



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002513

[REDACTED]

Dear Mr. [REDACTED]

On June 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 7, 2015 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation (CFR) 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).

This page intentionally left blank.



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

Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002513

[REDACTED]

Issue

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

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

Procedural History

On April 7, 2015, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit for that program. Your eligibility for Medicaid was effective April 1, 2015. The notice instructed you to pick a Medicaid Managed Care (MMC) plan soon.

Also on April 7, 2015, the Marketplace issued a notice confirming your enrollment in an MMC plan as of April 6, 2015. The notice further stated that your insurance coverage through Medicaid would begin April 1, 2015, and that your MMC plan coverage would begin on May 1, 2015.

On April 21, 2015, you spoke to the Marketplace's Account Review Unit and appealed the April 7, 2015 enrollment notice insofar as your enrollment in MMC plan could begin no earlier than May 1, 2015.

On June 2, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

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).

Findings of Fact

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

- 1) You elected to receive all correspondence from the Marketplace electronically.
- 2) You testified that you didn't recall receiving an e-mail notification on April 6, 2015 of the notice of enrollment issued by the Marketplace on April 7, 2015 stating that your Medicaid Managed Care (MMC) plan coverage would begin on May 1, 2015.
- 3) You testified that at the time of your April 6, 2015 application and selection of your MMC plan, a Marketplace representative stated that your MMC plan coverage would begin on April 1, 2015. You further testified that you requested that the Marketplace representative confirm this date since you needed to make a dental appointment.
- 4) You testified that based on the confirmation of your MMC plan coverage provided by the Marketplace representative, you made your dental appointment for the following day, April 7, 2015.
- 5) You testified that even after the dentist's office indicated that you were not covered, you went ahead with the appointment since your understanding was that it could take several hours before your enrollment would show up in their system.
- 6) You testified that you only realized that you MMC plan coverage would start on May 1, 2015 after your dental visit had been completed.
- 7) You testified that you were seeking to begin your MMC coverage on April 1, 2015 in order to cover the dental procedure you would have otherwise not made an appointment for had you known you were not covered.

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 issue is whether May 1, 2015 is the effective date of your coverage through a Medicaid Managed Care (MMC) plan.

The date on which a MMC 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 MMC plan on April 6, 2015, so it properly became effective the first day of the following month after April 2015; that is, on May 1, 2015.

You testified that a Marketplace representative confirmed that MMC plan coverage date start date would be April 1, 2015 and you relied upon that statement in going forward with your dental appointment the following day on April 7, 2015. However, we find that such reliance was unreasonable since the record reflects that you did not confirm your actual coverage start date with the MMC plan issuer, you did not wait to receive an insurance card from your plan issuer, and you did not delay your appointment upon being cautioned by the dentist office that they showed you did not yet have coverage.

Therefore, the April 7, 2015 notice stating that your MMC coverage would take effect on May 1, 2015 is correct and must be AFFIRMED.

Decision

The April 7, 2015 enrollment notice is AFFIRMED.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Fee-For-Service coverage remains April 1, 2015.

The effective date of your Medicaid Managed Care plan coverage is May 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.

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

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).

Summary

The April 7, 2015 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Fee-For-Service coverage remains April 1, 2015.

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

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:

