



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
PO Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: May 18, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029306



Dear [REDACTED]

On May 1, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 24, 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  
PO 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: May 18, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029306



## **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 children's enrollment in their Medicaid Managed Care (MMC) plan was effective April 1, 2018?

## **Procedural History**

On November 28, 2017, you applied to NYSOH for financial assistance with health insurance.

On November 29, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus (CHP), on a limited basis, effective January 1, 2018. The notice directed you to submit proof of income for your children by January 27, 2018.

Also on November 29, 2017, NYSOH issued a notice of enrollment confirmation, confirming that your children had been enrolled into a CHP plan, effective January 1, 2018.

On January 25, 2018, you updated your NYSOH account attesting to a household income of \$28,049.09.

On January 26, 2018, NYSOH issued a notice stating that the income in your application did not match the information NYSOH received from state and federal sources. You were directed to provide proof of income by February 9, 2018.

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Also on January 26, 2018, NYSOH issued a disenrollment notice stating that your children's enrollment in their CHP plan was ending effective February 28, 2018, because they were no longer eligible for CHP.

On January 30, 2018, you uploaded proof of income, which was determined invalid the same day.

On January 31, 2018, NYSOH issued a notice stating that the documentation you provided did not resolve the inconsistency regarding your proof of income.

On February 21, 2018, you uploaded proof of income.

On February 22, 2018, NYSOH verified your proof of income.

Also on February 22, 2018, NYSOH redetermined your eligibility.

On February 23, 2018, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective March 1, 2018.

Also on February 23, 2018, you selected a MMC plan for your children. On that date a preliminary eligibility determination was prepared stating that your children's enrollment in the MMC plan had a start date of April 1, 2018.

Also on February 23, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's enrollment in their MMC plan, insofar as it did not begin on March 1, 2018.

On February 24, 2018, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in an MMC plan, beginning April 1, 2018.

On May 1, 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 submitted an application to NYSOH for financial assistance on November 28, 2017, and your children were found conditionally eligible for CHP in a notice dated November 29, 2017, effective January 1, 2018.
- 2) Your children were subsequently enrolled in an CHP plan, effective January 1, 2018.

- 3) On January 25, 2018, you updated your NYSOH account attesting to a household income of \$28,049.09.
- 4) Your children were placed in a pending Medicaid status and you were directed to provide proof of income by February 24, 2018.
- 5) Your children were disenrolled from their CHP plan, effective February 28, 2018.
- 6) On February 21, 2018, you uploaded proof of income which was determined valid on February 22, 2018.
- 7) On February 23, 2018, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective March 1, 2018.
- 8) You testified that you selected an MMC plan for your children on February 23, 2018.
- 9) On February 24, 2018, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in an MMC plan, beginning April 1, 2018.
- 10) You testified that you are seeking to have your MMC plan for your children backdated to March 1, 2018.
- 11) You testified that you have a medical bill from the month of March 2018 which was not covered by your Medicaid Fee for Service coverage.

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)).

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

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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 children's MMC plan was effective April 1, 2018.

NYSOH records reflect that on February 23, 2018, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective March 1, 2018.

You testified that you enrolled your children in an MMC plan on February 23, 2018.

The date on which an 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.

On February 23, 2018, you selected an MMC plan, so, it would properly take effect on the first day of the second following month; that is, on April 1, 2018.

Therefore, the February 24, 2018 enrollment confirmation notice is **AFFIRMED**.

## **Decision**

The February 24, 2018 enrollment confirmation notice is **AFFIRMED**.

**Effective Date of this Decision:** May 18, 2018

## **How this Decision Affects Your Eligibility**

This decision does not change your children's eligibility.

The effective date of your children's MMC plan was April 1, 2018.

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 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  
PO Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The February 24, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your children's MMC plan was April 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. y&b&tumi 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.

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