



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

Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006650

[REDACTED]

Dear [REDACTED]

On June 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 31, 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).

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006650



Issue

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

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

Procedural History

On December 23, 2015, NY State of Health (NYSOH) issued a renewal notice that stated you needed to update your NYSOH account so that your family's eligibility for financial assistance in the upcoming policy year could be redetermined. You were given until January 15, 2016 to do so and were informed that, if you missed this deadline, the financial assistance your family was currently getting might end.

On January 10, 2016, NYSOH issued a disenrollment notice that informed you that your and your two children's coverage in your Medicaid Managed Care (MMC) plan with MVP Health Plan, Inc. was due to end January 31, 2016.

On January 27, 2016, NYSOH issued an eligibility redetermination notice that stated you and your two children were eligible for Medicaid, effective February 1, 2016, and needed to pick a plan.

On January 31, 2016, NYSOH issued an enrollment notice confirming that you and your two children were enrolled in an MMC plan with MVP Health Plan, Inc. and had an enrollment start date of March 1, 2016.

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On January 30, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the MMC plan for you and your children insofar as it did not begin February 1, 2016.

On June 24, 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 spoke with a NYSOH representative on or about January 13, 2016, and were informed that the income documents you thought you had previously uploaded to your NYSOH account had not come through.
- 2) You testified that this prompted you to update the information in your NYSOH account by submitting earning statements for four consecutive weeks via facsimile on January 14, 2016.
- 3) You testified, and the record reflects, that your January 14, 2016 facsimile was uploaded to your NYSOH account on January 15, 2016.
- 4) According to your NYSOH account, your income was verified on January 26, 2016 and you and your two children were redetermined eligible for Medicaid, effective February 1, 2016.
- 5) You testified that you intended to just renew coverage in the same MVP MMC plan you had up to January 31, 2016, and had previously informed NYSOH of your intention. Your and your children's enrollment was confirmed on January 30, 2016, with a March 1, 2016 start date.
- 6) You testified that you want your and your two children's MMC plan with MVP Health Plan, Inc. to begin on February 1, 2016, because you incurred medical expenses for your daughter in February 2016 that you need covered.

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 you and your two children were enrolled in an MMC plan with MVP Health Plan, Inc. (MVP MMC plan), effective March 1, 2016.

According to your NYSOH account and your testimony, you contacted NYSOH on or about January 13, 2016, and informed a representative that you wanted to renew coverage for you and your two children in the same MVP MMC plan that you had previously and up to January 31, 2016. You further testified that when you learned that the income documents you had previously uploaded had not come through to your NYSOH account, you promptly sent your earning statements again via facsimile on January 14, 2016. The record reflects that your income documents were verified on January 26, 2016, and your enrollment request into the same MVP MMC plan was processed on January 30, 2016 with a March 1, 2016 enrollment start date.

Ordinarily, the date on which an 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.

The record reflects that you informed NYSOH, on or about January 13, 2016, that you were looking to renew coverage in the same MVP MMC plan you had up to January 31, 2016, and you submitted income documentation on January 14,

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2016, which was uploaded to your NYSOH account on January 15, 2016. The record further reflects that your income was not verified until January 26, 2016, at which time your and your children's eligibility for Medicaid was redetermined, and on January 30, 2016, your MMC plan selection was confirmed.

MMC plans selected on or after the sixteenth of the month generally take effect on the first day of the second month after January 2016, which in your case, is March 1, 2016.

However, the record demonstrates that you informed NYSOH on or about January 13, 2016 that you intended to renew in the same MVP MMC plan that you and your children were then enrolled in and had met the deadline of January 15, 2016 by submitting your income documentation on January 14, 2016. Based thereon, it is reasonable to conclude that you met the document and selection deadlines such that the start date of enrollment for you and your children in the MVP MMC plan should be February 1, 2016.

Therefore, the January 31, 2016 enrollment notice is MODIFIED to state that the enrollment start date of the MVP MMC plan for you and your two children is February 1, 2016.

Decision

The January 31, 2016 enrollment notice is MODIFIED to state that the enrollment start date of the MVP MMC plan for you and your two children is February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the February 1, 2016 start date of enrollment of the MVP MMC plan for you and your two children and to notify you accordingly.

Effective Date of this Decision: June 28, 2016

How this Decision Affects Your Eligibility

This decision does not change your or your children's eligibility for Medicaid effective February 1, 2016.

The effective date of your Medicaid Managed Care plan is February 1, 2016.

Your case is being sent back to NYSOH to effectuate the change in the start date of coverage for you and your two children to February 1, 2016 in your MVP MMC plan. NYSOH will inform you once this change has been made.

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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:
NY State of Health Appeals
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 31, 2016 enrollment notice is MODIFIED to state that the enrollment start date of the MVP MMC plan for you and your two children is February 1, 2016.

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Your case is RETURNED to NYSOH to effectuate the February 1, 2016 start date of the MVP MMC plan for you and your two children and to notify you accordingly.

This decision does not change your or your children's eligibility for Medicaid effective February 1, 2016.

The effective date of your Medicaid Managed Care plan is February 1, 2016.

Your case is being sent back to NYSOH to effectuate the change in the start date of coverage for you and your two children to February 1, 2016 in your MVP MMC plan. NYSOH will inform you once this change has been made.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

