



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

Notice of Decision

Decision Date: December 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM28793102

[REDACTED]

Dear [REDACTED]

On December 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 7, 2017 eligibility determination and plan enrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: December 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM28793102

[REDACTED]

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 you were eligible for Medicaid coverage, effective October 1, 2017?

Did NYSOH properly enroll you in a Medicaid Managed Care (MMC) plan with an enrollment start date of November 1, 2017?

Procedural History

On June 5, 2017, NYSOH issued a renewal notice stating that the members of your household have Medicaid coverage through Orange County Department of Social Services through August 31, 2017. The notice informed you that an account had been created for your household. You were instructed to log into the account between July 16, 2017 and August 15, 2017, to complete the renewal process.

On September 5, 2017, documentation was uploaded to your account (see Document [REDACTED]).

On September 6, 2017, your NYSOH account was updated.

On September 7, 2017, NYSOH issued a notice stating that your application for health insurance had been reviewed; however, the income information in your application did not match what NYSOH received from state and federal data

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sources. The notice instructed you to provide proof of household income by September 21, 2017, to confirm your household's eligibility.

On September 8, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to provide additional income documentation by October 6, 2017, to confirm your household's eligibility.

On September 19, 2017, documentation was uploaded to your account (see Document [REDACTED]).

On September 20, 2017, you submitted a Non-Financial Assistance application through NYSOH.

On September 28, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal on the basis that NYSOH's failed to provide you with a timely notice of eligibility determination.

On September 30, 2017, NYSOH issued a notice stating that you were eligible to purchase a qualified health plan at full cost, effective as of November 1, 2017.

On October 6, 2017, your NYSOH account was updated.

On October 7, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you remained eligible for Medicaid, effective as of October 1, 2017.

Also on October 7, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that as of October 6, 2017, you were enrolled in an MMC plan with an enrollment start date of November 1, 2017.

On October 25, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that as of October 24, 2017, you were enrolled in an MMC plan with an enrollment start date of October 1, 2017.

On December 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you were appealing the effective date of your Medicaid coverage and start date of your MMC plan.

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- 2) According to your NYSOH account and the June 5, 2017 notice, you were enrolled in Medicaid coverage through Orange County Department of Social Services through August 31, 2017.
- 3) According the Appeal Summary in the Evidence Packet, the following entry was entered on September 28, 2017 [REDACTED]

On 9/5/2017, the appellant [] contacted the Marketplace to update the application. A We Are Sorry defect arose on the account [REDACTED] [REDACTED] was filed in an attempt to correct the error. At this time, there has been no resolution and defect is still present on account. Therefore, no eligibility determination has been made and enrollment is not possible. The appellant [] is disputing the inability to enroll in coverage due to defect still existing on account, requesting ability to enroll in coverage.

(see Document [REDACTED], p. 2; uploaded 12/02/2017).

- 4) According the Appeal Summary in the Evidence Packet, the following entry was entered on October 6, 2017, in relevant part:

Defect Resolved. Application was able to be completed....

(see Document [REDACTED], p.3; uploaded 12/02/2017).

- 5) According to your NYSOH account, on October 6, 2017, you were determined eligible for Medicaid, effective October 1, 2017.
- 6) According to your NYSOH account, on October 6, 2017, you were enrolled in an MMC plan with an enrollment start date of November 1, 2017.
- 7) According to your NYSOH account, on October 24, 2017, your MMC plan enrollment start date was changed to October 1, 2017.
- 8) You testified that you incurred medical expenses in the months of August 2017 and September 2017. You want your Medicaid coverage and MMC plan to be effectuated for those months to cover those medical expenses.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid – Effective Date

An individual is eligible for Medicaid effective on the first day of a month if the individual was eligible at any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 OHIP/ADM-03(III)(F)).

MMC Enrollment Start Date

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, 13 OHIP/ADM-03(III)(F)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for Medicaid, effective October 1, 2017.

The record reflects that you were enrolled in Medicaid coverage through Orange County Department of Social Services through August 31, 2017. On June 5, 2017, NYSOH issued a notice informing you that an account had been created for your household. The notice also instructed to log into the account between July 16, 2017 and August 15, 2017, to complete the renewal process.

On September 5, 2017, you contacted NYSOH to complete the application process; however, a defect prevented you from completing the application. NYSOH filed a technical complaint ([REDACTED]) to correct the defect on the account. The available record reflects that on October 6, 2017, the defect was resolved and the application was completed.

An individual's Medicaid coverage is effectuated the first day of a month if the individual was eligible for Medicaid at any time during that month.

The record reflects that your NYSOH account was updated on October 6, 2017, and you were determined eligible for Medicaid. Under normal circumstances, your coverage should have been effectuated October 1, 2017, because the determination was made on October 6, 2017. However, the record further reflects that you were unable to complete the application process on September 5, 2017, because of the defect on your account. Further, the defect was not resolved until

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October 6, 2017. Because of the defect, you were unable to complete your application on September 5, 2017. Had you been able to, your Medicaid coverage could have begun as of September 1, 2017.

Therefore, the October 7, 2017 eligibility determination notice is MODIFIED to state that your Medicaid coverage was effective as of September 1, 2017.

Your case is RETURNED to NYSOH to effectuate your Medicaid coverage as of September 1, 2017.

The second issue under review is whether NYSOH properly enrolled you in an MMC plan with an enrollment start date of October 1, 2017.

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.

Based on the analysis above, through no fault of your own, your application process could not be completed on September 5, 2017. Had your application been completed on September 5, 2017, and had you enrolled in an MMC plan on that date, your coverage would have been effective on the first day of the following month; that is on October 1, 2017.

The record reflects that on October 7, 2017, NYSOH issued an enrollment notice confirming that you were enrolled in an MMC plan with an enrollment start date of November 1, 2017. Therefore, that notice is MODIFIED to state that you were enrolled in an MMC plan with an enrollment start date of October 1, 2017.

Subsequently, on October 25, 2017, NYSOH issued an enrollment notice confirming that you were enrolled in a MMC plan with an enrollment start date of October 1, 2017. Since that notice stated the correct enrollment start date, that notice is AFFIRMED.

Decision

The October 7, 2017 eligibility determination notice is MODIFIED to state that your Medicaid coverage is effective as of September 1, 2017.

Your case is RETURNED to NYSOH to effectuate your Medicaid coverage as of September 1, 2017, and to notify you accordingly.

The October 7, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in an MMC plan with an enrollment start date of October 1, 2017.

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 October 25, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: December 21, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage through Orange County Department of Social Services was to end August 31, 2017.

You were eligible for Medicaid coverage, effective September 1, 2017.

Your case is being sent back to NYSOH to make your Medicaid coverage effective as of September 1, 2017. NYSOH will notify you once this has been done.

You were enrolled in a MMC plan with an enrollment start date of October 1, 2017.

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

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).

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 7, 2017 eligibility determination notice is MODIFIED to state that your Medicaid coverage is effective as of September 1, 2017.

Your case is RETURNED to NYSOH to effectuate your Medicaid coverage as of September 1, 2017, and to notify you accordingly.

The October 7, 2017 plan enrollment notice is MODIFIED to state that you were enrolled in an MMC plan with an enrollment start date of October 1, 2017.

The October 25, 2017 plan enrollment notice is AFFIRMED.

Your Medicaid coverage through Orange County Department of Social Services was to end August 31, 2017.

You were eligible for Medicaid coverage, effective September 1, 2017.

Your case is being sent back to NYSOH to make your Medicaid coverage effective as of September 1, 2017. NYSOH will notify you once this has been done.

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You were enrolled in a MMC plan with an enrollment start date of October 1, 2017.

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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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