



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

Notice of Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010759

[REDACTED]

[REDACTED]

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 21, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010759

[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 spouse's enrollment in her Medicaid Managed Care plan was effective August 1, 2016?

Procedural History

On December 19, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to receive up to \$213.00 per month in advance premium tax credits, effective January 1, 2016.

On December 21, 2015, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in a bronze first qualified health plan effective January 1, 2016.

On June 7, 2016, your NYSOH account was updated to indicate that your spouse was pregnant and expecting to deliver one child.

On June 12, 2016, NYSOH issued a notice of eligibility determination, stating that you and your spouse were eligible to receive up to \$293.00 per month in advance premium tax credits, effective, July 1, 2016. This eligibility was based on an annual household income of \$57,522.32.

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On June 20, 2016, you updated the income information in your account to reflect an annual household income of \$54,080.00 and an application was submitted.

On June 21, 2016, NYSOH issued a notice of eligibility determination, based on your June 20, 2016 application, stating that your spouse was eligible for Medicaid, effective June 1, 2016.

Also, on June 21, 2016, NYSOH issued a notice of enrollment in the plan you selected on June 20, 2016, stating that your spouse was enrolled in a Medicaid Managed Care plan, and that her coverage would start on August 1, 2016.

On July 8, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in her Medicaid Managed Care plan, insofar as it did not begin July 1, 2016.

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 to give the Hearing Officer the opportunity to review telephone calls that you had with NYSOH in June 2016.

The Hearing Officer reviewed telephone calls from June 7, 2016, June 9, 2016, June 13, 2016, June 17, 2016, June 21, 2016, June 24, 2016, and June 28, 2016.

Findings of Fact

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

- 1) The record indicates that on June 7, 2016 your NYSOH application was updated to reflect that your spouse was pregnant with one child. The income in that application was listed as \$57,522.32.
- 2) You had several telephone conversations with NYSOH during June 2016.
- 3) During the telephone conversations from June 7, 2016, June 9, 2016, and June 13, 2016, you did not attempt to update the income information in your account.
- 4) You submitted an application to NYSOH for financial assistance dated June 20, 2016 stating that your 2016 expected household income was now \$54,080.00.
- 5) The record reflects that your spouse became eligible for Medicaid Fee-For Service, effective June 1, 2016 based on the June 20, 2016 application.

- 6) The record reflects that you selected your spouse's Medicaid Managed Care Plan on June 20, 2016, and that her enrollment was effective on August 1, 2016.
- 7) You testified that you want your spouse's Medicaid Managed Care to begin on July 1, 2016 because you incurred approximately \$1,000.00 in medical costs which were not accepted by your [REDACTED].
- 8) You testified that you were told by NYSOH agents that there was a problem with the NYSOH system and that you could not change your spouse's enrollment, when you updated your NYSOH application to reflect her pregnancy.

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 your spouse's enrollment in her Medicaid Managed Care plan was effective August 1, 2016.

You submitted an application to NYSOH for financial assistance dated June 20, 2016 which stated that your 2016 expected household income was \$54,080.00. As a result, your spouse was found eligible for Medicaid Fee-For Service as of June 1, 2016. The record reflects that you contacted NYSOH on June 20, 2016 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 June 20, 2016, you selected a Medicaid Managed Care plan for your spouse, so it properly took effect on the first day of the second following month; that is, on August 1, 2016.

It is noted that you did contact NYSOH several times prior to June 15, 2016, which had a Medicaid Managed Care plan been selected in this time frame would have given your spouse a July 1, 2016 start date. You testified that you were told by NYSOH agents that there was a problem with the NYSOH system and that you could not change your spouse's enrollment, when you updated your application to reflect her pregnancy on June 7, 2016. However, during the telephone conversations from June 7, 2016, June 9, 2016, and June 13, 2016 you did not attempt to update the income information in your account. Therefore, your spouse was not eligible for Medicaid until the income was updated on June 20, 2016. Accordingly, a Medicaid Managed Care plan could not have been selected on her behalf until June 20, 2016.

Therefore, the June 22, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective August 1, 2016, was correct and must be AFFIRMED.

Decision

The June 21, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 12, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

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

If You Disagree with this Decision (Appeal Rights)

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).

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

Summary

The June 21, 2016 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your spouse's eligibility.

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

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Legal Authority

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A Copy of this Decision Has Been Provided To:

