



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: AP000000009478

[REDACTED]

Dear [REDACTED],

On November 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 11, 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: December 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009478

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

Procedural History

On February 23, 2016 NYSOH issued a notice of eligibility determination, based on your February 22, 2016 application, stating that you, your spouse, and your three children were eligible for Medicaid, effective February 1, 2016.

Also on February 23, 2016, NYSOH issued a disenrollment notice stating that your, your spouse's, and your three children's previous coverage through your Medicaid Managed Care plan would terminate effective March 31, 2016.

On May 9, 2016 you contacted NYSOH to enroll in a Medicaid Managed Care Plan. That day, you received a preliminary determination that your, your spouse's, and your three children's enrollment in your Medicaid Managed Care plan would be effective June 1, 2016.

Also on May 9, 2016 you spoke to NYSOH's Account Review Unit and appealed that preliminary determination, insofar as your, your spouse's, and your three children's enrollment in your Medicaid Managed Care plan did not begin April 1, 2016.

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On May 11, 2016, NYSOH issued a notice of enrollment in the plan you selected on May 9, 2016, stating that you, your spouse, and your three children were enrolled in a Medicaid Managed Care plan, and that your coverage would start on June 1, 2016.

On November 21, 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 February 22, 2016.
- 2) You testified that you wanted yourself, your spouse, and your three children to remain in the same Medicaid Managed Care plan at the time you updated your application on February 22, 2016.
- 3) The phone call you placed to NYSOH on February 22, 2016 was recorded. A review of the recording of that phone call reveals that during the phone call, you indicated that you wanted yourself, your spouse, and your three children to be enrolled into the same Medicaid Managed Care plan in which your family had previously been enrolled. The NYSOH account representative indicated that you, your spouse, and your three children, had been reenrolled into your Medicaid Managed Care plan. During the phone call, the NYSOH account representative indicated that she was having issues with computer latency.
- 4) The events tab on your NYSOH account shows that on February 22, 2016, an NYSOH account representative added an enrollment for yourself, your spouse, and your three children.
- 5) You testified that you realized that you, your spouse, and your three children were disenrolled from your Medicaid Managed Care plan when you attempted to fill prescriptions for yourself and your children.
- 6) You testified that you want your, your spouse's, and your three children's Medicaid Managed Care plan to begin on April 1, 2016 because you and your children have bills for those months that have not been covered by your Fee-For Service Medicaid.

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

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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, your spouse's, and your three children's enrollment in the Medicaid Managed Care plan was effective June 1, 2016.

You testified that you contacted NYSOH on February 22, 2016 and updated your application for financial assistance for health insurance. You also testified that you enrolled yourself, your spouse, and your three children into a Medicaid Managed Care plan at that time. A review of the recording associated with the February 22, 2016 updates, reveals that during the phone call, you indicated that you wanted yourself, your spouse, and your three children to be enrolled into the same Medicaid Managed Care plan in which your family had previously been enrolled. The NYSOH account representative indicated that you, your spouse, and your three children, had been reenrolled into your Medicaid Managed Care plan. During the phone call, the NYSOH account representative indicated that she was having issues with computer latency.

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.

The record reflects that on February 22, 2016 after you updated your application for financial assistance, you selected a Medicaid Managed Care plan. At that time, the NYSOH account representative informed you that you, your spouse, and your three children were all set with your Medicaid Managed Care plan, and had been enrolled.

As you selected a Medicaid Managed Care plan on February 22, 2016, your family's Medicaid Managed Care plan should have taken effect on the first day of the second month following after February; that is, on April 1, 2016.

Therefore, the May 11, 2016 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your three children's enrollment in your Medicaid Managed Care plan is effective April 1, 2016.

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

Decision

The May 11, 2016 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your three children's enrollment in your Medicaid Managed Care plan is effective April 1, 2016.

The case is RETURNED to NYSOH to enroll you, your spouse, and your three children into your Medicaid Managed Care plan, effective April 1, 2016.

Effective Date of this Decision: December 8, 2016

How this Decision Affects Your Eligibility

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

Your case is being sent back to NYSOH to enroll you, your spouse, and your three children into your Medicaid Managed Care plan as of 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.

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).

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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 11, 2016 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your three children's enrollment in your Medicaid Managed Care plan is effective April 1, 2016.

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

The case is RETURNED to NYSOH to enroll you, your spouse, and your three children into your Medicaid Managed Care plan, effective April 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

