



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

Notice of Decision

Decision Date: April 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006465

[REDACTED]

Dear [REDACTED],

On March 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 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 NY State of Health 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: April 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006465

[REDACTED]

Issue

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

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

Procedural History

On January 21, 2016, your NY State of Health (NYSOH) account was updated to state that you were seeking insurance through NYSOH. That day, a copy of your insurance card through your spouse was uploaded to your account.

On January 22, 2016, NYSOH issued a notice of eligibility determination, based on your January 21, 2016 application, stating that you were conditionally eligible for Medicaid, effective January 1, 2016. This determination was based upon the condition that you provide proof of your benefit information for Third Party Health Insurance. You were asked to provide that documentation before February 5, 2016.

Also on January 22, 2016, NYSOH issued a notice of enrollment, stating that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a health plan.

On January 25, 2016, you selected a Medicaid Managed Care plan for enrollment.

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).


Also on January 25, 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 February 1, 2016.

On January 26, 2016 an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan, with a start date of March 1, 2016.

On March 25, 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 an application to NYSOH for financial assistance on January 21, 2016.
- 2) You were found eligible for Medicaid effective January 1, 2016.
- 3) You testified, and the record reflects, that you enrolled in a Medicaid Managed Care Plan on January 25, 2016.
- 4) You testified that you need your Medicaid Managed Care plan to begin on February 1, 2016 because the doctor you were seeing for a serious medical condition only accepted Managed Care plans and not Medicaid Fee-For-Service.
- 5) You provided proof of termination of your Third Party Health Insurance from your husband's employer on February 10, 2016 in the form of a one page letter dated February 10, 2016. The letter explained that you were no longer covered by that health plan as of January 17, 2016. DOC:


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 NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective March 1, 2016.

Your application was first updated to reflect that you were seeking insurance coverage through NYSOH on January 21, 2016 and the record indicates that you contacted NYSOH on January 25, 2016 to enroll into a Medicaid Managed Care plan.

You testified that you need your Medicaid Managed Care plan to begin on February 1, 2016 because the doctor you were seeing for a serious medical condition only accepted Managed Care plans and not Medicaid Fee-For-Service.

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 January 25, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second month following January, 2016; that is, on March 1, 2016. Please note, that even if you were able to select a plan as of the date of your initial application, January 21, 2016, you still would not be able to have a start date prior to March 1, 2016.

Therefore, the January 26, 2016, enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan was effective March 1, 2016, is correct and must be **AFFIRMED**.

Decision

The January 26, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 25, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

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).

NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The January 26, 2016 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

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

