

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

Notice of Decision

Decision Date: November 25, 2015

NY State of Health Number: Appeal Identification Number: AP000000004054



On October 30, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 23, 2015 enrollment confirmation 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).

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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 your enrollment in New York Catholic Health Plan, Inc, your Medicaid Managed Care plan, should be effective August 1, 2015?

Procedural History

On September 9, 2014 the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid. This eligibility was effective September 1, 2014.

On September 11, 2014 the Marketplace issued an enrollment confirmation notice stating that as of September 10, 2014 you had selected Hudson Health Plan, Inc. as your Medicaid Managed Care plan and that your enrollment would begin October 1, 2014.

On June 23, 2015 the Marketplace issued a disenrollment notice stating that your request to end your insurance coverage was received on June 22, 2015 and that your coverage with Hudson Health Plan, Inc would end effective July 31, 2015.

Also on June 23, 2015 the Marketplace issue an enrollment confirmation notice to confirm your enrollment as of June 22, 2015 in New York Catholic Health Plan, Inc. as your Medicaid Managed Care plan. The notice stated that your enrollment with New York Catholic Health Plan, Inc. is effective August 1, 2015.

On July 18, 2015 the Marketplace issued an enrollment confirmation notice stating that you had been auto-enrolled into your Medicaid Managed Care plan effective August 1, 2015.

On July 27, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your coverage under your New York Catholic Health Plan, Inc. Medicaid Managed Care plan on August 1, 2015 and not on July 1, 2015.

On October 30, 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.

Findings of Fact

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

- 1) On September 9, 2014 you were found eligible for Medicaid effective September 1, 2014.
- 2) On September 10, 2014 you selected Hudson Health Plan, Inc., as your Medicaid Managed Care plan effective October 1, 2014.
- 3) You testified that in June 2014 you contacted the Marketplace and asked to switch your Medicaid Managed Care plan because you had a life altering medical event that you needed to see specialists for who were not covered under Hudson Health Plan, Inc.
- 4) The record reflects that on June 22, 2015 you were disenrolled from Hudson Health Plan, Inc. effective July 31, 2015 and enrolled into New York Catholic Health Plan, Inc. effective August 1, 2015.

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

Applicable Law and Regulations

<u>Medicaid</u>

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 the Marketplace properly determined that your enrollment in New York Catholic Health Plan, Inc. as your Medicaid Managed Care plan was effective August 1, 2015.

On September 9, 2014 you were found eligible for Medicaid effective September 1, 2014 and on September 10, 2014 you selected Hudson Health Plan, Inc. as your Medicaid Managed Care plan. You testified that in June 2014 you contacted the Marketplace and asked to switch your Medicaid Managed Care plan because you had a life altering medical event that you needed to see specialists who were not covered under Hudson Health Plan, Inc.

The record reflects that on June 22, 2015 you were disenrolled from Hudson Health Plan, Inc. effective July 31, 2015 and enrolled into New York Catholic Health Plan, Inc. effective August 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.

Since you selected New York Catholic Health Plan, Inc. as your Medicaid Managed Care plan on June 22, 2015, it must take effect on the first day of the second following month after June; that is, on August 1, 2015.

Therefore, the July 23, 2015 enrollment confirmation notice stating that your enrollment in New York Catholic Health Plan, Inc. would take effect on August 1, 2015 is correct and must be AFFIRMED.

Decision

The June 23, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 25, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your enrollment in New York Catholic Health Plan, Inc. is August 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:

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• By fax: 1-855-900-5557

Summary

The June 23, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your enrollment in New York Catholic Health Plan, Inc. is August 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:



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).