



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

Notice of Decision

Decision Date: April 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027444

[REDACTED]

On March 30, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 19, 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).

This page intentionally left blank.



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

Decision

Decision Date: April 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027444

[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 you and your spouse's enrollment in your Medicaid Managed Care plan was effective March 1, 2018?

Procedural History

On February 1, 2017, NYSOH issued a notice of enrollment, stating that you, your spouse and your children were enrolled in a full cost qualified health plan, and that your coverage would start on March 1, 2017.

On October 28, 2017, NYSOH issued a renewal notice stating you, your spouse and your children were eligible for Medicaid, effective January 1, 2018. The notice stated that you and your spouse were unable to select a Medicaid Managed Care plan. The notice also stated that your children were auto-enrolled into a Medicaid Managed care plan, effective January 1, 2018.

On November 18, 2017, NYSOH issued a disenrollment notice stating that you, your spouse and your children's qualified health plan coverage was ending December 31, 2017.

On January 17, 2018, NYSOH issued a notice of enrollment, stating that your children were enrolled in a Medicaid Managed Care plan, and that their coverage would start on January 1, 2018. The notice stated that you and your spouse were unable to select a health plan.

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 January 18, 2018, NYSOH redetermined you and your spouse's eligibility and you and your spouse selected a Medicaid Managed Care plan. On that date NYSOH prepared a preliminary eligibility determination stating that you and your spouse's Medicaid Managed Care plan would start on March 1, 2018.

Also on January 18, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your spouse's enrollment in your Medicaid Managed Care plan, insofar as it did not begin January 1, 2018.

On January 19, 2018, NYSOH issued a notice of enrollment in the plan you selected on January 18, 2017, stating that you and your spouse were enrolled in a Medicaid Managed Care plan, and that your coverage would start on March 1, 2018.

On March 30, 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, your spouse and your children were enrolled in a qualified health plan, effective March 1, 2017.
- 2) By renewal notice dated October 28, 2017, NYSOH indicated that you, your spouse and your children were eligible for Medicaid, effective January 1, 2018. The notice stated that you and your spouse were unable to select a Medicaid Managed care plan. The notice also stated that your children were auto-enrolled into a Medicaid Managed care plan, effective January 1, 2018.
- 3) You, your spouse and your children's qualified health plan ended effective December 31, 2017.
- 4) You testified that you contacted NYSOH and was advised that you and your spouse were unable to select a health plan because the system was showing that your qualified health plan was still in effect and that it was showing up as third-party health insurance.
- 5) You testified that you spoke to NYSOH again who stated that they had made an error regarding the end of your prior qualified health plan coverage, in that the end of your previous coverage was not properly recorded. However, that was corrected on January 17, 2018. You stated

that you were then advised by a NYSOH representative that you would be able to select a Medicaid Managed Care plan.

- 6) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on January 18, 2018, and that your enrollment was effective on March 1, 2018.
- 7) You testified that you and your spouse should have been able to enroll in a Medicaid Managed Care Plan with a start date of January 1, 2018. You testified that NYSOH's error should not prevent you and your spouse from having the same Medicaid Managed Care Plan start date as your children.
- 8) You testified that you want you and your spouse's Medicaid Managed Care plan to begin on January 1, 2018 because you have medical bills from January 2018 and February 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); 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 you and your spouse's enrollment in the Medicaid Managed Care plan was effective March 1, 2018.

By renewal notice dated October 28, 2017, NYSOH indicated that you, your spouse and your children were eligible for Medicaid, effective January 1, 2018. The notice stated that you and your spouse were unable to select a Medicaid

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).

Managed Care plan. The notice also stated that your children were auto-enrolled into a Medicaid Managed care plan, effective January 1, 2018.

You testified that you contacted NYSOH and was advised that you and your spouse were unable to select a health plan because the system was showing that your previous qualified health plan was still in effect and that it was showing up as third-party health insurance.

You testified that you spoke to a NYSOH representative, who confirmed an error had been made regarding the end of your prior qualified health plan coverage. It was corrected on January 17, 2017. You stated that you were then advised by a NYSOH representative that the problem was corrected and that you could select a Medicaid Managed Care plan. You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on January 18, 2018, and that your enrollment was effective on March 1, 2018.

Based on your testimony, NYSOH incorrectly determined that you and your spouse were still enrolled in your previous qualified health plan and therefore would not allow you and your spouse to enroll into a Medicaid Managed Care plan. This action was taken by NYSOH despite allowing your children to be enrolled in a Medicaid Managed Care plan, effective January 1, 2018.

By subsequent action, NYSOH has since enrolled you and your spouse into a Medicaid Managed Care plan. Therefore, as NYSOH has conceded the mistake, you and your spouse should have been able to enroll in your Medicaid Managed Care plan on the same date as your children, January 1, 2018.

Therefore, the January 19, 2018 enrollment confirmation is MODIFIED to reflect that you and your spouse's Medicaid Managed Care plan was effective January 1, 2018.

Your case is being RETURNED to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plan, effective January 1, 2018.

Decision

The January 19, 2018 enrollment confirmation is MODIFIED to reflect that you and your spouse's Medicaid Managed Care plan was effective January 1, 2018.

Effective Date of this Decision: April 16, 2018

How this Decision Affects Your Eligibility

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).

The January 19, 2018 enrollment confirmation notice is MODIFIED to reflect that you and your spouse's Medicaid Managed Care plan was effective January 1, 2018.

The effective date of you and your spouse's Medicaid Managed Care plan is January 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 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 January 19, 2018 enrollment confirmation notice is MODIFIED to reflect that you and your spouse's Medicaid Managed Care plan was effective January 1, 2018.

The effective date of you and your spouse's Medicaid Managed Care plan is January 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।

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&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.

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).