



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

Notice of Decision

Decision Date: January 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011276

[REDACTED]

[REDACTED]

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 2, 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: AP000000011276

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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 and your children's enrollment in your Medicaid Managed Care plan was effective August 1, 2016?

Procedural History

On March 11, 2016, NYSOH issued a notice that it was time to renew your and your children's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your children would qualify for financial help paying for your health coverage, and that you needed to update your account by April 15, 2016 or you might lose the financial assistance you were currently receiving.

On March 18, 2016, NYSOH received your updated non-financial application for health insurance.

On March 19, 2016, NYSOH issued a notice of eligibility determination, based on your March 18, 2016 application, stating that you and your children were eligible to purchase a qualified health plan at full cost, effective May 1, 2016.

Also on March 19, 2016, NYSOH issued a disenrollment notice advising that your and your children's enrollment in your Medicaid Managed Care plans was terminated, effective April 30, 2016, as you and your children were no longer eligible to remain enrolled in your current health insurance.

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On July 1, 2016, NYSOH received your financial assistance application for health insurance.

On July 2, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective July 1, 2016, and that your children were eligible for Medicaid, effective August 1, 2016.

On July 1, 2016, a complaint ([REDACTED]) was created wherein it was noted that your children were showing as eligible for Medicaid, effective August 1, 2016, despite having applied in July of 2016. On August 4, 2016, this incident was resolved with an indication that your children were granted Medicaid, effective July 1, 2016.

On July 2, 2016, NYSOH also issued a notice of eligibility determination stating that you and your children were eligible for Medicaid for April 1, 2016 through June 30, 2016.

Also on July 2, 2016, NYSOH issued a notice of enrollment in the plan you selected on July 1, 2016, stating that you and your children were enrolled in a Medicaid Managed Care plan, and that your and your children's coverage would start on August 1, 2016.

On August 4, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your children's enrollment in your Medicaid Managed Care plan, insofar as it did not begin May 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, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did receive the March 11, 2016 renewal notice advising you that you needed to update your and your children's application for health insurance.
- 3) You submitted a non-financial application for health insurance for yourself and your children to NYSOH on March 18, 2016.

- 4) You testified that when you first created your account, you did so with a broker, however, since that time, you have gone on-line and updated your account yourself.
- 5) The record reflects that on March 18, 2016 your application was updated by user "[REDACTED]". You testified that this is your user name.
- 6) You testified that when you updated your application on March 18, 2016 you were having technical issues, which affected your ability to update your application.
- 7) On March 18, 2016, only one application for health insurance was submitted.
- 8) You testified that on March 18, 2016 or March 19, 2016 you called NYSOH to follow-up regarding your application for health insurance.
- 9) A search of the phone recordings reveals that you placed no phone calls to NYSOH in March of 2016.
- 10) You testified that you did not receive the March 19, 2016 eligibility determination notice or March 19, 2016 disenrollment notice.
- 11) You testified that you did not know that you and your children had been disenrolled from your Medicaid Managed Care plan until Summer of 2016 after you took your children to the doctor.
- 12) The record reflects that on July 1, 2016 NYSOH received your and your children's updated application for health insurance.
- 13) The record reflects that you selected your and your children's Medicaid Managed Care Plan on July 1, 2016, and that your and your children's enrollment was effective on August 1, 2016.
- 14) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 15) You testified that you and your children were without a Medicaid Managed Care plan for three months, which you believe were May, June, and July of 2016.
- 16) You testified that you want your and your children's Medicaid Managed Care plan to begin on May 1, 2016 because your children have outstanding medical bills that are not covered under Fee-For Service Medicaid.

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 Medicaid Managed Care plan was effective August 1, 2016.

You testified that you received the March 11, 2016 renewal notice from NYSOH telling you that you needed to update the information in your NYSOH account.

You testified, and the record confirms, that you updated your NYSOH account on March 18, 2016. However, at that time, you updated your application to a non-financial application, and you and your children were therefore found eligible to enroll in a qualified health plan at full cost, effective May 1, 2016.

You testified that you were having technical difficulties with your application on March 18, 2016. However, the record reflects that only one application was submitted that day. Additionally, you testified that you called NYSOH to follow-up on your March application, however, there is no indication in the record that such a call was made in March of 2016.

You testified that you did not receive the March 19, 2016 eligibility determination notice from NYSOH telling you that you and your children were found eligible to purchase a qualified health plan at full cost, effective May 1, 2016, or the March 19, 2016 disenrollment notice from NYSOH telling you that you and your children were disenrolled from your Medicaid Managed Care plan, effective April 30,

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2016. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your and your children's disenrollment from your Medicaid Managed Care plan and eligibility after May 1, 2016.

The record shows that on July 1, 2016 you updated your and your children's application for health insurance through NYSOH to a financial application and submitted a request to enroll yourself and your children in 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 July 1, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the first month following after July; that is, on August 1, 2016.

Therefore, the July 2, 2016 enrollment confirmation notice stating that your and your children's enrollment in your Medicaid Managed Care plan would be effective August 1, 2016, was correct and must be AFFIRMED.

Decision

The July 2, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 11, 2017

How this Decision Affects Your Eligibility

This decision does not change your or your children's eligibility.

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

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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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 2, 2016 eligibility determination is **AFFIRMED**.

This decision does not change your and your children's eligibility.

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

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Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

