



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

Notice of Decision

Decision Date: June 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006458

[REDACTED]

Dear [REDACTED],

On June 3, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 3, 2015 notice of enrollment.

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: AP000000006458



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 March 1, 2015?

Procedural History

On February 3, 2015, NYSOH issued a notice of eligibility determination, based on your February 2, 2015 application, stating that you were eligible for Medicaid, effective February 1, 2015.

Also on February 3, 2015, NYSOH issued a notice of enrollment confirming your selection of a Medicaid Managed Care (MMC) plan as of February 2, 2015. It also confirmed that your coverage under this MMC plan would begin March 1, 2015.

On January 25, 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, 2015.

On June 3, 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 submitted your initial application to NYSOH for financial assistance on February 2, 2015.
- 2) You testified, and the record reflects, that you selected your MMC plan on February 2, 2015, and that your enrollment was effective on March 1, 2015.
- 3) You testified that you want your MMC plan to begin on January 1, 2015 because you incurred approximately \$597.00 in medical expenses associated with a hospital stay during the month of January 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 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 sole issue under review is whether NYSOH properly determined that your enrollment in the MMC plan was effective March 1, 2015.

You testified, and the record reflects, that you contacted NYSOH on February 2, 2015 and enrolled into a MMC plan.

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

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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 February 2, 2015, you selected a MMC plan, so it properly took effect on the first day of the following month after February 2, 2015; that is, on March 1, 2015.

Therefore, the February 3, 2015 notice of enrollment stating that your enrollment in your MMC plan would be effective March 1, 2015, was correct and must be AFFIRMED.

Decision

The February 3, 2015 notice of enrollment is AFFIRMED.

Effective Date of this Decision: June 7, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your MMC plan is March 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 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:
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- By fax: 1-855-900-5557

Summary

The February 3, 2015 notice of enrollment is AFFIRMED.

This decision does not change your eligibility.

The effective date of your MMC plan is March 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:

