



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

Notice of Decision

Decision Date: October 06, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000003160

[REDACTED]

Dear [REDACTED],

On August 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 14, 2015 enrollment 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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: October 06, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000003160

[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 plan enrollment in your Medicaid Managed Care plan should effective August 1, 2015?

Procedural History

On January 12, 2015, you applied for health insurance through NYSOH.

On January 13, 2015, NYSOH issued two notices:

- (a) an eligibility determination notice that you were conditionally eligible for Medicaid, effective as of January 1, 2015. The notice directed you to confirm your eligibility by submitting the benefit information for your third party health insurance before January 29, 2015. The notice also stated that since you had comprehensive Third Party Health Insurance, you could not be enrolled in a Medicaid Managed Care plan.
- (b) an enrollment notice confirming that as of January 12, 2015, “[y]ou do not need to pick a health plan.”

Also on January 13, 2015, you mailed additional documentation to NYSOH and was uploaded to your account on February 6, 2015 ([REDACTED])

On February 12, 2015, NYSOH issued an eligibility determination notice that you were eligible for Medicaid, effective as of February 1, 2015.

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).

On February 13, 2015; February 14, 2015; February 16, 2015; and February 19, 2015, NYSOH issued enrollment notices confirming that, “[y]ou have not chosen a health plan yet.”

On May 27, 2015, you spoke to NYSOH’s Account Review Unit and requested an appeal insofar as the plan enrollment start date of your Medicaid Managed Care plan.

Also on May 27, 2015, you uploaded additional documentation to your NYSOH account ([REDACTED])

On May 28, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective June 1, 2015. The notice stated that you did not need to choose a health plan at this time and that more information about your Medicaid benefits could be found later in the letter under the “Additional information regarding Fee-For-Service Medicaid.” However, the notice does not contain a section with that title.

On July 14, 2015, NYSOH issued an enrollment notice confirming that as of July 13, 2015, you were enrolled in HealthPlus, an Amerigroup Company, with a plan enrollment start date of August 1, 2015.

On April 12, 2016, NYSOH issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 13, 2016.

On May 13, 2016, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to NYSOH. However, they were unable to reach you.

On May 17, 2016, NYSOH Appeals Unit issued you a Notice of Dismissal for failing to appear for your scheduled telephone hearing. The notice stated that if you think your appeal should not be dismissed, you can ask to vacate the dismissal within 30 days of the date stated on the notice.

On June 9, 2016, you mailed a statement to NYSOH requesting that that the dismissal be vacated because you did not receive a Notice of Telephone Hearing for your May 13, 2016 hearing ([REDACTED])

On August 15, 2016, you had a telephone hearing with a Hearing Officer from the 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:

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).

- 1) On January 12, 2015, you submitted a financial assistance application through NYSOH. You indicated in that application that your COBRA coverage, through the policy holder, [REDACTED], was ending January 31, 2015.
- 2) On January 13, 2015, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective as of January 1, 2015. The stated that since you had comprehensive Third Party Health Insurance, you could not be enrolled in a Medicaid Managed Care plan. The notice also directed you to confirm your eligibility by submitting a copy of the front and back of your third party health insurance card before January 29, 2015 ([REDACTED]).
- 3) On January 13, 2015, NYSOH issued an enrollment notice confirming that as of January 12, 2015, “[y]ou do not need to pick a health plan” ([REDACTED]).
- 4) On January 13, 2015, you mailed to NYSOH copies of the front and back of your health insurance cards, through [REDACTED], (UnitedHealthcare, Health Plan [REDACTED]) ([REDACTED]).
- 5) According to your account, the copies of the front and back of your health insurance card was determined by NYSOH to be “valid proof of TPL” on February 11, 2015.
- 6) On February 13, 2015; February 14, 2015; February 16, 2015; and February 19, 2015, NYSOH issued enrollment notices confirming that, “[y]ou have not chosen a health plan yet” ([REDACTED]).
- 7) You testified that you contacted NYSOH after receiving the notices to choose a Medicaid Managed Care plan, but was told by NYSOH representatives to disregard the notices.
- 8) According to the “Appeal Summary,” in the Evidence Packet that was created in anticipation of the appeal, a complaint ([REDACTED]) was submitted to NYSOH on May 27, 2015 regarding the termination of third party health insurance. The complaint reflects that your eMedNY account was updated on June 8, 2015 to reflect that you were not enrolled in third party health insurance.
- 9) On May 27, 2015, you uploaded a letter from UnitedHealthcare, dated February 22, 2016, to your NYSOH account. The letter states that your health insurance coverage with UnitedHealthcare or one of its affiliated

companies had a coverage end date of January 31, 2015
([REDACTED])

