



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

## Notice of Decision

Decision Date: February 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000004387

[REDACTED]

Dear [REDACTED],

On December 29, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 21, 2015 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 NY State of Health 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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## Decision

Decision Date: February 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000004387



## Issues

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

Did the Marketplace properly enroll you in your Medicaid Managed Care plan, effective July 1, 2015?

## Procedural History

On June 9, 2015, the Marketplace received your updated application for financial assistance with your health insurance.

On June 10, 2015, the Marketplace issued an eligibility determination stating that you were eligible for Medicaid, effective June 1, 2015, and advising you to select a health plan.

Also on June 10, 2015, the Marketplace issued a notice, confirming your enrollment with MetroPlus Health Plan, effective July 1, 2015.

On June 19, 2015, the Marketplace redetermined your eligibility, and on June 20, 2015 issued a notice of eligibility determination stating that you remained eligible for Medicaid effective June 1, 2015. You were directed to select a health plan.

On June 21, 2015, the Marketplace issued a notice stating that you had been "auto-enrolled" in the MetroPlus Health Plan, effective July 1, 2015.

On August 19, 2015, you contacted the Marketplace's Account Review Unit and appealed your enrollment in a Medicaid Managed care plan, because you

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believed that you were wrongfully enrolled in Affinity health plan instead of the plan you had selected, MetroPlus.

On December 29, 2015, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and left open 15 days for you to provide proof of the termination date of your third party health insurance. This documentation was received by the NY State of Health Appeals unit via secure fax on January 13, 2016 and has been incorporated into the record as (Appellant's Exhibit 1).

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You are seeking insurance for yourself.
- 2) You were found eligible for Medicaid effective June 1, 2015.
- 3) You testified that you believed your plan enrollment in MetroPlus was effective July 1, 2015. All information in your Marketplace account indicates that you were in fact enrolled in the MetroPlus Medicaid Managed Care plan, and notices were sent to you confirming this enrollment.
- 4) The NY State of Health Appeals Unit received a one page document on January 13, 2016. The document is a September 2, 2015 dated letter from the [REDACTED] regarding your father's member number and explains that your medical coverage as a dependent was terminated effective September 1, 2014 (Appellant's Exhibit 1).
- 5) The record supports that you are being billed for services rendered by your [REDACTED] for services that were rendered because they do not accept Affinity health plan.
- 6) You testified that you never elected to enroll in Affinity health plan.
- 7) Complaints have been filed on this issue with the NY State of Health on April 15, 2014, June 9, 2015, June 18, 2015, and August 19, 2015.
- 8) There is no record in NY State of Health database system that you enrolled in any Medicaid Managed care plan other than MetroPlus.
- 9) The record further supports that there are no enrollment confirmation notices indicating a change in plans to Affinity health plan; however, there

are notes that implied that you had had third-party health insurance outside of the Marketplace.

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 Managed Care (MMC) 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; N.Y. Soc. Serv. Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

### Continuous Coverage and Third Party Health Insurance

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

The issue under review is whether the Marketplace properly enrolled you in your selected Medicaid Managed Care plan, effective July 1, 2015?

On June 9, 2015, the Marketplace received your updated application for financial assistance with your health insurance.

You were eligible to receive Medicaid, and on June 10, 2015, the Marketplace issued an enrollment confirmation notice confirming your enrollment in your Medicaid Managed Care plan, MetroPlus, effective July 1, 2015.

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 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.

Because your enrollment was received on the June 9, 2015, your enrollment in Medicaid properly began on June 1, 2015, and your enrollment in your Medicaid Managed Care plan should have begun on July 1, 2015, as confirmed by notices sent out by the Marketplace.

You testified that you never elected to enroll in Affinity health plan. However, you were told by your [REDACTED] that they could not provide services as you were identified as having coverage through Affinity health plan.

The record does not show that you at any time elected to enroll in the Affinity health plan.

The Appeals Unit of NY State of Health received a one page document on January 13, 2016. The document is a September 2, 2015 dated letter from the [REDACTED] regarding your father's member number and explains that your medical coverage as a dependent was terminated effective September 1, 2014 (Appellant's Exhibit 1). There is therefore no evidence showing that you were in fact enrolled in a health plan outside of the Marketplace.

Therefore, it is determined that you should have been enrolled in and remained enrolled in your selected Medicaid Managed Care plan (MetroPlus) from July 1, 2015 to May 31, 2016, barring a future change in eligibility.

Despite multiple complaints having been filed, the Marketplace has still not been able to clear this error in your enrollment.

Therefore the June 21, 2015, enrollment confirmation notice confirming your enrollment in MetroPlus Health Plan effective July 1, 2015 is proper and must be **AFFIRMED**.

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## **Decision**

The June 21, 2015, enrollment confirmation notice confirming your enrollment in MetroPlus Health Plan effective July 1, 2015 is AFFIRMED.

Your case is RETURNED to the Marketplace/Plan management to ensure proper enrollment in MetroPlus, and not Affinity, and to ensure that medical bills are paid as appropriate.

**Effective Date of this Decision:** February 24, 2016

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

You remain eligible for Medicaid effective June 1, 2015 to May 31, 2016.

Your enrollment in MetroPlus remains in effect as of July 1, 2015.

Your case is returned to the Marketplace/Plan management to ensure proper enrollment in MetroPlus, and not Affinity, and to ensure that medical bills are paid as appropriate.

## **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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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- By calling the Customer Service Center at 1-855-355-5777
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## **Summary**

The June 21, 2015, enrollment confirmation notice confirming your enrollment in MetroPlus Health Plan effective July 1, 2015 is AFFIRMED.

You remain eligible for Medicaid effective June 1, 2015 to May 31, 2016.

Your enrollment in MetroPlus remains in effect as of July 1, 2015.

Your case is RETURNED to the Marketplace/Plan management to ensure proper enrollment in MetroPlus, and not Affinity, and to ensure that medical bills are paid as appropriate.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**

