



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

## Notice of Decision

Decision Date: April 4, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005405

[REDACTED]

Dear [REDACTED]

On March 31, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 31, 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.

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).

## **Legal Authority**

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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: April 4, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005405

[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 was effective February 1, 2016?

## Procedural History

On March 6, 2015 the Marketplace issued a notice of eligibility determination, based on a March 5, 2015 application, stating that you were conditionally eligible for Medicaid, effective March 1, 2015. The notice also advised you to pick a Medicaid Managed Care plan.

On April 15, 2015 the Marketplace issued a notice of eligibility determination stating that you remain eligible for Medicaid, effective April 1, 2015. The notice also advised you to pick a Medicaid Managed Care plan.

On April 29, 2015, May 16, 2015, May 29, 2015, October 1, 2015, October 6, 2015, October 13, 2015, and October 16, 2015, notices of eligibility determination were issued stating that you remain eligible for Medicaid. Each of the notices advised you to a pick a Medicaid Managed Care plan.

On December 2, 2015 you spoke to the Marketplace's Account Review Unit and appealed your inability to select a Medicaid Managed Care plan due to a technical defect on your Marketplace account.

On December 31, 2015 the Marketplace issued a notice of enrollment, based on your plan selection on December 30, 2015, stating that you were enrolled in a Medicaid Managed Care plan, and that your plan would start February 1, 2016.

On March 31, 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 support the following findings of fact:

- 1) You submitted an application to the Marketplace for financial assistance on March 5, 2015. In that application you indicated that you were pregnant and expecting one child.
- 2) You testified that you wanted to enroll in a Medicaid Managed Care plan that day however the representative who was assisting you with your account did not enroll you in one.
- 3) You testified that you called the Marketplace in April to inquire about your enrollment in a plan and you were told that there was a technical error on your account that was preventing you from being enrolled into a Medicaid Managed Care plan.
- 4) You testified that you continued to call the Marketplace every few weeks to see if the defect had been fixed and you were advised by two supervisors that once it was resolved the Marketplace would backdate your Medicaid Managed Care plan.
- 5) On June 5, 2015, Complaint [REDACTED] was filed on your behalf and states that there was a defect on your account since April that was causing issues with your Medicaid coverage. The Complaint indicates that there was no resolution to the complaint until January 15, 2016.
- 6) You testified, and the record reflects, that you were finally able to enroll in a Medicaid Managed Care Plan on December 30, 2015
- 7) You testified that you need your Medicaid Managed Care plan to begin on April 1, 2015 because you relied on the statements by the Marketplace that the plan would be backdated once the issue was resolved in order to cover bills associated with your pregnancy.

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

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## **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; § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

## **Legal Analysis**

The issue is whether the Marketplace properly determined that your enrollment in the Medicaid Managed Care plan was effective February 1, 2016.

You submitted an application to the Marketplace for financial assistance on March 5, 2015. You testified that you wanted to enroll in a Medicaid Managed Care plan that day however because of a technical defect on your Marketplace account you were unable to select one. The record indicates that you contacted the Marketplace several times over the course of several months seeking to enroll into a Medicaid Managed Care plan.

You testified, and the record reflects, that you were finally able to enroll in a Medicaid Managed Care Plan on December 30, 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 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 a Medicaid Managed Care plan on December 30, 2015, it would have taken effect on the first day of the second month following after December; that is, on February 1, 2016. However, as discussed above there was a technical defect that prevented you from selecting a Medicaid Managed Care plan prior to December 30, 2015. Had there been no defect present, or if the Marketplace would have timely corrected the issues associated with your account, you would have been able to select a Medicaid Managed Care plan as

of March 5, 2015, the date in which you updated your Marketplace account to reflect your pregnancy.

Therefore, the December 31, 2015 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective April 1, 2015.

## **Decision**

The December 31, 2015 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective April 1, 2015.

Your case is RETURNED to the Marketplace to backdate your Medicaid Managed Care plan to April 1, 2015.

**Effective Date of this Decision:** April 4, 2016

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

Your enrollment in your Medicaid Managed Care plan should have been effective as of April 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 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).

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 December 31, 2015 notice of enrollment confirmation is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective April 1, 2015.

Your case is RETURNED to the Marketplace to backdate your Medicaid Managed Care plan to April 1, 2015.

Your enrollment in your Medicaid Managed Care plan should have been effective as of April 1, 2015.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.



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

