



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

Notice of Decision

Decision Date: October 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009209

[REDACTED]

Dear [REDACTED],

On October 17, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's April 27, 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

Decision Date: October 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009209

[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 you and your children's enrollment in your Medicaid Managed Care plan was effective June 1, 2016?

Procedural History

On January 7, 2016, NYSOH issued a notice of eligibility determination, based on your January 6, 2016 application, stating that you were eligible for Medicaid, effective October 1, 2015. The notice also advised you to pick health plans for you and your children.

On April 26, 2016, you selected a Medicaid Managed Care plan for yourself and your children.

On April 26, 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 earlier.

On April 27, 2016 NYSOH issued an enrollment confirmation notice confirming enrollment for you and your children in Medicaid Managed Care plans "as of February 24, 2016" indicating that coverage would start on June 1, 2016.

On October 17, 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 testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 2) You testified that you received the January 7, 2016 notice from NYSOH advising you to pick health plans for you and your children.
- 3) You testified that you chose a health plan online for you and your children but that you do not remember when. You also testified that you placed several calls to NYSOH customer service concerning your children's Medicaid Managed Care plan enrollment.
- 4) You testified that you brought your child to the doctor in February 2016 wherein you learned for the first time that your children's Medicaid Managed Care coverage was not yet effective.
- 5) You testified that you have an outstanding bill from this doctor's visit in the approximate amount of \$170.
- 6) According to your online account, you did not select health plans for you and your children until April 26, 2016
- 7) You testified that you are seeking to have the effective date of your children's Medicaid Managed Care plans backdated to provide coverage for the outstanding February 2016 doctor's bill.
- 8) The NYSOH Appeals Unit requested all of the telephone calls registered to your account for the months of January, February, and March of 2016 as it relates to the present appeal. The NYSOH Appeals Unit reviewed each of those telephone calls and found as follows:
 - a. On January 8, 2016, you called the NYSOH customer service and were advised by the representative that you and your children's Medicaid was active but that you needed to pick Medicaid Managed care plans for all members.
 - b. On February 5, 2016, you called the NYSOH customer service looking for information about a dental provider in your area that

accepted Medicaid as your son required treatment. The representative advised you that you had not chosen a Medicaid Managed Care plan for you or your children. The representative further advised that the plan would be effective March 1, 2016 if you enrolled today. You stated that you would contact your children's dentist to see what insurance they accepted before choosing a Medicaid Managed Care plan for your family.

- c. On March 15, 2016 you called NYSOH customer service checking the status of your family's coverage because you took your son to the doctor for treatment and were told that his insurance coverage was not effective until April 1, 2016. You stated that you had signed your children up for Medicaid Managed Care plans a couple of weeks ago. The representative confirmed the children were enrolled in Medicaid Managed Care plans and advised that the effective date for their coverage was April 1, 2016. You stated that you enrolled yourself in a Medicaid Managed Care plan online earlier in the day and the representative confirmed that the effective date of coverage was April 1, 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 issue is whether NYSOH properly determined that you and your children's enrollment in your Medicaid Managed Care plans were effective June 1, 2016.

You testified that you contacted NYSOH and enrolled into a Medicaid Managed Care plan but that you did not remember the exact date in which this occurred. You further testified that you contacted NYSOH customer service on several occasions to discuss your children's Medicaid Managed Care plan enrollment. Accordingly, NYSOH Appeals Unit requested all of the telephone calls registered to your account for the months of January, February, and March of 2016 as it relates to the present appeal.

With regard to the date of your children's enrollment in Medicaid Managed Care plans, a review of the telephone calls you placed to NYSOH customer service establishes that you enrolled your children in Medicaid Managed Care plans online between February 5, 2016 and March 15, 2016. Enrollment was acknowledged by a customer service representative during the March 15, 2016 telephone call.

Though you were unable to provide evidence of the exact date of enrollment and the telephone call log similarly did not provide information as to the specific date you enrolled your children in their Medicaid Managed Care plans, the April 27, 2016 enrollment confirmation notice issued by NYSOH stated that you and your children were enrolled in Medicaid Managed Care plans "as of February 24, 2016". This corroborates the enrollment date range elicited from the telephone calls. Accordingly, the competent evidence of record establishes that you enrolled your children in Medicaid Managed Care plans on February 24, 2016.

With regard to your enrollment in a Medicaid Managed Care plan, notwithstanding the aforementioned notice indicating that you enrolled on February 24, 2016, a review of the March 15, 2016 telephone call you placed to NYSOH customer service establishes that you did not enroll yourself into a Medicaid Managed Care plan until March 15, 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.

As discussed above, on February 24, 2016, you selected Medicaid Managed Care plans for your children, so it properly took effect on the first day of the second month following after February; that is, on April 1, 2016. Similarly, as discussed above, on March 15, 2016, you selected a Medicaid Managed Care plan for yourself, so it properly took effect first day of the following month; that is, on April 1, 2016.

Therefore, the April 27, 2016 enrollment confirmation notice stating that you and your children's enrollment in your Medicaid Managed Care plans would be effective June 1, 2016, is MODIFIED to reflect that you and your children's Medicaid Managed Care plans were effective as of April 1, 2016.

Decision

The April 27, 2016 enrollment confirmation notice is MODIFIED to reflect that you and your children's Medicaid Managed Care plans were effective as of April 1, 2016.

Your case is RETURNED to NYSOH to enroll you and your children into your Medicaid Managed Care plan as of April 1, 2016.

Effective Date of this Decision: October 27, 2016

How this Decision Affects Your Eligibility

The effective date of you and your children's Medicaid Managed Care plan is April 1, 2016.

Your case is being sent back to NYSOH to ensure that you and your children are enrolled into a Medicaid Managed Care plan effective April 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 April 27, 2016 enrollment confirmation notice is MODIFIED to reflect that you and your children's Medicaid Managed Care plans were effective as of April 1, 2016.

Your case is RETURNED to NYSOH to enroll you and your children into your Medicaid Managed Care plan as of April 1, 2016.

The effective date of your Medicaid Managed Care plan is April 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:

