



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

Notice of Decision

Decision Date: May 23, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030257



Dear [REDACTED]

On May 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 28, 2018 plan enrollment notice and March 6, 2018 plan enrollment 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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Issues

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

Did NY State of Health (NYSOH) properly determine that that your spouse was eligible for Medicaid, effective February 1, 2018?

Did NYSOH properly determine that your spouse's enrollment in her Medicaid Managed Care plan began April 1, 2018?

Procedural History

On February 22, 2018, you submitted an application for health insurance for you, your spouse and your child.

Also on February 22, 2018, NYSOH you uploaded income documentation into your NYSOH account.

On February 23, 2018, NYSOH issued a notice stating that more information was needed to determine your household's eligibility for health insurance. The notice explained that the income information in the application did not match federal and state data sources. The notice directed you to submit proof of your household income by March 9, 2018.

On February 27, 2018, NYSOH reviewed the income documentation you uploaded on February 22, 2018, and determined it was sufficient to verify your household's income. NYSOH recalculated your household income based on this

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information, updated the income in your household's application based on this recalculation, and then submitted an application on your household's behalf.

On February 28, 2018, NYSOH issued an eligibility determination notice stating that you, your spouse, and your child were eligible for Medicaid, effective February 1, 2018.

On March 5, 2018, NYSOH issued a plan enrollment notice, based on your plan selection on March 4, 2018, confirming your, your spouse, and your child's enrollment in Medicaid Managed Care plan, beginning April 1, 2018.

On March 15, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's start date of her fee-for-service Medicaid and Medicaid Managed Care plan.

On May 15, 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 for health insurance for your household, including your spouse, on February 22, 2018.
- 2) On February 28, 2018, your spouse was found eligible for Medicaid beginning February 1, 2018.
- 3) According to your NYSOH account, you selected a Medicaid Managed Care Plan for your spouse on March 5, 2018. Her enrollment began on April 1, 2018.
- 4) You testified that you are only appealing your spouse's Medicaid start date and Medicaid Managed Care start date.
- 5) You testified that your spouse went to the doctor and was told that the NYSOH system showed you and your child had coverage through NYSOH, but that she did not.
- 6) You testified that you requested this appeal to ensure that your spouse's start date in her Medicaid eligibility began February 1, 2018, and Medicaid Managed Care plan enrollment began April 1, 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 first issue under appeal is whether NYSOH properly determined that your spouse was eligible for Medicaid effective February 1, 2018.

On February 28, 2018, NYSOH issued an eligibility determination stating that your spouse was eligible for Medicaid beginning February 1, 2018.

Fee-for-service Medicaid goes into effect the first day of the month an individual is determined eligible for Medicaid.

Since your spouse was found eligible for Medicaid during the month of February 2018, your spouse's eligibility for fee-for-service Medicaid properly went into effect the first day of that month; that is, on February 1, 2018.

Therefore, the February 28, 2018 eligibility determination notice stating that your spouse was eligible for Medicaid beginning February 1, 2018, was correct and is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your spouse was enrolled in her Medicaid Managed Care plan beginning April 1, 2018.

The record reflects that you selected a Medicaid Managed Care Plan for your spouse on March 5, 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).

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 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 March 5, 2018, you selected a Medicaid Managed Care plan for your spouse, so it properly took effect on the first day of the first month following March 2018; that is, on April 1, 2018.

Therefore, the March 5, 2018 plan enrollment notice stating that your spouse's enrollment in her Medicaid Managed Care plan would be effective April 1, 2018, was correct and must be AFFIRMED.

During the hearing, you testified that your spouse went to the doctor and was told that the NYSOH system showed that you and your child had coverage through NYSOH, but that she did not.

Therefore, your case is RETURNED to NYSOH to ensure your spouse's NYSOH account reflects she is enrolled in fee-for-service Medicaid for the months of February 2018 and March 2018, and to Plan Management to ensure her Medicaid Managed Care plan records reflect her enrollment as of April 1, 2018.

Decision

The February 28, 2018 eligibility determination notice is AFFIRMED.

The March 5, 2018 plan enrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure your spouse's NYSOH account reflects she is enrolled in fee-for-service Medicaid for the months of February 2018 and March 2018, and to Plan Management to ensure her Medicaid Managed Care plan records reflect her enrollment as of April 1, 2018.

Effective Date of this Decision: May 23, 2018

How this Decision Affects Your Eligibility

Your spouse's Medicaid coverage began February 1, 2018.

Your spouse's enrollment in her Medicaid Managed Care plan began April 1, 2018.

Your case is being sent back to NYSOH to ensure your NYSOH account shows that your spouse is enrolled Medicaid in February 2018 and March 2018.

Your case is being sent back to Plan Management to ensure your spouse's Medicaid Managed Care plan records show her enrollment start date is April 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:

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

Summary

The February 28, 2018 eligibility determination notice is AFFIRMED.

The March 5, 2018 plan enrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure your spouse's NYSOH account reflects she is enrolled in fee-for-service Medicaid for the months of February 2018 and March 2018, and to Plan Management to ensure her Medicaid Managed Care plan records reflect her enrollment as of April 1, 2018.

Your spouse's Medicaid coverage began February 1, 2018.

Your spouse's enrollment in her Medicaid Managed Care plan began April 1, 2018.

Your case is being sent back to NYSOH to ensure your NYSOH account shows that your spouse is enrolled Medicaid in February 2018 and March 2018.

Your case is being sent back to Plan Management to ensure your spouse's Medicaid Managed Care plan records show her enrollment start date is 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 मदद 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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