



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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011186

[REDACTED]

[REDACTED]

On January 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 26, 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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Appeal Identification Number: AP000000011186

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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 family's enrollment in your Medicaid Managed Care (MMC) plan was effective May 1, 2016?

Procedural History

On December 14, 2015, you renewed your family's application for health insurance through NYSOH.

On December 15, 2015, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in Essential Plan coverage, with a monthly premium of \$20.00 each, and your children were eligible to enroll in Child Health Plus (CHP) at no cost, effective January 1, 2016.

Also on December 15, 2015, NYSOH issued a notice of enrollment confirmation, confirming your enrollment, and your spouse's enrollment, in an Essential Plan effective January 1, 2016, and your children's enrollment in a CHP plan, effective January 1, 2016.

On March 11, 2016, NYSOH issued a disenrollment notice stating that your husband's enrollment in his Essential Plan coverage was terminated effective February 29, 2016 because a premium payment had not been received by his health plan.

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On March 25, 2016, you updated your NYSOH account, including your household income.

On March 26, 2016, NYSOH issued a notice of eligibility determination stating that you, your husband, and your two children were eligible for Medicaid, effective March 1, 2016.

Also on March 26, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end effective March 31, 2016, and your children's CHP coverage would also end March 31, 2016, because each of you was no longer eligible to remain enrolled in your current health insurance.

Also on March 26, 2016, NYSOH issued a notice of enrollment confirmation, confirming your family's enrollment in a Fidelis MMC plan, with an enrollment start date of May 1, 2016.

On August 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your family's enrollment in your MMC plan, insofar as your husband's enrollment did not begin on March 1, 2016, and the rest of your family's enrollment did not begin on April 1, 2016.

On January 10, 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 support the following findings of fact:

- 1) You testified that you filed this appeal because you have outstanding medical bills for your husband for the months of March and April 2016, so you are looking for his MMC coverage to be backdated to March 1, 2016.
- 2) You testified that you do not recall whether you received the March 11, 2016 notice stating that your husband was disenrolled from his Essential Plan effective February 29, 2016.
- 3) You also testified that you do not recall receiving the March 26, 2016 notice stating that your family was enrolled in a MMC plan with a plan start date of May 1, 2016.
- 4) Your NYSOH account indicates that you receive email alerts regarding notices that are issued in your NYSOH account.

- 5) You testified that you did not know you were receiving email alerts, and thought that you had always requested regular mail.
- 6) You testified that you are now logging into your NYSOH account more frequently to view notices than you used to.
- 7) You updated your application with NYSOH on March 25, 2016. In that update, you changed your household income.
- 8) You testified that you updated your account in March 2016 with the assistance of a NYSOH representative, and that this representative told you that everything was going to stay the same.
- 9) You testified that you and your family have always had health care coverage through Fidelis.
- 10) You testified that you believe you discovered that there was a gap in your husband's health insurance coverage sometime in May 2016, when you received a bill from one of his medical providers.
- 11) You testified that you did not file an appeal when you first found out that your husband had a gap in his insurance coverage, as you were spending time trying to resolve the issue with your husband's doctor and with Fidelis, and were confused about what exactly was going on.
- 12) Your NYSOH account reflects that you selected a MMC plan for your family on March 25, 2016, and that your family's enrollment was effective on May 1, 2016.

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

Applicable Law and Regulations

Appealable Issues

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, 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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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)).

MMC 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 NYSOH Appeals Unit only has the authority to review issues related to the following: (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 and (5) a denial of a for a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not your husband was properly terminated from his Essential Plan coverage for nonpayment of premiums. Likewise, we therefore lack the authority to make a determination that he should be placed back into the plan from which he was terminated for nonpayment of premiums.

Therefore, the only issue under review is whether NYSOH properly determined that your family's enrollment in your MMC plan was effective May 1, 2016.

The record reflects that you updated your NYSOH account on March 25, 2016, and selected a MMC plan for enrollment for yourself, your husband, and your children that same day.

The date on which a 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

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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 25, 2016, you selected a MMC plan for your family, so it properly took effect on the first day of the second month following after March; that is, on May 1, 2016.

Therefore, the March 26, 2016 enrollment confirmation notice, stating that your family's enrollment in your MMC plan began on May 1, 2016, was correct and must be AFFIRMED.

Decision

The March 26, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

The effective date of your family's MMC plan coverage was 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.

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Summary

The March 26, 2016 enrollment confirmation notice is AFFIRMED.

The effective date of your family's MMC plan coverage was 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:

