



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

Notice of Decision

Decision Date: May 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006374

[REDACTED]

Dear [REDACTED],

On May 23, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's November 5, 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: AP000000006374



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 December 1, 2015?

Procedural History

On September 16, 2015 your NYSOH account was updated to indicate that you were seeking health insurance through NYSOH.

On September 17, 2015 NYSOH issued a notice of eligibility determination based on the September 16, 2015 application, stating that you and your spouse were eligible to receive advance premium tax credits and cost-sharing reductions, effective November 1, 2015.

On November 2, 2015 you NYSOH account was updated to indicate that you were pregnant and expecting one child.

On November 4, 2015 NYSOH issued a notice of eligibility determination, based on the November 2, 2015 application, stating that you were eligible for Medicaid, effective November 1, 2015.

On November 5, 2015 NYSOH issued a notice of enrollment confirming your Medicaid Managed Care plan selection as of November 4, 2015. The notice stated that your Medicaid Managed Care plan would start December 1, 2015.

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On January 21, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin November 1, 2015.

On May 23, 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 previously were enrolled in a Medicaid Managed Care plan through HRA.
- 2) You testified that your Medicaid plan through HRA was terminated and you were not given notice that your plan was ending and that you needed to recertify.
- 3) You testified, and the record reflects, that you selected your Medicaid Managed Care plan through NYSOH on November 4, 2015, and that your enrollment was effective on December 1, 2015.
- 4) You testified that you want your Medicaid Managed Care plan to begin on November 1, 2015 because you are looking to have a \$200.00 be paid.

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-

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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 Medicaid Managed Care plan was effective December 1, 2015.

You testified that you previously were enrolled in a Medicaid Managed Care plan through HRA but it was terminated and you were not given notice that your plan was ending.

The record indicates that you did not become eligible for Medicaid through NYSOH until your November 2, 2015 application. You testified, and the record reflects, that you selected your Medicaid Managed Care plan through NYSOH on November 4, 2015, and that your enrollment was effective on December 1, 2015.

The date on which a Medicaid Managed Care plan can take effect through NYSOH 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.

On November 4, 2015, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the month following November; that is, on December 1, 2015.

Therefore, the November 5, 2015 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective December 1, 2015, was correct and must be AFFIRMED.

Decision

The November 5, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 27, 2016

How this Decision Affects Your 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).

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is December 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 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:
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Summary

The November 5, 2015 enrollment confirmation notice is **AFFIRMED**.

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This decision does not change your eligibility.

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

