

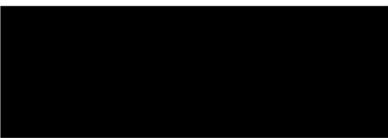


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028724



Dear [REDACTED]

On May 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028724



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 a Medicaid Managed Care plan was effective March 1, 2018?

Procedural History

On January 2, 2018, NYSOH received your updated application for health insurance.

On January 3, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective January 1, 2018.

On January 26, 2018, NYSOH issued a plan enrollment notice stating that you were automatically enrolled in a Medicaid Managed Care plan with Affinity Health Plan (Affinity), effective March 1, 2018.

On February 8, 2018 you selected a plan for enrollment.

On February 9, 2018, NYSOH issued plan enrollment notice stating that your change in enrollment to another Medicaid Managed Care plan with Healthfirst began on March 1, 2018.

Also on February 9, 2018, NYSOH issued a plan disenrollment notice, stating that your enrollment in the Affinity Medicaid Managed Care plan ended on March 1, 2018.

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Finally, on February 9, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the second Medicaid Managed Care plan because it did not start on February 1, 2018.

On May 4, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave permission for the Hearing Officer to listen to recording(s) of telephone call(s) you had with NYSOH. The record was developed during the hearing and closed after the telephone recordings were reviewed.

Findings of Fact

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

- 1) You testified that, on January 2, 2018, and several times thereafter, you contacted NYSOH by telephone and attempted to select Health First's Medicaid Managed Care plan for enrollment, but that you were unable to do so because of an account defect.
- 2) The NYSOH Appeals Unit reviewed the telephone records between you and NYSOH on January 2, 2018, January 5, 2018, January 9, 2018, and January 22, 2018. During those telephone calls, a NYSOH representative attempted to enroll you into Healthfirst's Medicaid Managed Care plan but was unable to enroll you in that plan, or any other Medicaid Managed Care plan, due to an error in the NYSOH system.
- 3) On February 8, 2018, Incident [REDACTED] was created. The description in that incident reads, in relevant part that, "Defect [REDACTED] was filed on 01/05/18, defect prevented 2/1/2018 enrollment."
- 4) According to the Events Tab in your NYSOH account and your testimony, on January 25, 2018, you were automatically enrolled into Affinity's Medicaid Managed Care plan.
- 5) According to the Events Tab in your NYSOH account and your testimony, on February 8, 2018, you called NYSOH and selected in Healthfirst as your Medicaid Managed Care plan.
- 6) You testified that you are appealing your March 1, 2018 start date in HealthFirst's Medicaid Managed Care plan because you have a gap in coverage for the month of February 2018 and you incurred medical bills during 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 is whether NYSOH properly determined that your enrollment in HealthFirst's Medicaid Managed Care plan was effective March 1, 2018.

According to the credible evidence of record, you contacted NYSOH by telephone on January 2, 2018, January 5, 2018, January 9, 2018 and January 22, 2018, and attempted to enroll into a Medicaid Managed Care plan with HealthFirst. However, you were unable to do so due to Defect [REDACTED] that prevented a February 1, 2018 start date. The first time you were able to select HealthFirst as your Medicaid Managed Care plan was on February 8, 2018.

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.

Since you selected HealthFirst as your Medicaid Managed Care plan on February 8, 2018, ordinarily the effective date would be the first day of the first month following February 2018; that is, as of March 1, 2018.

However, the credible evidence of record demonstrates that you were not able to select a Medicaid Managed Care Plan in January 2018 due to a defect in your NYSOH account, and through no fault of your own. Based on your testimony and the credible evidence of record, it is reasonable to conclude that, but for the defect on your NYSOH account you would have selected HealthFirst as your Medicaid Managed Care plan as early as January 2, 2018, and that your

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enrollment would have started the first day of the first month after January 2018; that is, as of February 1, 2018.

Therefore, the February 9, 2018 plan enrollment notice stating that your enrollment in a Medicaid Managed Care plan with Healthfirst began March 1, 2018 is MODIFIED to state that your enrollment is effective February 1, 2018.

Your case is RETURNED to NYSOH to effectuate this change and notify you accordingly.

The record reflects that your enrollment Affinity's Medicaid Managed Care plan was the result of an automatic enrollment through the NYSOH system as of March 1, 2018, and that you did not wish to enroll in Affinity.

Therefore, the February 9, 2018 disenrollment notice stating that your enrollment in a Medicaid Managed Care plan with Affinity ended as of March 1, 2018 is AFFIRMED.

Decision

The February 9, 2018 plan enrollment notice is MODIFIED to state that your enrollment in a Medicaid Managed Care plan with Healthfirst is effective February 1, 2018.

The February 9, 2018 plan disenrollment notice is AFFIRMED.

Effective Date of this Decision: May 10, 2018

How this Decision Affects Your Eligibility

Your enrollment in Healthfirst's Medicaid Managed Care plan should have started February 1, 2018.

Your case is being sent back to NYSOH to enroll you in Healthfirst's Medicaid Managed Care plan beginning February 1, 2018. NYSOH will notify you once this is completed.

Your enrollment in Affinity Medicaid Managed Care plan ended as of March 1, 2018, so coverage through this plan did not take effect.

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 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 February 9, 2018 plan enrollment notice is MODIFIED to state that your enrollment in a Medicaid Managed Care plan with Healthfirst is effective February 1, 2018.

The February 9, 2018 plan disenrollment notice is AFFIRMED.

Your enrollment in Healthfirst's Medicaid Managed Care plan should have started February 1, 2018.

Your case is being sent back to NYSOH to enroll you in Healthfirst's Medicaid Managed Care plan beginning February 1, 2018. NYSOH will notify you once this is completed.

Your enrollment in Affinity Medicaid Managed Care plan ended as of March 1, 2018, so coverage through this plan did not take effect.

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 1-855-355-5777번으로 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. y&b&tumi 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.

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