



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

Notice of Decision

Decision Date: May 31, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006246

[REDACTED]

Dear [REDACTED],

On May 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 2016 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 Account ID 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).

This page intentionally left blank.



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

Decision

Decision Date: May 31, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006246

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your enrollment in your Medicaid Managed Care plan was effective February 1, 2016?

Procedural History

On October 24, 2015, NYSOH issued a renewal notice that stated you needed to update your NYSOH account by December 15, 2015, so that your eligibility for financial assistance in the upcoming year could be redetermined. The notice further indicated that if you missed this deadline, the financial assistance you were currently receiving might end.

Your NYSOH account was not updated by December 15, 2015.

On December 21, 2015, NYSOH issued a notice of eligibility redetermination that stated you were no longer eligible for financial assistance, effective December 31, 2015, because you did not respond to the renewal notice and update your NYSOH account by December 15, 2015.

On December 22, 2015, NYSOH issued a disenrollment notice indicating that your 2015 coverage with your Medicaid Managed Care (MMC) plan would end effective December 31, 2015.

On January 5, 2016, NYSOH issued a notice of eligibility redetermination, based on your January 4, 2016 application, stating that you were eligible for Medicaid, effective January 1, 2016.

Also on January 5, 2016, NYSOH issued a notice of enrollment confirming your MMC plan selection made on January 4, 2016, and your plan enrollment start date of February 1, 2016.

On January 15, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan, insofar as it did not begin January 1, 2016.

On May 10, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for up to fifteen days to afford you the opportunity to submit documentary evidence.

As of May 25, 2016, the Appeals Unit did not receive a facsimile from you and no documents were viewable in your NYSOH account. Therefore, the record was closed and this decision is based on the record as developed at hearing.

Findings of Fact

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

- 1) You testified that the delay in your enrollment was due to hospitalizations, [REDACTED] which resulted in your loss of cognitive ability to carry out your personal affairs, including renewing your health insurance coverage on time.
- 2) You submitted an application to NYSOH for financial assistance in 2016 on January 4, 2016. You testified that a coordinator at your cancer treatment facility provided assistance in completing the renewal process.
- 3) According to your NYSOH account, you had health insurance coverage with Medicaid Fee-For-Services from January 1, 2016 to January 31, 2016.
- 4) According to your NYSOH account, you selected your MMC plan on January 4, 2016, and the corresponding January 5, 2016 notice confirmed that your enrollment was effective as of February 1, 2016.
- 5) You testified that you want your MMC plan to begin on January 1, 2016 to cover the expense of the medical treatment you received during that month.

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 Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in the MMC plan was effective February 1, 2016.

An individual is eligible for Medicaid Fee-For-Service as of the first day of a given month if eligible any time during that month. The record reflects that you contacted NYSOH on January 4, 2016 and were determined eligible for Medicaid, effective January 1, 2016. It also reflects that you had health insurance coverage with Medicaid Fee-For Service, effective January 1, 2016. Therefore, the January 5, 2016 notice of eligibility redetermination is correct and is **AFFIRMED**.

The record also reflects that you enrolled into an MMC plan on January 4, 2016 with an enrollment start date of February 1, 2016.

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

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

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).

Since you selected an MMC plan on January 4, 2016, it properly took effect on the first day of the month following after January 4, 2016; that is, on February 1, 2016.

Therefore, the January 5, 2016 enrollment notice confirming your enrollment start date in your Medicaid Managed Care plan was effective February 1, 2016, was correct and must be AFFIRMED.

This decision has no effect on subsequent redeterminations issued by NYSOH.

Decision

The January 5, 2016 notices of eligibility redetermination and enrollment are AFFIRMED.

This decision has no effect on subsequent redeterminations issued by NYSOH.

Effective Date of this Decision: May 31, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You had health insurance coverage with Medicaid Fee-For-Services from January 1, 2016 to January 31, 2016.

The effective date of your MMC 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 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 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 January 5, 2016 notices of eligibility redetermination and enrollment are **AFFIRMED**.

This decision does not change your eligibility.

You had health insurance coverage with Medicaid Fee-For-Services from January 1, 2016 to January 31, 2016.

The effective date of your MMC plan is February 1, 2016.

This decision has no effect on subsequent redeterminations issued by NYSOH.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

