



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

Notice of Decision

Decision Date: February 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010970

[REDACTED]

Dear [REDACTED]

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Was your appeal of the NY State of Health's (NYSOH) March 22, 2016 eligibility determination notice timely?

Did NYSOH properly determine that your child's enrollment in his Medicaid Managed Care plan was effective May 1, 2016?

Procedural History

On March 1, 2016, you submitted an application for financial assistance for yourself and your child with NYSOH.

Also on March 1, 2016, you submitted documentation for proof of income.

On March 2, 2016, NYSOH issued a notice stating that your application had been reviewed, but that more information was needed to make an eligibility determination. You were advised to submit income documentation for your household to confirm the information in your application by March 17, 2016. An attachment to the notice stated the types of documentation you could provide.

On March 10, 2016, NYSOH issued a notice acknowledging receipt of the documentation you submitted to resolve the inconsistency in your account, but stated that the documentation provided was insufficient. It requested that you provide additional documentation proving your income. The letter did not specify

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what was lacking in the documentation you had already submitted, nor did it provide the deadline by which such documentation was to be provided.

On March 14, 2016 and March 16, 2016 you submitted additional proof of income.

On March 21, 2016, the documentation you provided on March 14, 2016 and March 16, 2016 was verified and your and your son's eligibility was redetermined based on updated income information by NYSOH.

On March 22, 2016, NYSOH issued a notice of eligibility determination, based on the updated March 21, 2016 application, stating in relevant part that your child was eligible for Medicaid, effective March 1, 2016.

On March 24, 2016, NYSOH issued a notice of enrollment in the plan you selected for your child on March 23, 2016, stating in relevant part, that your child was enrolled in a Medicaid Managed Care plan, and that his coverage would start on May 1, 2016.

On July 21, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his Medicaid Managed Care plan, insofar as it did not begin March 1, 2016.

On December 29, 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 that you and your child had previously obtained Medicaid coverage through Nassau County, your Local Department of Social Services (LDSS). You testified that you let your family's Medicaid coverage lapse because you did not receive the usual renewal package from your LDSS.
- 2) According to your NYSOH account and your testimony, you first applied for financial assistance for health insurance through NYSOH on March 1, 2016.
- 3) According to your NYSOH account you submitted proof of income on March 14 and 16, 2016, within the March 16, 2016 timeframe. These documents were verified by NYSOH within 3 business days on March 21, 2016.

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- 4) According to your NYSOH account, on March 21, 2016, the income in your application was changed from \$19,108.00 to \$23,251.00 and your family's eligibility was redetermined on that date.
- 5) You testified that on March 23, 2016, you spoke to a NYSOH representative when you picked your child's Medicaid Managed Care plan and was told he would be covered by Medicaid as of March 1, 2016.
- 6) According to your NYSOH account, you selected your child's Medicaid Managed Care Plan on March 23, 2016, and his enrollment was effective on May 1, 2016.
- 7) You testified that you took your child to his orthodontist in March 2016 and April 2016 because you believed your child was covered by his Medicaid Managed Care plan during that time frame.
- 8) You testified that it was not until July 2016 that you received bills from the orthodontist office that you learned this provider did not accept Medicaid Fee-For-Service and that your child was not covered under his Medicaid Managed Care plan for this time frame.
- 9) According to your testimony, you contacted NYSOH to appeal the start date of your child's Medicaid Managed Care plan as soon as you received the bills from the orthodontist in July 2016.
- 10) You testified that you want your child's Medicaid Managed Care plan to begin on March 1, 2016 because he has unpaid orthodontist bills for March 2016 and April 2016.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

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 initial issue under review is whether your appeal of NYSOH's March 22, 2016 eligibility determination notice was timely.

The record reflects that you first contacted NYSOH to file a complaint about the start date of your child's Medicaid Managed Care plan on July 21, 2016. The record indicates that a formal appeal was filed on that day.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of the effective date of your child's Medicaid Managed Care plan as stated in the March 22, 2016 eligibility determination and the enrollment confirmation notice of March 24, 2016, an appeal should have been filed by May 22, 2016. The record reflects that you filed your appeal on July 21, 2016, which is well beyond the 60-day deadline.

However, you credibly testified that when you spoke to a NYSOH representative on March 23, 2016, when you were picking a plan for your child, that you were told he would be covered by Medicaid as of March 1, 2016.

Further, you credibly testified that you first became aware that your child was not covered by his Medicaid Managed Care plan only after you received a bill from the orthodontist in July 2016 for services provided in March 2016 and April 2016.

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You testified that you learned then that the orthodontist did not accept Medicaid Fee-For-Service. You testified that receiving this bill from the orthodontist prompted you to contact NYSOH to inquire about your child's Medicaid Managed Care plan. You testified that it was then that you learned your child's Medicaid Managed Care plan did start until May 1, 2016.

Therefore, it is reasonable to conclude that you filed your appeal within a reasonably short time of learning that there was a problem with the start date of your child's Medicaid Managed Care plan in July 2016. Therefore, your appeal was filed timely.

The second issue is whether NYSOH properly determined that your child's enrollment in his Medicaid Managed Care plan was effective May 1, 2016.

You testified that you contacted NYSOH on March 23, 2016 and enrolled your child 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 March 23, 2016, you selected a Medicaid Managed Care plan for your child, so it properly took effect on the first day of the second month following after March 2016; that is, on May 1, 2016.

Therefore, the March 24, 2016, enrollment confirmation notice stating that your child's enrollment in his Medicaid Managed Care plan would be effective May 1, 2016, was correct and must be AFFIRMED.

Decision

The March 24, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 15, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

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).

The effective date of your child's Medicaid Managed Care plan is May 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 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 March 24, 2016 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your child's eligibility.

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The effective date of your child's Medicaid Managed Care plan is May 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:

