



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

## Notice of Decision

Decision Date: July 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007086

[REDACTED]

Dear [REDACTED]

On July 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 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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## Decision

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007086



## 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 February 1, 2016?

## Procedural History

On January 4, 2016, NYSOH received your updated application.

On January 5, 2016, NYSOH issued a notice of eligibility determination, based on your January 4, 2016 application, stating that you were eligible for Medicaid, effective January 1, 2016.

Also on January 5, 2016, NYSOH issued a notice of enrollment in the plan you selected on January 4, 2016, stating that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on February 1, 2016.

On February 16, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care (MMC) plan, insofar as it did not begin January 1, 2016.

On July 19, 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 were enrolled in Medicaid coverage as of February 1, 2014, and were then found eligible for a tax credit of \$29.02 per month effective February 1, 2015.
- 2) While you were enrolled in Medicaid, you were enrolled in a MMC plan through WellCare. Your coverage in this plan ended on January 31, 2015.
- 3) You were not enrolled in any coverage beginning February 1, 2015.
- 4) You submitted an updated application to NYSOH for financial assistance on January 4, 2016. The record reflects that you selected MMC plan that same day.
- 5) You testified that you do not recall updating your NYSOH application on January 4, 2016, nor do you recall selecting a MMC plan on that day.
- 6) You testified that you called WellCare on January 5, 2016 because you needed to schedule a medical procedure and wanted to find out if you still had coverage.
- 7) You testified that you were unaware that your WellCare coverage had ended in 2015.
- 8) You testified that when you spoke with someone from WellCare on January 5, 2016, she told you that you were covered, but that they would need to send you a new card.
- 9) You testified that you asked the WellCare representative if you could schedule a medical appointment, and that she told you that you could use your old insurance card until the new one arrived, and that your ID number would be the same.
- 10) You testified that you had a medical procedure on January 19, 2016.
- 11) You testified that, if you had known your MMC coverage was not active until February 1, 2016, you would have waited to schedule the procedure.
- 12) You testified that you never used your health coverage in the past, and were unaware that your prior coverage had lapsed or that you were supposed to renew your coverage.

13) You testified that you want your Medicaid Managed Care plan to begin on January 1, 2016 because you now have a medical bill from your January 19, 2016 medical procedure.

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 your enrollment in the MMC plan was effective February 1, 2016.

The record reflects that you contacted NYSOH on January 4, 2016 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.

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 January 4, 2016, you selected a MMC plan, so it properly took effect on the first day of the following month; that is, on February 1, 2016.

Though you credibly testified that you were informed by a representative from WellCare that you had coverage in January 2016, this information was nevertheless inaccurate. Furthermore, there is nothing in the record that would indicate that your belief that you had coverage through your MMC plan in January was due to any error or mistake on the part of NYSOH. You were sent a renewal notice in December 2014 and a disenrollment notice in January 2015, making it clear that your coverage in Medicaid, as well as in your MMC plan, had ended. Since you did not update your account until January 4, 2016, your MMC plan could not go into effect until February 1, 2016.

Therefore, the January 5, 2016 enrollment confirmation notice stating that your enrollment in your MMC plan would be effective February 1, 2016, was correct and must be AFFIRMED.

## **Decision**

The January 5, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** July 22, 2016

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is February 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 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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The January 5, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is February 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:**

