



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

Notice of Decision

Decision Date: January 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011128

[REDACTED]

[REDACTED]

On January 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 28, 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 Date: January 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011128

[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 plan was effective September 1, 2016?

Procedural History

On June 24, 2016, NY State of Health (NYSOH) issued a notice, based on your June 23, 2016 application, stating that you were conditionally eligible for Medicaid, effective July 1, 2016. That notice also stated that you needed to provide proof of income by July 8, 2016.

On July 1, 2016 and July 7, 2016, you submitted proof of your income to NYSOH (see Documents # [REDACTED] and [REDACTED]). That income was invalidated by NYSOH.

On July 8, 2016, NYSOH issued a notice stating that the documentation we reviewed does not confirm the information in your application. That notice also stated that you needed to provide additional proof of income by July 23, 2016.

On July 20, 2016, you submitted a letter from your employer confirming your leave of absence, which was subsequently verified by NYSOH on July 26, 2016 (see Document # [REDACTED]).

On July 27, 2016, NYSOH issued an eligibility determination notice, based on your July 26, 2016 updated application, stating that you were eligible for

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Medicaid without condition, effective July 1, 2016. That notice also stated that you must pick a plan.

On July 28, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on July 27, 2016, stating that you were enrolled in a MMC plan, with an enrollment start date of September 1, 2016.

Also on July 28, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your MMC plan insofar as it did not begin July 1, 2016.

On January 6, 2017, 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 are only appealing your eligibility.
- 2) You submitted an application to NYSOH for financial assistance on June 23, 2016.
- 3) You testified, and the record reflects, that you selected your MMC plan on July 27, 2016, and that your enrollment was effective on September 1, 2016.
- 4) You testified that you only need MMC coverage for July 2016. You have no expenses for June 2016 or August 2016.
- 5) You testified that NYSOH cancelled your gold-level qualified health plan (QHP) when you submitted your application for financial assistance and were found eligible for Medicaid. Your QHP ended on June 30, 2016. You further testified that you tried to pay your July 2016 premium for your gold-level QHP, but the health plan would not accept it.
- 6) You testified that you want your MMC plan to begin on July 1, 2016 because you were 37 weeks pregnant in July 2016 and were seeing a doctor that does not accept Medicaid for payment. You have medical expenses from three visits to that doctor and the date of delivery of your newborn.
- 7) You testified that you were aware of the fact that your doctor did not accept Medicaid, but you continued to see him.

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 enrollment in the MMC plan was effective September 1, 2016.

You testified that NYSOH cancelled your gold-level QHP when you submitted your application for financial assistance and were determined Medicaid eligible. Your QHP ended on June 30, 2016. You further testified that you tried to pay your July 2016 premium for your gold-level QHP, but the health plan would not accept it. Although you were found eligible for Medicaid for the month of July 2016, your doctor would not accept payment from Medicaid. Due to the fact you were 37 weeks pregnant, you continued to see that doctor and have medical bills for services received such that you are seeking to have your MMC plan start July 1, 2016.

According to your NYSOH account, you initially applied through NYSOH on June 23, 2016. On that date, you were found conditionally eligible for Medicaid pending proof of income. On July 1, 2016 and July 7, 2016, you submitted proof of your income to NYSOH, which was invalidated by NYSOH (see Documents # [REDACTED] and [REDACTED]). On July 20, 2016, you submitted a letter from your employer confirming your leave of absence, which was verified by NYSOH on July 26, 2016 (see Document # [REDACTED]). Therefore, your application was complete on July 26, 2016.

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. Since you selected a plan on July 27, 2016, your MMC plan would properly begin the first day of the second month following July 2016, which is September 1, 2016.

Therefore, the July 28, 2016 enrollment confirmation notice stating that your enrollment in your MMC plan was effective September 1, 2016, was correct and must be AFFIRMED.

Decision

The July 28, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your MMC plan is September 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)).

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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:
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Summary

The July 28, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your MMC plan is September 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:

