



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

Notice of Decision

Decision Date: January 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008659

[REDACTED]

[REDACTED],

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 4, 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]
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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 spouse's enrollment in her Medicaid Managed Care plan was effective January 1, 2016?

Procedural History

On March 18, 2015, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for advance premium tax credits of up to \$224.00 per month as well as cost sharing reductions if you and your spouse enrolled in a silver level qualified health plan, effective January 1, 2015.

Also on March 18, 2015, NYSOH issued an enrollment notice confirming your and your spouse's enrollment in a silver level qualified health plan.

On November 25, 2015, you updated your family's application for financial assistance with health insurance.

On December 4, 2015, NYSOH issued a notice of eligibility determination, based on your November 25, 2015 application, stating that your spouse was eligible for Medicaid, effective January 1, 2016.

Also on December 4, 2015, NYSOH issued a notice of enrollment in the plan you selected on November 25, 2015, stating that your spouse was enrolled in a

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Medicaid Managed Care plan, and that her coverage would start on January 1, 2016.

On December 4, 2015, NYSOH issued a disenrollment notice advising that your and your spouse's coverage under your silver level qualified health plan would end, effective December 31, 2015.

On April 5, 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 December 15, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for 14 days to allow you the opportunity to submit indication of payment to your and your spouse's silver level qualified health plan. On December 27, 2016, copies of cancelled checks were uploaded to your NYSOH account, and these were collectively marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on November 25, 2015.
- 2) You testified, and the record reflects, that you selected a Medicaid Managed Care Plan for your spouse on November 25, 2015, and that her enrollment was effective on January 1, 2016.
- 3) You testified that you want your spouse's Medicaid Managed Care plan to begin on November 1, 2015 because your spouse has outstanding medical bills for treatment she received in November 2015 and December 2015.
- 4) You testified that your spouse had coverage through NYSOH in 2014 and 2015.
- 5) You testified that at some point in 2015, your spouse's coverage was cancelled without your knowledge, and that you did not receive a notice of cancellation.
- 6) You submitted copies of cancelled checks which show payments made to your silver level qualified health plan throughout 2015, however, the check amounts are inconsistent with the premium amount for your and your spouse's silver level qualified health plan.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid

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)).

Appealable Issues

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective January 1, 2016.

The record reflects that you contacted NYSOH on November 25, 2015 and enrolled your spouse into a Medicaid Managed Care plan.

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 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 25, 2015, you selected a Medicaid Managed Care plan for your spouse, so it properly took effect on the first day of the second month following after November; that is, on January 1, 2016.

Therefore, the December 4, 2015 enrollment confirmation notice stating that your spouse's enrollment in your Medicaid Managed Care plan would be effective January 1, 2016, was correct and must be AFFIRMED.

The New York State of Health Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the New York State of Health Appeals Unit.

The Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums. The record is unclear as to when your spouse was disenrolled from her silver level qualified health plan and why she was disenrolled from her silver level qualified health plan.

Therefore, the case is RETURNED to NYSOH Plan Management to investigate whether your spouse had coverage through a qualified health plan during November 2015 and December 2015, and when your spouse's enrollment in her qualified health plan terminated.

Decision

The December 4, 2015 eligibility determination is AFFIRMED.

The case is RETURNED to NYSOH Plan Management to investigate whether your spouse had coverage through a qualified health plan during November 2015 and December 2015, and when your spouse's enrollment in her qualified health plan terminated.

Effective Date of this Decision: January 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's 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).

The effective date of your spouse's Medicaid Managed Care plan is January 1, 2016.

Your case is being sent back to NYSOH's Plan Management to investigate whether your spouse had coverage through her silver level qualified health plan in November 2015 and December 2015 and when your spouse's enrollment in her silver level qualified health plan terminated.

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
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Summary

The December 4, 2015 eligibility determination is AFFIRMED.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Medicaid Managed Care plan is January 1, 2016.

The case is RETURNED to NYSOH Plan Management to investigate whether your spouse had coverage through a qualified health plan during November 2015 and December 2015, and when your spouse's enrollment in her qualified health plan terminated.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

