



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

Notice of Decision

Decision Date: February 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012021

[REDACTED]

Dear [REDACTED]

On January 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 23, 2016 and May 19, 2016 enrollment confirmation notices.

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: AP000000012021



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 spouse's and newborn's enrollment in their Medicaid Managed Care plan was effective April 1, 2016?

Procedural History

On December 25, 2015, NYSOH issued a notice of eligibility determination, stating that your spouse was eligible for the Essential Plan, effective January 1, 2016; she was subsequently enrolled in coverage through an Essential Plan.

On February 22, 2016, your NYSOH account was updated to reflect that your spouse was pregnant and expecting to deliver one child.

On February 23, 2016, NYSOH issued a notice of eligibility determination, based on your February 22, 2016 application, stating that your spouse was eligible for Medicaid, effective February 1, 2016. Coverage through her current plan would end February 29, 2016.

Also, on February 23, 2016, NYSOH issued a notice of enrollment in the plan you selected on February 22, 2016, stating that your spouse was enrolled in a Medicaid Managed Care plan, and that her coverage through that plan would start on April 1, 2016.

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On April 18, 2016, your NYSOH account was updated and your son, who was born on [REDACTED] was added to the account.

On April 19, 2016, NYSOH issued a notice of eligibility determination stating that your newborn son was eligible for Medicaid fee-for-service effective March 1, 2016.

Also on April 19, 2016, NYSOH issued a notice of enrollment for your newborn child, confirming that his enrollment in the selected Medicaid Managed Care plan was effective April 1, 2016.

On September 15, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in her Medicaid Managed Care plan, insofar as it did not begin April 1, 2016.

On December 15, 2016, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At your request, the hearing was adjourned to January 6, 2017, and then to January 23, 2017.

On January 23, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing Hebrew Interpreter [REDACTED] interpreted. 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 submitted an application to NYSOH for financial assistance on February 22, 2016.
- 2) You updated your NYSOH account on February 22, 2016 to reflect that your spouse was pregnant with one child.
- 3) Your spouse was determined eligible for Medicaid effective February 1, 2016.
- 4) You testified, and the record reflects, that you selected a Medicaid Managed Care Plan for your spouse on February 22, 2016 and her enrollment was effective on April 1, 2016.
- 5) Your newborn son was born on [REDACTED]
- 6) You testified that you want your spouse's enrollment in her Medicaid Managed Care plan to begin on March 1, 2016, because the medical

expenses for labor and delivery were 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-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 spouse's enrollment in her Medicaid Managed Care plan was effective April 1, 2016.

You submitted an application to NYSOH for financial assistance on February 22, 2016. You testified that you also contacted NYSOH on February 22, 2016 and enrolled your spouse into a Medicaid Managed Care plan as well as updated your NYSOH account to reflect your spouse's pregnancy. As a result, your spouse became eligible for Medicaid Fee-for-Service effective February 1, 2016.

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 February 22, 2016, you selected a Medicaid Managed Care plan for your spouse and newborn, so it properly took effect on the first day of the second following month; that is, on April 1, 2016.

Therefore, the February 22, 2016 enrollment confirmation notice stating that your spouse's enrollment in her Medicaid Managed Care plan would be effective April 1, 2016, was correct and must be AFFIRMED.

Decision

The February 23, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 24, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

The effective date of your spouse's Medicaid Managed Care plan is April 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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If You Have Questions about this Decision (Customer Service Resources):

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

Summary

The February 23, 2016 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Medicaid Managed Care plan is April 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:

