



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

## Notice of Decision

Decision Date: December 8, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009135

[REDACTED]

Dear [REDACTED],

On November 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 27, 2015 eligibility determination and enrollment confirmation notices.

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

Decision Date: December 8, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009135

[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 (MMC) plan was effective July 1, 2015?

## Procedural History

On May 26, 2015, you updated your application for health insurance.

On May 27, 2015, NYSOH issued a notice of eligibility determination, based on your May 26, 2015 application, stating that you were eligible for Medicaid, effective June 1, 2015.

Also on May 27, 2015, NYSOH issued a notice of enrollment confirming the MMC plan you selected on May 26, 2015, and the coverage start date of July 1, 2015.

On June 1, 2015 and April 26, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan insofar as it did not begin June 1, 2015.

On November 22, 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.

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## **Findings of Fact**

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

- 1) According to your NYSOH account, you were enrolled in a Medicaid program outside of NYSOH effective July 1, 2014.
- 2) According to your NYSOH account, you submitted an initial application to NYSOH for financial assistance on May 26, 2015 and were determined eligible for Medicaid.
- 3) According to your NYSOH account and your testimony, you selected your MMC plan on May 26, 2015, and your enrollment was effective on July 1, 2015.
- 4) You testified that when you updated your account on May 26, 2015, you were advised by the Certified Assistance Counselor (CAC) that paper applications for Medicaid were no longer allowed and that you must submit a paperless application. You further testified that, as a result of the paperless application, you were disenrolled from your MMC plan that you had outside NYSOH upon renewal and were only able to reenroll for a July 1, 2015 start date, leaving a gap in coverage for the month of June 2015.
- 5) You testified that you want your MMC plan to begin on June 1, 2015 because you have medical bills from June 2015 that are not covered by Medicaid Fee-For-Service.

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-

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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)).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in the MMC plan was effective July 1, 2015.

According to your NYSOH account, you submitted an application to NYSOH for financial assistance on May 26, 2015, and were properly determined Medicaid eligible as of June 1, 2015 through NYSOH. This was because you still had MMC coverage through your LDSS in the month of May 2015, so the earliest date you were eligible for Medicaid through NYSOH was June 1, 2016.

As a result of the paperless application through NYSOH, you testified that you believe you were disenrolled from your MMC plan upon renewal and re-enrolled in your MMC on July 1, 2015, and had coverage for the month of June 2015 through Medicaid Fee-For-Service. You testified that you have medical bills for the month of June 2015 that were not covered by Medicaid Fee-For-Service.

Generally, 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.

On May 26, 2015, you selected an MMC plan, so it properly took effect on the first day of the second month following after May 2015; that is, on July 1, 2015.

Therefore, the May 27, 2015 enrollment confirmation notice stating that your enrollment in your MMC plan would be effective July 1, 2015, was correct and must be AFFIRMED.

## **Decision**

The May 27, 2015 eligibility determination and enrollment confirmation notices are AFFIRMED.

**Effective Date of this Decision:** December 8, 2016

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

This decision does not change your eligibility.

The effective date of your MMC plan through NYSOH in 2015 was July 1, 2015.

## **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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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- By calling the Customer Service Center at 1-855-355-5777
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## **Summary**

The May 27, 2015 eligibility determination and enrollment confirmation notices are AFFIRMED.

This decision does not change your eligibility.

The effective date of your MMC plan through NYSOH in 2015 was July 1, 2015.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

