



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

Notice of Decision

Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008901

[REDACTED]

Dear [REDACTED]

On October 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 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: AP000000008901

[REDACTED]

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 7, 2016, NYSOH issued a notice of eligibility determination, based on your application of that date, stating that you were eligible for Medicaid, effective January 1, 2016.

On January 12, 2016, NYSOH issued an enrollment notice confirming that the Medicaid Managed Care (MMC) plan you selected on January 11, 2016, would start on February 1, 2016.

On February 8, 2016, you updated your application.

On February 9, 2016, NYSOH issued a notice of eligibility determination, based on your February 8, 2016 update, stating that you remain eligible for Medicaid, effective February 1, 2016.

Also on February 9, 2016, NYSOH issued an eligibility determination that stated you were eligible for retroactive Medicaid from December 1, 2015 to December 31, 2015.

Also on February 9, 2016, NYSOH issued an enrollment notice again confirming that the MMC plan you selected on February 8, 2016, would start on February 1, 2016.

On April 14, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC, insofar as it did not begin December 1, 2015.

On October 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 supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on January 7, 2016.
- 2) According to your NYSOH account and your testimony, you selected your MMC plan on January 11, 2016, and your enrollment in that plan was effective on February 1, 2016.
- 3) You testified that you want your MMC plan to begin on December 1, 2015 because you went to visit your doctor in December 2015 and have medical bills from that month. You testified you were not notified by your previous health plan that you didn't have coverage until late January 2016.
- 4) You submitted as evidence a letter from Healthfirst dated December 14, 2015, stating that you lost your Medicaid eligibility through NYS Department of Social Services, effective November 30, 2015. That notice also stated that "if you regain eligibility for Medicaid managed care within 90 days of the cancellation date, you will be automatically re-enrolled in Healthfirst."
- 5) You also submitted as evidence the envelope that accompanied the December 14, 2015 letter from Healthfirst with a postmark date of January 16, 2016.

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 February 1, 2016.

According to your NYSOH account, you enrolled in a Medicaid Managed Care plan through NYSOH for the first time on January 11, 2016.

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 January 11, 2016, you selected an MMC plan, so it properly took effect on the first day of the following month; that is, on February 1, 2016.

Therefore, the February 9, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan was effective February 1, 2016, was correct and must be AFFIRMED.

Notwithstanding, you stated that you were not notified by your previous health plan through your local Department of Social Security (LDSS) that you were disenrolled from your MMC plan until late January 2016 and you felt that this was untimely. You submitted, as evidence, a letter from Healthfirst dated December

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14, 2015, stating that you lost your MMC plan coverage through NYS Department of Social Services (LDSS), effective November 30, 2015 along with an envelope that was postmarked January 16, 2016. You also testified that you went to visit your doctor in December, 2015 and incurred medical bills for the services you received.

You credibly testified and provided supporting documentation to demonstrate that you previously had coverage through your LDSS and did not receive notice that your coverage was being terminated in November 2015, in order for you to timely react. However, NYSOH Appeals Unit does not have jurisdiction over such issues. There is a fair hearing process that you can avail yourself of through NYS Office of Temporary Disability Assistance. To learn more about this process, you can access its websites at otda.ny.gov/oah and <https://otda.ny.gov/hearings/faq.asp>.

Decision

The February 9, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 2, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility. You became eligible for retroactive Medicaid as of December 1, 2015.

The effective date of your MMC 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

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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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 9, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility. You became eligible for retroactive Medicaid as of December 1, 2015.

The effective date of your MMC 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:

