



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

## Notice of Decision

Decision Date: March 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013662

[REDACTED]

Dear [REDACTED]

On March 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 9, 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).

This page intentionally left blank.



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

## Decision

Decision Date: March 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013662



## 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 enrollment in your Medicaid Managed Care plan for you, your spouse, and your children was effective December 1, 2016?

## Procedural History

On November 9, 2016, NYSOH issued a notice of eligibility determination, based on your November 8, 2016 application, stating that you, your spouse, and your children were eligible for Medicaid, effective November 1, 2016.

Also on November 9, 2016, NYSOH issued a notice of enrollment in the plan you selected on November 8, 2016, stating that you, your spouse and your children were enrolled in a Medicaid Managed Care plan, and that your coverage would begin on December 1, 2016.

On November 30, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of you, your spouse and your children's enrollment in your Medicaid Managed Care plan, insofar as it did not begin November 1, 2016.

On March 3, 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 submitted an application to NYSOH for financial assistance on November 8, 2016.
- 2) You testified that prior to November 1, 2016, you, your spouse, and your children's Medicaid Managed Care plan coverage was provided through the [REDACTED] Department of Social Services.
- 3) You testified that the [REDACTED] Department of Social Services did not timely provide you with your Medicaid recertification application. You testified that the Medicaid recertification application was sent to an incorrect address resulting in you, your spouse and your children's coverage in your Medicaid Managed Care plan ending effective November 1, 2016.
- 4) You testified that you did not become aware that you, your spouse and your children had lost health coverage until November 8, 2016 when your health care provider contacted you and advised that you, your spouse and your children did not have health coverage.
- 5) You testified that the [REDACTED] Department of Social Services did not timely provide you with notice that your Medicaid Managed Care plan coverage would be ending.
- 6) You testified that you contacted NYSOH and submitted an application for financial assistance on November 8, 2016.
- 7) You testified that you, your spouse and your children's Medicaid Fee-For-Service coverage began effective November 1, 2016.
- 8) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on November 8, 2016, and that you, your spouse and your children's enrollment was effective on December 1, 2016.
- 9) You testified that you want you, your spouse and your children's Medicaid Managed Care plan to begin on November 1, 2016 because you incurred medical costs for services rendered in November 2016 due to your medical providers not accepting Medicaid Fee-For-Service coverage.

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 you, your spouse and your children's enrollment in the Medicaid Managed Care plan was effective December 1, 2016.

You testified that you contacted NYSOH on November 8, 2016 and enrolled you, your spouse and your children 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.

On November 8, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the following month; that is, on December 1, 2016.

Therefore, the November 9, 2016 enrollment confirmation notice stating that you, your spouse and your children's enrollment in your Medicaid Managed Care plan would be effective December 1, 2016, was correct and must be AFFIRMED.

You testified that the [REDACTED] Department of Social Services did not provide you with your Medicaid recertification application and did not timely provide you with notice that your Medicaid Managed Care plan coverage would be ending

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).

November 1, 2016. The NYSOH Appeals Unit's jurisdiction is limited to the review of determinations made by NYSOH and cannot review determinations made by the local district offices of the Department of Social Services.

## **Decision**

The November 9, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 23, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change you, your spouse or your children's eligibility.

The effective date of you, your spouse and your children's Medicaid Managed Care plan is December 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 November 9, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change you, your spouse or your children's eligibility.

The effective date of you, your spouse and your children's Medicaid Managed Care plan is December 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:**

