



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

Notice of Decision

Decision Date: July 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001690

[REDACTED]
[REDACTED]
[REDACTED]4

Dear [REDACTED],

On April 7, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 5, 2015 enrollment confirmation.

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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001690

[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 March 1, 2015 is the effective date of your coverage through Excellus Health Plan, Inc.?

Procedural History

On January 29, 2015, the Marketplace issued an enrollment confirmation stating that your insurance coverage through Medicaid will begin October 1, 2014.

On February 5, 2015, the Marketplace issued an enrollment confirmation stating that on February 4, 2015 you enrolled in Excellus Health Plan, Inc. Your insurance coverage through Medicaid will begin October 1, 2014 and enrollment with Excellus Health Plan, Inc. will begin March 1, 2015.

On February 5, 2015, the Marketplace issued a confirmation notice stating that on February 4, 2015, you requested a telephone hearing to review your Medicaid Managed Care plan start date.

On April 7, 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. You testified that you received Medicaid through your Local Department of Social Services (LDSS) in 2014.
2. You testified that you became aware that your Medicaid was discontinued at a February 8, 2015 medical appointment.
3. You testified that you contacted your LDSS in February 2015 and were notified that you were discontinued for not providing income verification.
4. On January 28, 2015, you submitted your initial application through the Marketplace.
5. On February 4, 2015, you selected a Medicaid Managed Care plan, Excellus Health Plan, Inc.
6. Your Excellus Health Plan, Inc. was effective March 1, 2015.
7. You testified you want your Medicaid Managed Care plan to take effect on January 1, 2015.
8. You testified that you have approximately \$300.00 in outstanding medical bills.

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, §11115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

Currently at issue is whether the Marketplace properly determined that your Excellus Health Plan, Inc. should be effective March 1, 2015.

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.

You selected your Medicaid Managed Care plan, Excellus Health Plan, Inc. on February 4, 2015. Since it was selected between the first and fifteenth day of the month, it must be effective the first day of the following month, March 1, 2015.

Therefore the February 5, 2015 notice stating that your Excellus Health Plan, Inc. would take effect on March 1, 2015 is correct and must be AFFIRMED.

Decision

The February 5, 2015 Marketplace notice is AFFIRMED.

Effective Date of this Decision: July 3, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

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.

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).

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.

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 February 5, 2015 Marketplace notice is AFFIRMED.

This decision does not change your eligibility.

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

Legal Authority

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

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).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]