



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

Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004730

[REDACTED]

Dear [REDACTED]

On December 16, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 10, 2015 Marketplace 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 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).

THIS PAGE INTENTIONALLY LEFT BLANK.

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

Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004730

[REDACTED]

Issue

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

Did the Marketplace properly determine that your son's enrollment with Excellus Health Plan, Inc. is effective October 1, 2015?

Procedural History

On December 17, 2014, the Marketplace issued a notice of eligibility determination stating that your son is eligible for Medicaid effective as of January 1, 2015.

On December 20, 2014 the Marketplace issued a notice to confirm that your son was enrolled in a Medicaid Managed Care plan (Excellus Health Plan, Inc.) and coverage would begin January 1, 2015.

On December 22, 2014 the Marketplace issued an eligibility determination stating that your son is not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through the Marketplace because "you did not respond to the renewal notice and did not complete your renewal within the required timeframe."

On December 24, 2015 the Marketplace issued a cancellation notice that your son's Excellus Health Plan, Inc. would end January 1, 2015. The notice stated that your son is no longer eligible to enroll in health insurance through New York State of Health.

On September 10, 2015 the Marketplace issued an enrollment notice confirming your son's enrollment as of August 12, 2015. The notice states that your son's enrollment with Excellus Health, Inc. is effective October 1, 2015.

On September 17, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the start date of your son's Excellus Health Plan, Inc.

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).

On December 16, 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 are only appealing your son's Medicaid Managed Care plan (Excellus Health Plan, Inc.) start date.
2. On December 16, 2014, you applied for health insurance, for your son, through the Marketplace.
3. On December 17, 2014, the Marketplace issued a notice of eligibility determination stating that your son is eligible for Medicaid effective as of January 1, 2015.
4. According to your Marketplace account, a Medicaid Manage Care plan was selected for your son on December 16, 2014.
5. On December 20, 2014 the Marketplace issued an enrollment notice confirming that your son was enrolled in Excellus Health Plan, Inc. and coverage would begin January 1, 2015.
6. You testified that you were notified at a medical appointment in July 2015 that your son was not enrolled in Excellus Health Plan, Inc.
7. On September 10, 2015 the Marketplace issued an enrollment notice confirming your son's enrollment as of August 12, 2015. The notice states that your son's enrollment with Excellus Health, Inc. is effective October 1, 2015.
8. You testified that your son does not have any 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

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).

– 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.

You selected your son's Medicaid Managed Care plan on December 16, 2014, so it must take effect on the first day of the second month after December; that is, on February 1, 2015.

Therefore the September 10, 2015 enrollment notice stating that your son's Medicaid Managed Care plan coverage would take effect on October 1, 2015 is MODIFIED to state that coverage will begin February 1, 2015.

Decision

The September 10, 2015 enrollment notice is MODIFIED to state that your son's Medicaid Managed Care plan will begin February 1, 2015.

Effective Date of this Decision: January 22, 2016

How this Decision Affects Your Eligibility

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

Your son was eligible for Excellus Health Plan, Inc. coverage beginning February 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.

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).

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

Summary

The September 10, 2015 enrollment notice is MODIFIED to state that your son's Medicaid Managed Care plan will begin February 1, 2015.

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

Your son was eligible for Excellus Health Plan, Inc. coverage beginning February 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:

