



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

Notice of Decision

Decision Date: January 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011553

[REDACTED]

[REDACTED],

On January 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s August 18, 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

Decision Date: January 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011553

[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 October 1, 2016?

Procedural History

On August 8, 2016, you updated your application for health insurance.

Also on August 8, 2016, you submitted proof of income for your household (see Documents [REDACTED] and [REDACTED]).

On August 9, 2016, NYSOH issued a notice of eligibility determination, based on your August 8, 2016 updated application, stating that you remained conditionally eligible for Medicaid effective August 1, 2016. That notice also stated that you needed to submit proof of income to confirm your eligibility by August 21, 2016.

Also on August 9, 2016, NYSOH issued an enrollment confirmation notice, based on your August 8, 2016 updated application, stating that you were enrolled in Medicaid. That notice also stated that you needed to pick a health plan.

On August 12, 2016, NYSOH verified your household's proofs of income.

On August 13, 2016, NYSOH issued an eligibility redetermination notice, based on your August 12, 2016 updated application, stating that you remained eligible for Medicaid, effective August 1, 2016. The notice also stated that you needed to pick a health plan.

Also on August 13, 2016, NYSOH issued an enrollment confirmation notice, based on your August 12, 2016 updated application, stating that you were enrolled in Medicaid. That notice also stated that you needed to pick a health plan.

Also on August 13, 2016, you updated your application for health insurance.

On August 16, 2016, the system updated your application for health insurance.

On August 17, 2016, NYSOH issued an eligibility redetermination notice, based on the August 16, 2016 system update, stating that you remained eligible for Medicaid, effective August 1, 2016. That notice also stated that you needed to pick a health plan.

Also on August 17, 2016, NYSOH issued an enrollment confirmation notice, based on the August 16, 2016 system update, stating that you were enrolled in Medicaid. That notice also stated that you needed to pick a health plan.

Also on August 17, 2016, you selected a Medicaid Managed Care plan.

On August 18, 2016, NYSOH issued an enrollment confirmation notice, based on your August 17, 2016 plan selection, stating that you were enrolled in a Medicaid Managed Care plan, effective October 1, 2016.

On August 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your Medicaid Managed Care plan on October 1, 2016, and not September 1, 2016.

On January 11, 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) On August 8, 2016, you updated your application for health insurance. You testified that your husband became unemployed and therefore, you sought further financial assistance. On that day, you were found

conditionally eligible for Medicaid, pending submission of proof of your household's income.

- 2) On August 8, 2016, you submitted proof of income for your household (see Documents [REDACTED] and [REDACTED]). That proof of income was subsequently verified by NYSOH on August 12, 2016.
- 3) You testified that you attempted to select a health plan on August 8, 2016 but were unable to do so. You also attempted to select a health plan again on August 13, 2016, after your household income was verified, but were unable to do so. You spoke to a NYSOH representative by telephone who advised you that sometimes it takes a couple of days for the system to update.
- 4) You testified that you checked your inbox every day to make sure you could enroll in a health plan because you knew your specialist doctor that you were seeing for your high-risk pregnancy would not accept Medicaid Fee-For-Service as payment.
- 5) According to your NYSOH account, the system updated your application on August 17, 2016 and you were able to select a Medicaid Managed Care plan on that day. You selected a plan on that day and your enrollment was effective October 1, 2016.
- 6) You testified that you want your Medicaid Managed Care plan to begin on September 1, 2016 because you have bills from your specialist doctor for the labor and delivery of your newborn child that are not covered by Medicaid Fee-For-Service.

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-

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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)).
(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The sole issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective October 1, 2016.

The record reflects that you updated your application for health insurance on August 8, 2016 because your husband had lost his job. Because of this update, you were found conditionally eligible for Medicaid, pending submission of proof of your household's income. On that same day, you submitted proof of income for your household, and that proof was verified by NYSOH on August 12, 2016 (see Documents [REDACTED] and [REDACTED]).

You selected a Medicaid Managed Care plan on August 17, 2016.

Generally, 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 goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month. Since you selected your Medicaid Managed Care plan on August 17, 2016, it took effect on the first day of the second month following August; that is, on October 1, 2016.

However, according to your NYSOH account and your testimony, on August 13, 2016, the day after your spouse's income documentation was verified; you attempted to enroll in a Medicaid Managed Care plan. You were unable to do so because the system did not update your application until August 17, 2016. But for the fact that the system took five days to update your eligibility after the documentation had been verified, you would have been able to enroll in your Medicaid Managed Care plan on August 13, 2016.

Had you been able to enroll in a Medicaid Managed Care plan on August 13, 2016, your effective date of your Medicaid Managed Care plan would have gone into effect on the first day of the following month; that is, on September 1, 2016.

Therefore, NYSOH's August 18, 2016 enrollment confirmation notice is MODIFIED to state that your Medicaid Managed Care plan began on September 1, 2016.

Decision

The NYSOH's August 18, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan began on September 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Medicaid Managed Care plan as of September 1, 2016, and to notify you accordingly.

Effective Date of this Decision: January 19, 2017

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan is September 1, 2016.

Your case is being sent back to NYSOH to facilitate the September 1, 2016 start date for you in your Medicaid Managed Care plan. NYSOH will notify once this start date has been changed.

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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If You Have Questions about this Decision (Customer Service Resources):

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Summary

The NYSOH's August 18, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan began on September 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment in your Medicaid Managed Care plan as of September 1, 2016, and to notify you accordingly.

The effective date of your Medicaid Managed Care plan is September 1, 2016.

Your case is being sent back to NYSOH to facilitate the September 1, 2016 start date for you in your Medicaid Managed Care plan. NYSOH will notify once this start date has been changed.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

