid, effective January 1, 2018.

On November 28, 2017, NYSOH issued a plan enrollment notice confirming that as of November 27, 2017, you were enrolled in an MMC plan, through Healthfirst, with an enrollment start date of January 1, 2018.

On January 2, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your MMC plan through UHC.

On January 3, 2018, NYSOH issued a plan enrollment notice confirming that as of January 2, 2018, you were enrolled in a MMC plan, through UHC, with an enrollment start date of February 1, 2018.

Also on January 3, 2018, NYSOH issued a disenrollment notice stating that on January 2, 2018, you requested to end your MMC coverage through Healthfirst, and your coverage would end on January 31, 2018.

On February 21, 2018, NYSOH uploaded an evidence packet to your NYSOH account. The packet included an "Appeal Summary," which summarized the information available to NYSOH (see Document [REDACTED]).

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you want to be enrolled in the MMC plan, through UHC, for the month of January 2018.
- 2) You testified that you were pregnant and your midwife did not accept health insurance through Healthfirst.
- 3) According to your NYSOH account, on November 27, 2017, you enrolled in an MMC plan, through Healthfirst.
- 4) You testified that you accessed your NYSOH account and attempted to change your MMC plan to UHC; however, you were unable to change the health plan because of a system defect.
- 5) According to the "Call Record Timeline" in the Appeal Summary, on December 13, 2017, you spoke with a NYSOH representative. A complaint was filed because [REDACTED] "We are sorry defect in account" (see Document [REDACTED]; uploaded 02/21/2018).
- 6) According to the "Call Record Timeline" in the Appeal Summary, on December 14, 2017, you spoke with a NYSOH representative. The notes states, in relevant part:

Consumer checking on defect created yesterday. Told her it is being worked on. Was able to confirm that she has active Medicaid in [eMedNY] and her MMC will start 1/1/18.

(see Document [REDACTED] uploaded 02/21/2018).

- 7) According to the “Call Record Timeline” in the Appeal Summary, on December 15, 2017, you spoke with a NYSOH representative. The note states:

Consumer called to check defect and let her know that [their] account has not been fixed yet. Request for technical assistance can take some time. Once issue is fixed they will receive a phone call to continue with their account. Consumer is asking if once fixed can she request for coverage for [backdating] insurance.

(see Document [REDACTED]; uploaded 02/21/2018).

- 8) According to your NYSOH account, on January 2, 2018, you enrolled in an MMC plan, through UHC.

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

Applicable Law and Regulations

MMC - Enrollment Effective Date

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)).

Newborn children not excluded from enrolling in an MMC plan shall be enrolled in the MMC in which the newborn’s mother is an enrollee, effective from the first day of the child’s month of birth (Medicaid Managed Care Model Contract § 6.7(a), effective 3/1/2014 – 2/28/2019).

MMC – Disenrollment Effective Date

NYSOH is responsible for processing routine disenrollment requests to take effect on the first day of the following month if the request is made before the fifteenth day of the month. In no event shall the effective date of disenrollment be later than the first day of the second month after the month in which an enrollee requests a disenrollment (Medicaid Managed Care Model Contract (Appendix H-7(a)(iii), effective 3/1/2014 – 2/28/2019).

Legal Analysis

The first issue under review is whether NYSOH properly enrolled you in an MMC plan, through UHC, with an enrollment start date of February 1, 2018.

The record reflects that, on November 27, 2017, you were initially enrolled in an MMC plan, through Healthfirst, with an enrollment start date of January 1, 2018.

You testified that you were pregnant and your midwife did not accept health insurance through Healthfirst. You accessed your NYSOH account and called the NYSOH customer service center to change your MMC plan; however, you were unable to change the health plan because of a system defect.

The record reflects that on December 13, 2017, you contacted NYSOH 's customer service center to change your health plan. The representative was unable to access your account and filed compliant to resolve the defect.

The record reflects that on December 14, 2017 and December 15, 2017, you contacted NYSOH's customer service center to inquire if the defect on your account had been resolved. On each attempt the NYSOH representative informed you that the defect had not been resolved. Further, on December 15, 2017, you inquired if the health plan could be backdated once the defect was resolved.

Generally, 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 record reflects that, on January 2, 2018, you were enrolled in a MMC plan, through UHC. However, you attempted to change your MMC selection before December 16, 2017. If a system defect did not exist on your NYSOH account or the defect had been resolved by December 15, 2017, you would have been able to change your MMC plan and had an enrollment start date of January 1, 2018.

Therefore, the January 3, 2018, enrollment notice is MODIFIED to state that you were enrolled in a MMC plan, through UHC, with an enrollment start date of January 1, 2018.

The second issue under review is whether NYSOH properly ended your MMC plan, through Healthfirst, effective January 31, 2018.

NYSOH must process requests by enrollees to disenroll them from their MMC plan. The disenrollment must be effectuated the first day of the following month, if the request is made before the fifteenth day of the month.

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).

Based on the analysis above, had a system defect not existed on your NYSOH account or the defect had been resolved by December 15, 2017, you would have been able to change your MMC plan, and your MMC plan, through Healthfirst, would have ended as of December 31, 2017.

Therefore, the January 3, 2018 disenrollment notice is MODIFIED to state that your MMC plan, through Healthfirst, ended as of December 31, 2017.

Your case has been RETURNED to NYSOH to effectuate coverage in your MMC plan, through UHC, for the month of January 2018, and to notify you accordingly.

Decision

The January 3, 2018 plan enrollment notice is MODIFIED to state that you were enrolled in a MMC plan, through UHC, with an enrollment start date of January 1, 2018.

The January 3, 2018, disenrollment notice is MODIFIED to state that your MMC plan, through Healthfirst, ended as of December 31, 2017.

Your case has been RETURNED to NYSOH to effectuate coverage in your MMC plan, through UHC, for the month of January 2018, and to notify you accordingly.

Effective Date of this Decision: March 13, 2018

How this Decision Affects Your Eligibility

Your MMC plan, through Healthfirst, ended as of December 31, 2017.

You were enrolled in a MMC plan, through UHC, with an enrollment start date of January 1, 2018.

Your case is being sent back to NYSOH to effectuate these changes and to notify you accordingly.

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.

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).

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
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The January 3, 2018 plan enrollment notice is MODIFIED to state that you were enrolled in a MMC plan, through UHC, with an enrollment start date of January 1, 2018.

The January 3, 2018, disenrollment notice is MODIFIED to state that your MMC plan, through Healthfirst, ended as of December 31, 2017.

Your case has been RETURNED to NYSOH to effectuate coverage in your MMC plan, through UHC, for the month of January 2018, and to notify you accordingly.

Your MMC plan, through Healthfirst, ended as of December 31, 2017.

You were enrolled in a MMC plan, through UHC, with an enrollment start date of January 1, 2018.

Your case is being sent back to NYSOH to effectuate these changes and to notify you accordingly.

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&btumi 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).