



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

## Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004985

[REDACTED]

Dear [REDACTED],

On January 19, 2016, 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 and the NY State of Health number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004985

[REDACTED]

## Issue

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

Did the Marketplace properly determine that the enrollment of your daughter [REDACTED] in her Excellus BlueCross Blue Shield Medicaid Managed Care plan should be effective August 1, 2015?

## Procedural History

On January 24, 2015, the Marketplace issued an eligibility determination notice stating, in relevant part, that your daughter [REDACTED] was eligible for coverage through Child Health Plus (CHP) at a reduced premium rate of \$9.00 per month, effective March 1, 2015.

On January 24, 2015, the Marketplace issued an enrollment confirmation notice that stated that your daughter's enrollment in Excellus BlueCross Blue Shield (Excellus BCBS) would begin March 1, 2015.

On June 22, 2015, the Marketplace received a revised application in which you attested to an annual household income of \$28,606.00.

On June 23, 2015, the Marketplace issued an eligibility redetermination notice based on the information contained in your June 22, 2015 application. The notice stated that your daughter was eligible for Medicaid coverage, effective June 1, 2015.

Also on June 23, 2015, the Marketplace issued a disenrollment notice confirming that your daughter's CHP coverage under the Excellus BCBS plan would end June 30, 2015.

Finally, on June 23, 2015, the Marketplace issued an enrollment confirmation notice that stated that your daughter's enrollment in Excellus BCBS Medicaid Managed Care (MMC) plan, with such coverage beginning August 1, 2015.

On October 22, 2015, you spoke to the Marketplace's Account Review Unit and appealed the June 23, 2015 enrollment confirmation notice insofar as it began your daughter's coverage under her Excellus BCBS MMC plan on August 1, 2015, rather than July 1, 2015.

On January 19, 2016, 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) Your daughter was enrolled in a CHP plan with Excellus BCBS from March 1, 2015 until June 30, 2015.
- 2) On June 22, 2015, your daughter was found eligible for Medicaid based on the information contained in your Marketplace application submitted on June 22, 2015.
- 3) On June 23, 2015, the Marketplace issue an eligibility determination notice stating that your daughter was eligible for Medicaid, effective June 1, 2015.
- 4) On June 22, 2015, you selected an Excellus BCBS MMC plan for your daughter's coverage.
- 5) On June 23, 2015, the Marketplace issued a notice advising you that your daughter's MMC plan would take effect on August 1, 2015.
- 6) You testified that you did not receive any notification from the Marketplace by either regular U.S. Mail or e-mail informing you that your daughter's MMC plan would begin August 1, 2015.
- 7) You testified that since you were not aware that your daughter's MMC plan would begin on August 1, 2015, you incurred approximately \$1,300.00 in out-of-pocket medical expenses associated with your

daughter's dental visit on July 1, 2015. You further testified that you kept your daughter's appointment with the dentist on that date since the Marketplace's failed to inform you that your daughter was only covered by Medicaid fee-for-service during July 2015.

- 8) You testified that your daughter's dentist does not accept Medicaid fee-for-service.
- 9) You testified that you want your daughter's MMC plan to take effect on July 1, 2015 in order to cover the outstanding medical expenses.

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

## **Applicable Law and Regulations**

### Medicaid

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 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 42 USC § 1315; 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 daughter's enrollment in her Excellus BlueCross BlueShield (Excellus BCBS) Medicaid Managed Care (MMC) plan was effective August 1, 2015.

Based on the information contained in your June 22, 2015 application, your daughter was found eligible for Medicaid. Since your revised application was received June 22, 2015, your daughter's coverage with Medicaid fee-for-service properly began on June 1, 2015.

The date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment.

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.

While you testified that you did not receive any notifications from the Marketplace confirming daughter's coverage under the MMC plan was to become effective August 1, 2015, any Marketplace omission on informing you that your daughter was solely covered through Medicaid fee-for-service between July 1, 2015 and July 31, 2015, and that your daughter was eligible for coverage under her MMC beginning August 1, 2015, is alone insufficient to overturn the MMC coverage start date policy noted above.

On June 22, 2015, you selected your daughter's MMC plan, so it must take effect on the first day of the second month after June 22, 2015; that is, on August 1, 2015.

Therefore, the June 23, 2015 enrollment confirmation notice stating that your daughter's MMC coverage 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:** February 4, 2016

## **How this Decision Affects Your Eligibility**

This decision does not change your daughter's eligibility.

The effective date of your daughter's Excellus BCBS MMC plan 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.

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 June 23, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your daughter's eligibility.

The effective date of your daughter's Excellus BCBS MMC plan is August 1, 2015.

### **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

