



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

Notice of Decision

Decision Date: March 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012391

[REDACTED]

[REDACTED]

On January 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 30, 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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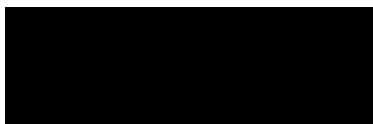


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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012391



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine your child's enrollment in her Medicaid Managed Care plan with Healthfirst was effective November 1, 2016?

Procedural History

On September 8, 2016, NYSOH issued a notice of eligibility determination, based on your September 7, 2016 updated application, stating your child was eligible for Medicaid, effective October 1, 2016.

Also on September 8, 2016, NYSOH issued a notice of enrollment, based on your September 7, 2016 plan selection, stating your child was enrolled in a Medicaid Managed Care plan with United Healthcare, effective October 1, 2016.

On September 30, 2016, NYSOH issued a notice of enrollment confirmation, based on your September 29, 2016 plan selection, stating your child was enrolled in a Medicaid Managed Care plan with Healthfirst, effective November 1, 2016.

Also on September 30, 2016, NYSOH issued a notice of disenrollment indicating you requested to terminate your child's Medicaid Managed Care plan with United Healthcare on September 29, 2016. The notice stated your child's coverage with this plan would end October 31, 2016.

On October 5, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in her Medicaid Managed Care plan with Healthfirst, insofar as it did not begin October 1, 2016.

On January 31, 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) Your original application for health insurance through NYSOH was submitted on August 1, 2016. At that time, your child was determined eligible for Child Health Plus and enrolled in a plan, effective September 1, 2016.
- 2) You appealed the start date of your child's Child Health Plus plan insofar as it did not begin August 1, 2016. However, you failed to confirm your desire to continue with this appeal and, therefore, the appeal was deemed abandoned and set to withdraw/ cancellation status.
- 3) You submitted an updated application to NYSOH for financial assistance on September 7, 2016.
- 4) You testified, and your account reflects, you initially selected United Healthcare as your child's Medicaid Managed Care Plan on September 7, 2016, and her enrollment in that plan became effective on October 1, 2016.
- 5) You testified you selected the United Healthcare plan at random and that you did not rely on any representations made by NYSOH representatives in selecting this plan.
- 6) You testified, and your account confirms, you contacted NYSOH via telephone on September 29, 2016 and switched your child's Medicaid Managed Care plan to Healthfirst.
- 7) You testified you switched your child's health plan because you learned her provider did not accept the United Healthcare plan.
- 8) Your child's United Healthcare Medicaid Managed Care plan was terminated as of October 31, 2016.
- 9) Your child's Healthfirst plan became effective November 1, 2016.

- 10) You testified you are only appealing the enrollment start date of your child's Medicaid Managed Care plan with Healthfirst.
- 11) You testified your child has outstanding medical bills from October 2016 that were not covered by her Medicaid Managed Care plan with United Healthcare.
- 12) You testified you believe your child's Medicaid Managed Care plan with Healthfirst should begin October 1, 2016 because you selected a new plan in September.

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 your child's enrollment in her Medicaid Managed Care plan with Healthfirst was effective November 1, 2016.

You testified, and your account confirms, you contacted NYSOH on September 29, 2016 to enroll your child into a Medicaid Managed Care plan with Healthfirst.

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 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 selected on or after

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the sixteenth day of the month will go into effect on the first day of the second following month.

On September 29, 2016, you contacted NYSOH and requested your child's Medicaid Managed Care plan with United Healthcare be terminated. The same day, you selected Healthfirst as her new Medicaid Managed Care plan. Accordingly, since the day you selected the new plan was after the fifteenth of the month, your child's new Medicaid Managed Care plan with Healthfirst properly took effect on the first day of the second month following September; that is, on November 1, 2016.

Therefore, the September 30, 2016 enrollment confirmation notice stating your child's enrollment in her Medicaid Managed Care plan with Healthfirst would be effective November 1, 2016, was correct and must be AFFIRMED.

Decision

The September 30, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: March 21, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your child's Medicaid Managed Care plan with Healthfirst is November 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

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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 September 30, 2016 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

The effective date of your child's Medicaid Managed Care plan with Healthfirst is November 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:

