



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: AP000000013489

[REDACTED]

Dear [REDACTED],

On February 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 21, 2016 enrollment confirmation and cancellation 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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NY State of Health Account ID: [REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your enrollment in your Essential Plan 2 ended November 1, 2016?

Did NY State of Health properly determine that your Medicaid Managed Care plan began January 1, 2017?

Procedural History

On December 9, 2015, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On December 10, 2015, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan effective January 1, 2016. The notice stated this was because your household listed in your application of \$20,000.00 which was less than the income limit for that program.

On December 10, 2015, NYSOH issued an enrollment confirmation notice confirming your enrollment in the Essential Plan 1 with a \$20.00 premium responsibility per month. The notice stated your plan would start January 1, 2016.

On August 25, 2016, NYSOH received your household's updated application for financial assistance.

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On August 26, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by September 9, 2016. You were also asked to provide proof of your third party health insurance by September 9, 2016.

Also on August 26, 2016, NYSOH issued a disenrollment notice stating your Essential Plan would end effective September 30, 2016.

On September 19, 2016 NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan, effective November 1, 2016.

On October 1, 2016, an enrollment confirmation notice was issued confirming your enrollment in the Essential Plan 2, with a \$0.00 premium payment per month effective November 1, 2016.

On October 8, 2016, NYSOH issued an eligibility determination notice based on your application on September 29, 2016. The determination stating that you were eligible to enroll in the Essential Plan effective November 1, 2016.

On November 10, 2016 your NYSOH application was updated to indicate that you were pregnant.

On November 11, 2016, NYSOH issued an eligibility redetermination notice stating you were eligible for Medicaid effective November 1, 2016. The notice further stated you no longer qualified for the Essential Plan as of October 31, 2016.

On November 21, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment on November 20, 2016 in a Medicaid Managed Care plan effective January 1, 2017.

On November 21, 2016, NYSOH issued a cancellation notice terminating your Essential Plan 2 effective November 1, 2016 because you were no longer eligible to enroll in your current health plan.

On November 23, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin November 1, 2016.

On February 23, 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) You testified, that you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) You were found eligible for and enrolled in an Essential Plan, effective November 1, 2016.
- 3) You testified you found out you were pregnant in November 2016.
- 4) On November 10, 2016, you updated your NYSOH account to indicate that you were pregnant.
- 5) You were found eligible for Medicaid effective November 1, 2016.
- 6) Your enrollment in the Essential Plan was terminated effective November 1, 2016.
- 7) You selected a Medicaid Managed Care plan on November 20, 2016.
- 8) You testified that you want your Medicaid Managed Care plan to begin on November 1, 2016 because you experienced medical costs which 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);

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18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue is whether NYSOH properly determined that your enrollment in your Essential Plan 2 ended November 1, 2016.

On September 19, 2016, NYSOH received your updated application for health insurance. You were subsequently found eligible for and enrolled in an Essential Plan, effective November 1, 2016.

On November 10, 2016, you updated your NYSOH account to indicate that you were pregnant. Since by indicating on your application that you were pregnant, your household size for the purposes of determining your eligibility for Medicaid increased and you were found eligible for Medicaid, effective November 1, 2016.

As a result of this update, you were terminated from your Essential Plan effective November 1, 2016.

However, when updates are made to an individual's application before the fifteenth of the month any changes in plan enrollment that occur as a result of that update should not be effective until the first day of the following month.

Therefore, even though you became eligible for Medicaid as of November 1, 2016 based on the November 10, 2016 update, your enrolment in the Essential Plan should not have terminated until the end of November, 2016.

Accordingly, the November 21, 2016 cancellation notice stating that your enrollment in the Essential Plan terminated effective November 1, 2016 is MODIFIED to state that your enrollment in the Essential Plan terminated effective November 30, 2016

The second issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective January 1, 2017.

You contacted NYSOH on November 20, 2016 and enrolled into 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.

Since on November 20, 2016 you selected a Medicaid Managed Care plan, your plan would properly take effect on the first day of the next month following after November; that is, on January 1, 2017.

Therefore, the November 21, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective January 1, 2017, was correct and must be AFFIRMED.

Decision

The November 21, 2016 cancellation notice is MODIFIED to reflect your enrollment in the Essential Plan 2 terminated effective November 30, 2016.

Your case is RETURNED to NYSOH to reinstate your Essential Plan 2 for the month of November 2016.

The November 21, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 21, 2017

How this Decision Affects Your Eligibility

Your Essential Plan 2 is reinstated for the month of November, 2016.

Your enrollment in your Medicaid Managed Care plan is January 1, 2017.

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:

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- By fax: 1-855-900-5557

Summary

The November 21, 2016 cancellation notice is MODIFIED to reflect your enrollment in the Essential Plan 2 terminated effective November 30, 2016.

Your case is RETURNED to NYSOH to reinstate your Essential Plan 2 for the month of November, 2016.

The November 21, 2016 enrollment confirmation notice is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan is January 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