- 10) On July 14, 2015, NYSOH issued an enrollment notice that as of July 13, 2015, you were enrolled in HealthPlus, an Amerigroup Company, with an enrollment effective date of August 1, 2015 ([REDACTED])

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Managed Care (MMC)

The United States Department of Health and Human Services has granted the State of New York a waiver pursuant to Section 1115 of the Social Security Act to permit the operation of a demonstration waiver program for Managed Care Programs in which certain eligible Medicaid recipients are subject to mandatory enrollment.

A “Managed Care Program” is a program in a social services district in which Medicaid recipients enroll on a voluntary or mandatory basis to receive Medicaid Services, including from a managed care provider (N.Y. Soc. Serv. Law § 364-j(1)(c)).

The Partnership Plan Medicaid Section 1115 Demonstration, awarded to the New York State Department of Health by Centers for Medicare and Medicaid Services (CMS), contains Special Terms and Conditions, setting forth the state’s obligations to CMS during the term of the demonstration.

The Partnership Plan provides that certain individuals cannot receive benefits through an MMC. Table 6 sets forth the individuals excluded from MMC, including individuals with access to comprehensive private health insurance if cost-effective.

MMC Start Date

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

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).

The issue under review is whether NYSOH properly determined that your plan enrollment in the MMC plan, HealthPlus, should have been effective August 1, 2015.

Generally, when an individual is eligible for Medicaid through NYSOH, they are required to enroll in a MMC plan. However, when a person has active comprehensive third-party health coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a MMC plan.

The record reflects that you indicated on your January 12, 2015 NYSOH application that your COBRA insurance had a coverage end date of January 31, 2015.

On January 13, 2015, NYSOH issued a notice directing you to confirm your eligibility by submitting a copy of the front and back of your third party health insurance card, and stated that since you had comprehensive third party health insurance, you could not be enrolled in a MMC plan.

On January 13, 2015 you mailed the front and back of your health insurance card to NYSOH, and the documentation was determined to valid proof of third party health insurance by NYSOH on February 11, 2015.

On February 13, 2015; February 14, 2015; February 16, 2015; and February 19, 2015, NYSOH issued enrollment notices directing you to choose a health insurance plan. You credibly testified that you contacted NYSOH to enroll in a MMC plan, but was told to disregard the notices from NYSOH representatives. Your testimony is corroborated with the that fact that your information was not updated to reflect that you were not enrolled in third party health insurance until June 8, 2015.

Generally, the date on which a MMC 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.

As noted above, you were misinformed by NYSOH that you were unable to enroll into a MMC plan because you were enrolled in third party health insurance. Had your information been updated based on the information you provided to NYSOH on January 13, 2015, you would have been able to select a MMC in January 2015.

Therefore, the July 14, 2015, enrollment notice is MODIFIED to state that your enrollment in your HealthPlus MMC was effective February 1, 2015.

Your case is RETURNED to NYSOH to enroll you in the MMC plan, HealthPlus, effective February 1, 2015.

Decision

The July 15, 2015 enrollment notice is MODIFIED to state that your enrollment in your HealthPlus MMC plan is effective as of February 1, 2015.

Your case is RETURNED to NYSOH to enroll you in the HealthPlus MMC plan effective February 1, 2015.

Effective Date of this Decision: October 06, 2016

How this Decision Affects Your Eligibility

Your case has been sent back to NYSOH to enroll you in the HealthPlus MMC plan effective February 1, 2015.

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 after the date 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 date 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 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).

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 July 15, 2015 enrollment notice is MODIFIED to state that your enrollment in your HealthPlus MMC plan is effective as of February 1, 2015.

Your case is RETURNED to NYSOH to enroll you in the HealthPlus MMC plan effective February 1, 2015.

Your case has been sent back to NYSOH to enroll you in the HealthPlus MMC plan effective February 1, 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

