



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

Notice of Decision

Decision Date: May 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006274

[REDACTED]

Dear [REDACTED],

On May 6, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's December 29, 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 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).

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006274

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Issue

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your son's enrollment in their Medicaid Managed Care plan should be effective February 1, 2016?

Did NYSOH properly determine that your enrollment in your qualified health plans should be effective February 1, 2016?

Procedural History

On November 7, 2015, NYSOH issued a renewal notice that it was time to renew your and your son's health insurance. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you and your son would qualify for financial help with paying for health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 10, 2015, NYSOH issued a notice of eligibility determination, based on your December 9, 2015 application, you were eligible for up to \$54.00 of advance premium tax credits, and your son was eligible for Medicaid, effective January 1, 2016.

On December 29, 2015, NYSOH issued a notice confirming your enrollment as of December 9, 2015, that you were enrolled in HMO Copayment 10 Platinum ST INN Dep 29 (CDPHP) and Empire Dental Family Enhanced, NS, OON, Adult/Family Dental, Dep25 (Empire Blue Cross), and your son was enrolled in Medicaid (CDPHP). Each plan had an enrollment start date of February 1, 2016.

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On January 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the start dates of your qualified health plans and your child's plan enrollment in their Medicaid Managed Care plan, insofar as they did not begin January 1, 2016.

On May 6, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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 testified that you are applying for health coverage through NYSOH for yourself and your son.
2. You submitted an application to NYSOH for financial assistance, for you and your son, on December 9, 2015.
3. You testified that you selected your qualified healths for yourself and a Medicaid Managed Care plan for your son on December 9, 2015.
4. On December 29, 2015, NYSOH issued an enrollment notice confirming that on December 9, 2015, you enrolled in your medical and dental qualified health plans, and your son was enrolled in their Medicaid Managed Care plan with plan enrollment start dates of February 1, 2016.
5. You testified that you want your qualified health plans and your son's Medicaid Managed Care plans to begin on January 1, 2016, not February 1, 2016.

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

Applicable Law and Regulations

Medicaid

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

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QHP Start Date

The Marketplace must provide an initial open enrollment period and annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs (45 CFR § 155.410(a)).

For the benefit year beginning on January 1, 2016, the Marketplace must ensure coverage is effective January 1, 2016, for QHP selections received by the Marketplace on or before December 15, 2015; however, the enrollment period was further extended to December 19, 2015 for individuals to have coverage effective January 1, 2016 (Press Release: NY State of Health Extends Enrollment Deadline for January 1

Coverage: https://www.health.ny.gov/press/releases/2015/2015-12-15_enrollment_deadline_extension.htm

Legal Analysis

The first issue is whether NYSOH properly determined that your child's enrollment in their Medicaid Managed Care plan should be effective February 1, 2016.

You testified that you contacted NYSOH on December 9, 2015 and enrolled your son into a Medicaid Managed Care plan. Furthermore, on December 29, 2015, NYSOH issued an enrollment notice confirming that on December 9, 2015 your son was enrolled in their Medicaid Managed Care plan with a plan enrollment start date of February 1, 2016

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 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.

The record reflects that you selected a Medicaid Managed Care plan for your son on December 9, 2015, so it should have been effective on the first day of the first month following the selection; that is, on January 1, 2016.

Therefore, the December 29, 2015, enrollment notice stating that your son's enrollment in their Medicaid Managed Care plan is effective February 1, 2016, is MODIFIED to state that the plan enrollment start date is January 1, 2016.

The second issue under review is whether the NYSOH properly determined that your enrollment in your qualified health plans should have been effective February 1, 2016.

The date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A qualified health plan that is selected before December 19, 2015, is effective January 1, 2016.

The record reflects that your NYSOH application was updated and a qualified health plan was selected on December 9, 2015.

On December 9, 2015 you enrolled in a CDPHP medical and Empire Blue Cross dental plans, so the plans must take effect on January 1, 2016.

Therefore, the December 29, 2015 enrollment notice stating that your coverage in your CDPHP and Empire Blue Cross plans shall have plan enrollment start dates of February 1, 2016 is MODIFIED to state that the plans will have an enrollment start date of January 1, 2016.

Decision

The December 29, 2015, enrollment notice is MODIFIED insofar as to state that your son's Medicaid Managed Care (CDPHP) plan enrollment start date is January 1, 2016.

The December 29, 2015 enrollment notice is MODIFIED insofar as to state that your CDPHP medical and Empire Blue Cross dental plans will have plan enrollment start dates of January 1, 2016.

Your case is RETURNED to NYSOH to effectuate you and your son's coverage for January 1, 2016.

Effective Date of this Decision: May 24, 2016

How this Decision Affects Your Eligibility

Your son's Medicaid Managed Care plan (CDPHP) will have a plan enrollment start date of January 1, 2016.

Your medical (CDPHP) and dental (Empire Blue Cross) qualified health plans will have a start date of January 1, 2016.

You will be responsible for any additional premiums for effectuating this coverage.

If You Disagree with this Decision (Appeal Rights)

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 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 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 29, 2015, enrollment notice is MODIFIED insofar as to state that your son's Medicaid Managed Care (CDPHP) plan enrollment start date is January 1, 2016.

The December 29, 2015 enrollment notice is MODIFIED insofar as to state that your CDPHP medical and Empire Blue Cross dental plans will have plan enrollment start dates of January 1, 2016.

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Your case is RETURNED to NYSOH to effectuate the coverage for January 1, 2016.

Your son's Medicaid Managed Care plan (CDPHP) will have a plan enrollment start date of January 1, 2016.

Your medical (CDPHP) and dental (Empire Blue Cross) qualified health plans will have start dates of January 1, 2016.

You will be responsible for any additional premiums for effectuating this coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

