



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

Notice of Decision

Decision Date: March 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005831

[REDACTED]

Dear [REDACTED],

On March 28, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 24, 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.

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: March 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005831

[REDACTED]

Issue

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

Did the Marketplace properly determine that your family's enrollment in their Medicaid Managed Care plan was effective February 1, 2016?

Procedural History

On August 7, 2015 the Marketplace issued a notice of eligibility determination, based on your August 6, 2015 application, stating that you, your spouse, and four of your children were eligible for Medicaid, effective August 1, 2015. The notice advised you and your family to pick a health plan and that you would receive written confirmation from the Marketplace once a health plan was selected.

On December 24, 2015 the Marketplace issued a notice of enrollment, based on your plan selection on December 23, 2015, stating that you, your spouse, and four of your children were enrolled in a Medicaid Managed Care plan that would start February 1, 2016.

On December 29, 2015 you spoke to the Marketplace's Account Review Unit and appealed the start date of your family's enrollment in their Medicaid Managed Care plan insofar as it did not begin December 1, 2015.

On March 28, 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.

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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 August 6, 2015.
- 2) You testified that you did not select a Medicaid Managed Care plan at the time of your application because you did not know you could.
- 3) You testified that in October you went to a non-profit organization to assist you in enrolling in a Medicaid Managed Care plan through Fidelis.
- 4) You testified that you were told that instead of completing your enrollment in a Medicaid Managed Care plan, a representative created another account for you and your family.
- 5) There is no evidence that a duplicate account was ever created for you or your family through the Marketplace system.
- 6) The record reflects that you selected a Medicaid Managed Care plan on December 23, 2015.

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

Legal Analysis

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

You submitted an application to the Marketplace for financial assistance on August 6, 2015 but you did not select a Medicaid Managed Care plan at that time because you did not know you could. You testified that in October you went to a non-profit organization to assist you in enrolling in a Medicaid Managed Care plan through Fidelis but instead of completing your enrollment, a representative created another account for you and your family. However, there is no evidence that a duplicate account was ever created for you or your family through the Marketplace system.

Therefore, the record reflects that you did not properly select a Medicaid Managed Care plan for you and your family until December 23, 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.

On December 23, 2015, you selected a Medicaid Managed Care plan for you and your family, so it properly took effect on the first day of the second month following after December; that is, on February 1, 2016.

Therefore, the December 24, 2015 enrollment confirmation notice stating that your family's enrollment in a Medicaid Managed Care plan was effective February 1, 2016, is correct and must be AFFIRMED.

Decision

The December 24, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 30, 2016

How this Decision Affects Your Eligibility

This decision does not change your family's eligibility.

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).

The effective date of your, your spouse, and your children's Medicaid Managed Care plan is February 1, 2016.

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 December 24, 2015 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your family's eligibility.

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The effective date of your, your spouse, and your children's Medicaid Managed Care plan is February 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

