



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

Notice of Decision

Decision Date: February 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005310

[REDACTED]

Dear [REDACTED],

On February 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 13, 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).

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 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005310

[REDACTED]

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 your Medicaid Managed Care plan should be effective December 1, 2015?

Procedural History

On September 17, 2015, an eligibility determination notice was issued stating that you were eligible for Medicaid effective October 1, 2015.

On November 13, 2015, the Marketplace issued an enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan was effective December 1, 2015.

On November 21, 2015, you spoke to the Marketplace's Account Review Unit and appealed the Marketplace's failure to enroll you into a Medicaid Managed Care plan effective November 1, 2015.

On February 12, 2016, you were scheduled to appear for a telephone hearing. A Hearing Officer called you and you requested to adjourn the hearing to a later date. You waived your right to formal notice of the adjourned hearing through sworn testimony.

On February 24, 2016, you had your adjourned 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.

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Findings of Fact

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

- 1) On September 17, 2015 you were found eligible for Medicaid based on the information contained in your September 16, 2015 Marketplace application.
- 2) You testified that you called the Marketplace and spoke to a Marketplace representative to assist you in enrolling into a Medicaid Managed Care plan.
- 3) The events tab in your Marketplace account shows that on September 21, 2015 a plan enrollment was added for you by a Marketplace representative.
- 4) You testified that you were told that your Medicaid Managed Care plan would begin November 1, 2015. You testified that you did not receive any cards in the mail so you called the Medicaid Managed Care plan and you were told that they had no record of your enrollment.
- 5) The record reflects that the Marketplace filed a complaint (# [REDACTED]) on your behalf which states that you called on September 21, 2015 and you were found eligible for Medicaid. You also chose a plan on this date however, the representative did not confirm and checkout twice which left enrollment in progress.
- 6) The record reflects that on November 12, 2015 a Marketplace representative added your enrollment to your Medicaid Managed Care plan.

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 (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 your Medicaid Managed Care plan was effective December 1, 2015.

On September 17, 2015, you were found eligible for Medicaid based on the information contained in your September 16, 2015 Marketplace application. You testified that you called the Marketplace and spoke to a Marketplace representative to assist you in enrolling into a Medicaid Managed Care plan. The events tab in your Marketplace account shows that on September 21, 2015 a plan enrollment was added on your behalf by a Marketplace representative.

You testified that you did not receive your insurance cards in the mail so you called the Medicaid Managed Care plan and you were told that they had no record of your enrollment. The record reflects that the Marketplace filed a complaint on your behalf which states that you called on September 21, 2015 and chose a Medicaid plan on this date however, the representative did not confirm and checkout twice which left enrollment in progress.

The record reflects that on November 12, 2015 a Marketplace representative completed your enrollment into a Medicaid Managed Care plan.

On November 13, 2015, the Marketplace issued a notice advising you that your enrollment in your Medicaid Managed Care plan would take effect on December 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 the record supports that a Medicaid Managed Care plan was selected for you on September 21, 2015 and it was Marketplace error that resulted in you not being properly enrolled into the plan that day, your plan should have taken effect on the first day of the second following month after September; that is, on November 1, 2015.

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Therefore, the November 13, 2015 enrollment confirmation notice stating that your Medicaid Managed Care coverage would take effect on December 1, 2015 is incorrect and must be MODIFIED to state your enrollment in your Medicaid Managed Care plan will take effect on November 1, 2015.

Decision

The November 13, 2015 enrollment confirmation notice is MODIFIED to state your enrollment in your Medicaid Managed Care plan will take effect on November 1, 2015.

Your case is RETURNED to the Marketplace to correct your enrollment in your Medicaid Managed Care plan.

Effective Date of this Decision: February 29, 2016

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan is November 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

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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 November 13, 2015 enrollment confirmation notice is MODIFIED to state your enrollment in your Medicaid Managed Care plan will take effect on November 1, 2015.

Your case is RETURNED to the Marketplace to correct your enrollment in your Medicaid Managed Care plan.

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

