



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

Notice of Decision

Decision Date: January 08, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002943

[REDACTED]

Dear [REDACTED],

On July 23, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 13, 2015 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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Issue

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

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

Procedural History

On May 13, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible for Medicaid effective May 1, 2015.

On the same day the Marketplace also issued a notice to confirm that you were enrolled in Excellus Health plan effective June 1, 2015.

On May 15, 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 June 1, 2015.

On July 23, 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 May 12, 2015 you applied for health insurance through the Marketplace for yourself only.

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- 2) On May 13, 2015 the Marketplace issued an eligibility determination notice that you are Medicaid eligible effective May 1, 2015.
- 3) On May 13, 2015 the Marketplace issued a notice that on May 12, 2015 you enrolled in Excellus Health Plan effective June 1, 2015.
- 4) You testified that you were enrolled in Medicaid through Monroe County LDSS until April 30, 2015, but was discontinued for failing to recertify.
- 5) You testified that you contacted Monroe County LDSS and found out that they sent your recertification letter to the wrong address.
- 6) You testified that you had surgery on May 7, 2015 and have outstanding medical bills of approximately \$4,000.00.
- 7) You testified you want your Medicaid Managed Care plan to take effect on May 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 May 12, 2014, so it must take effect on the first day of the first month after May 2015; that is, on June 1, 2015.

Therefore the May 13, 2015 notice stating that your Medicaid Managed Care coverage would take effect on June 1, 2015 is correct and must be AFFIRMED.

Decision

The May 13, 2015 notice is AFFIRMED.

Effective Date of this Decision: January 08, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is June 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):

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Summary

The May 13, 2015 notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is June 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:

