



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

Notice of Decision

Decision Date: April 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001332

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 23, 2014 Marketplace 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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

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Appeal Identification Number: AP000000001332

[REDACTED]
[REDACTED]
[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that February 1, 2015 is the effective date of your coverage through a Medicaid Managed Care plan?

Procedural History

On December 23, 2014, the Marketplace issued a notice of eligibility determination stating that your husband is eligible for Medicaid and that you are conditionally eligible for Medicaid effective December 1, 2014. The notice directs you provide documentation to confirm your citizenship status before March 24, 2015.

On December 23, 2014, the Marketplace also issued a notice to confirm that you and your husband were enrolled in Medicaid Managed Care plan effective February 1, 2015.

On January 2, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your Medicaid Managed Care enrollment would not take effect until February 1, 2015.

On February 4, 2014, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The Hearing Officer called the telephone number provided and your husband rescheduled the hearing until February 6, 2015.

On February 6, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

Findings of Fact

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

- 1) On December 22, 2014, you and your husband updated your Marketplace account. The Marketplace made a preliminary determination that your husband was eligible for Medicaid and that you were conditionally eligible, pending the production of additional information.
- 2) You and your husband selected a Medicaid Managed Care plan on December 22 2014.
- 3) On December 23, 2014, the Marketplace issued a notices advising you and your husband that your Medicaid coverage began on December 1, 2014 and that the Medicaid Managed Care plan would take effect on February 1, 2015.
- 4) You testified you want your Medicaid Managed Care plan to take effect on January 1, 2015.

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

Applicable Law and Regulations

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 Managed Care (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 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

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 between the first day and fifteenth day of a month goes into effect on the first day of the following month.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

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You selected your Medicaid Managed Care plan on December 22, 2014, so it must take effect on the first day of the second month after December; that is, on February 1, 2015.

Therefore the December 23, 2014 notice stating that your Medicaid Managed Care coverage would take effect on February 1, 2015 is correct and must be AFFIRMED.

Decision

The December 23, 2014 notice is AFFIRMED.

Effective Date of this Decision: April 27, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is February 1, 2015.

If you have not yet submitted the citizenship information requested in the December 23, 2014 notice of eligibility determination, you are encouraged to do so.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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.

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If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

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- By fax: 1-855-900-5557

Summary

The December 23, 2014 notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is February 1, 2015.

If you have not yet submitted the citizenship information requested in the December 23, 2014 notice of eligibility determination, you are encouraged to do so.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]