



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: AP000000011433

[REDACTED]

[REDACTED]

On December 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 13, 2016 enrollment 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011433



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 no earlier than September 1, 2016?

Procedural History

On January 17, 2015, NYSOH issued an enrollment notice confirming your selection of a Medicaid Managed Care (MMC) on January 17, 2015.

On January 14, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2016 or you might lose the financial assistance you were currently receiving.

On January 16, 2016, NYSOH received an update to your application for health insurance.

On January 17, 2016, NYSOH issued a notice acknowledging that your January 16, 2016 application had been received and stating that you might be eligible for health insurance through NYSOH; however, more information was required to issue an eligibility determination. The notice directed you to provide income

documentation by January 31, 2016 to confirm the information you provided in your application was accurate.

Also on January 17, 2016, NYSOH issued a disenrollment notice stating that your MMC plan coverage would end effective February 29, 2016.

On January 29, 2016, NYSOH received (1) a letter from [REDACTED] regarding your employment and (2) two earnings statements issued by [REDACTED] reflecting that you received \$300.00 and \$135.00 on January 22, 2016 and January 29, 2016, respectively.

On February 8, 2016, NYSOH redetermined your eligibility based on the information contained in your account as of that date.

On February 9, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective March 1, 2016. This notice instructed you to select a MMC plan for your Medicaid coverage.

On August 12, 2016, NYSOH received an update to your application for health insurance.

On August 13, 2016, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective August 1, 2016. This notice instructed you to select a MMC plan for your Medicaid coverage.

Also on August 13, 2016, NYSOH issued an enrollment notice confirming your selection of an MMC on August 12, 2016. The notice stated that your MMC plan coverage would be effective September 1, 2016. You spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan, insofar as it did not begin on March 1, 2016.

On December 14, 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 support the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on January 16, 2016. Based on that application, NYSOH directed you to provide additional income documentation to confirm the information in your application was accurate.

- 2) You were advised that you would be disenrolled from your MMC effective February 29, 2016.
- 3) On January 29, 2016, you provided to NYSOH a letter from your employer as well as two earnings statements reflecting that you received \$300.00 and \$135.00 on January 22, 2016 and January 29, 2016, respectively. These documents were verified as acceptable proof of income.
- 4) On February 9, 2016, NYSOH issued a letter stating that you were found eligible for Medicaid, effective March 1, 2016. That notice stated that you needed to select an MMC for your coverage.
- 5) You testified that you attempted to select an MMC for your Medicaid coverage as soon as you were found eligible for Medicaid on February 9, 2016, but were unable to do so. You further testified that NYSOH representatives stated that this was because of a defect in the system.
- 6) NYSOH's records show that the relevant defect, defect [REDACTED], was not resolved until August 12, 2016 (see tracking number [REDACTED]).
- 7) You further revised your application on August 12, 2016. NYSOH found that you remained eligible for Medicaid, effective August 1, 2016.
- 8) You testified, and the record reflects, that you were able to select a MMC plan on August 12, 2016, and that your enrollment was effective on September 1, 2016.
- 9) You testified that you want your MMC plan to begin on March 1, 2016 because you incurred out-of-pocket costs for medical expenses between March 1, 2016 and August 30, 2016.

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 under review is whether NYSOH properly determined that your enrollment in your MMC plan was effective no earlier than September 1, 2016.

The record reflects that you were found eligible for Medicaid as of February 8, 2016, and that your Medicaid fee-for-service coverage began as of March 1, 2016.

You testified that you attempted to reenroll in a MMC plan as of February 8, 2016, but were unable to do so. You further testified that you were told by NYSOH representatives that this was due to a defect in the NYSOH online system, and that this would be rectified shortly. This is confirmed in NYSOH's records.

You were ultimately able to reenroll in an MMC as of August 12, 2016, and that your coverage under that MMC plan took effect September 1, 2016.

Since there was no legal basis that would have prohibited you from selecting an MMC when you were found eligible for Medicaid as of February 9, 2016, and that you were only prevented from doing so by an acknowledged defect in NYSOH's systems, we find that you should have been able to enroll in a plan as of that date.

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.

Since we may reasonably infer that you would have selected your current MMC plan as of February 8, 2016, it would then have become effective on the first day of the month following February 2016; that is, on March 1, 2016.

Therefore, the August 13, 2016 enrollment notice is MODIFIED to state that your MMC plan coverage was effective March 1, 2016.

Decision

The August 13, 2016 enrollment notice is MODIFIED to state that your MMC plan coverage was effective March 1, 2016.

This matter is RETURNED to NYSOH to effectuate that change.

Effective Date of this Decision: January 12, 2017

How this Decision Affects Your Eligibility

The effective date of your MMC plan is March 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 August 13, 2016 enrollment notice is MODIFIED to state that your MMC plan coverage was effective March 1, 2016.

This matter is RETURNED to NYSOH to effectuate that change.

The effective date of your MMC plan is March 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:

