



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

Notice of Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026890

[REDACTED]

Dear [REDACTED]

On March 7, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 9, 2018 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: March 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026890



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 enrollment in your Medicaid Managed Care plan (United Healthcare) was effective February 1, 2018?

Procedural History

On December 16, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan, effective January 1, 2017.

On January 28, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a start date of January 1, 2017.

On October 28, 2017, NYSOH issued a notice of renewal stating that you qualified for an advance premium tax credit (APTC) in the amount of \$291.83 per month and cost sharing reductions, effective January 1, 2018. The notice stated that your Essential Plan coverage was ending December 31, 2017.

On November 17, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan coverage was ending December 31, 2017.

On December 12, 2017, you updated your NYSOH account attesting to a household income of \$0.00.

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On December 13, 2017, NYSOH issued a notice stating that the income listed in your application did not match what NYSOH received from state and federal sources. You were directed to provide proof of income by December 27, 2017.

On December 14, 2017, NYSOH verified the income documentation you provided on December 12, 2017.

On December 15, 2017, NYSOH issued a notice of eligibility determination, stating that you were eligible for Medicaid, effective December 1, 2017.

On December 24, 2017, NYSOH issued a notice of enrollment stating that you were auto-enrolled in a Medicaid Managed Care plan (Affinity), effective February 1, 2018.

On January 8, 2018, you selected a new Medicaid Managed Care plan (United Healthcare). On that date NYSOH prepared a preliminary eligibility determination stating that your Medicaid Managed Care plan (United Healthcare), was effective February 1, 2018.

Also on January 8, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan (United Healthcare), insofar as it did not begin January 1, 2018.

On January 9, 2018, NYSOH issued a notice of enrollment in the plan you selected on January 8, 2018, stating that you were enrolled in a Medicaid Managed Care plan (United Healthcare), and that your coverage would start on February 1, 2018.

On March 7, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You were determined eligible for and enrolled in an Essential Plan, effective January 1, 2017.
- 2) You were determined eligible for an APTC and cost sharing reductions, effective January 1, 2018.
- 3) Your Essential Plan coverage ended effective December 31, 2017.

- 4) On December 12, 2017, you updated your NYSOH attesting to a household income of \$0.00.
- 5) By notice dated December 15, 2017, you were determined eligible for Medicaid, effective December 1, 2017. The notice stated that you needed to select a health plan.
- 6) You were auto-enrolled into a Medicaid Managed Care plan (Affinity), effective February 1, 2018.
- 7) You testified that you would have selected a Medicaid Managed Care plan sooner, however, you logged into your NYSOH account on December 30, 2017 and read that you were re-enrolled into a health plan and that you did not have to do anything more. You testified that you believed that you were still enrolled in your Essential Plan and that you did not know you had been disenrolled.
- 8) You testified that you did not read many of the notices issued to you from NYSOH including the November 17, 2017 disenrollment notice and December 15, 2017 eligibility determination notice.
- 9) You testified, and the record reflects, that you selected a new Medicaid Managed Care Plan (United Healthcare) on January 8, 2018, and that your enrollment was effective on February 1, 2018.
- 10) You testified that you want your Medicaid Managed Care plan to begin on January 1, 2018 because you have a medical bill from January 2018.

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);

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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 is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective February 1, 2018.

You testified that you contacted NYSOH on January 8, 2018 and enrolled into a Medicaid Managed Care plan.

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.

On January 8, 2018, you selected a Medicaid Managed Care plan (United Healthcare), so it properly took effect on the first day of the following month; that is, on February 1, 2018.

Therefore, the January 9, 2018 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan (United Healthcare) would be effective February 1, 2018, was correct and must be AFFIRMED.

You testified that you did not think you needed to select a health plan and that you did not know that you were disenrolled from the Essential Plan. However, the December 15, 2017 notice stated that you needed to select a plan for enrollment and the November 17, 2017 notice advised you of the end date for your Essential Plan. You testified that you received both of these notices but did not read them. As such, NYSOH properly notified you of the need to select a health plan and that your Essential Plan coverage ended effective December 31, 2017.

Decision

The January 9, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 15, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is February 1, 2018.

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):

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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 January 9, 2018 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is February 1, 2018.

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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