



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

Notice of Decision

Decision Date: June 10, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005180

[REDACTED]

Dear [REDACTED],

On March 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health NYSOH's February 11, 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 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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Decision

Decision Date: June 10, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005180

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that enrollment in your Medicaid Managed Care plan for you and your child should be effective March 1, 2015?

Procedural History

On December 10, 2014, NYSOH received your updated application for financial assistance with your health insurance.

On December 13, 2014, NYSOH issued an eligibility determination stating that you and your daughter were eligible for Medicaid effective January 1, 2015, and directing you to pick a health plan.

On December 14, 2014, NYSOH issued an eligibility determination stating that you and your daughter were eligible for Medicaid effective December 1, 2014, and directing you to pick a health plan.

On December 16, 2014 and December 19, 2014, eligibility determination notices were issued finding you and your daughter eligible for Medicaid effective January 1, 2015.

On December 27, 2014, a disenrollment notice was issued terminating your family's enrollment with both Medicaid fee-for-service coverage and your Medicaid Managed Care plan, effective December 31, 2014, because you were purportedly no longer eligible to remain enrolled in this coverage.

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On December 31, 2014, NYSOH issued an eligibility determination again stating that you and your daughter were eligible for Medicaid effective December 1, 2014, and directing you to pick a health plan.

On January 9, 2015, an eligibility determination notice was issued finding you and your daughter eligible for Medicaid effective January 1, 2015.

On February 8, 2015, an enrollment confirmation notice was issued stating your coverage through Medicaid (fee-for-service) would January 1, 2015, but that you needed to select a Medicaid Managed Care plan soon or one will be chosen for you.

On February 11, 2015, an enrollment confirmation notice was issued confirming your family's enrollment in a Medicaid Managed Care plan with a start date of March 1, 2015.

On March 11, 2015, NYSOH issued a notice stating that you had not yet selected a plan, but that you did not need to do anything else, because your current coverage through your Medicaid Managed Care plan would be in effect as of January 1, 2016.

On October 22, 2015, NYSOH issued a notice stating that it was time to renew your coverage for the upcoming year.

On November 13, 2015, you spoke to NYSOH's Account Review Unit and requested that the start date of coverage for you and your daughter through your Medicaid Managed care plan be backdated to January 1, 2015.

A telephone hearing was scheduled for February 3, 2016, at 10:00 a.m.

On February 3, 2016, at 10:00 a.m. a Hearing Officer from the Appeals Unit of NYSOH placed three calls to the number provided to NYSOH, but was unable to reach you. Your case was dismissed due to your failure to appear.

On February 3, 2016, the dismissal was vacated because you provided good cause for your failure to appear, and the hearing was rescheduled.

On March 9, 2016, you had a telephone hearing with a Hearing Officer from the Appeals Unit of NYSOH. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You are seeking insurance coverage under your Medicaid Managed Care plan for the months of January and February 2015 for yourself and your daughter.
- 2) You currently reside with your daughter.
- 3) You plan on filing your taxes as single and will claim one dependent on that return.
- 4) You testified that you began the application on December 10, 2014, online.
- 5) You testified that you were never given the option to select a Medicaid Managed Care plan for enrollment.
- 6) You testified you thought that your plan would begin on January 1, 2015.
- 7) Multiple notes in NYSOH's computer systems confirm that there were multiple problems in your account relating to your ability to select a Medicaid Managed Care plan, dating back to at least January 2014.
- 8) A note in NYSOH's computer system dated October 9, 2014 indicated that the source of the defect on your account was misinformation obtained from one of NYSOH's data sources, "EMedNY." While complaint was purportedly forwarded for correction at that time, there is no evidence that it was ever acted upon, until May 15, 2015, when the complaint was summarily closed.
- 9) A note in NYSOH's computer systems, dated January 18, 2015, documents that there was a defect in your account which prevented you from selecting a Medicaid Managed Care plan, and referring your case to a supervisor.
- 10) In March 2015, your complaint was upgraded to one that was "high priority," and your coverage was "corrected" by enrolling you in Medicaid fee-for-service coverage in order to eliminate the gap in coverage caused by the defect in your account.
- 11) You complained again in November 2015, at which time a note dated November 13, 2015 indicated that your request to backdate your coverage under your Medicaid Managed Care plan was "withdrawn" on March 20, 2015 because your situation did not meet certain guidelines. It is not

apparent that you were ever advised of this “withdrawal.” A note in NYSOH’s system stated, [REDACTED] which apparently related to a “lack of Next button at PSI Screen.”

- 12) You testified that you incurred medical bills for the months that you did not have coverage.
- 13) You testified that when you had contacted NYSOH during your December application you were told to wait a few days to see if the plan selection button would populate. You then entered information on December 18, 2014, and again on December 30, 2014.

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

Applicable Law and Regulations

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 under review is whether the NY State of Health (NYSOH) properly determined that you and your daughter’s enrollment in a Medicaid Managed Care plan began on March 1, 2016.

You testified that had started your application online, and that you were never given the option to select a Medicaid Managed Care plan for enrollment.

On December 10, 2014, NYSOH received your timely updated application for financial assistance with your health insurance. However, because of problems with your account, caused either by a defect in the system or misinformation included on one of NYSOH’s electronic data sources, you were not allowed to select a Medicaid Managed Care plan at that time.

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You made repeated and unsuccessful complaints to NYSOH to correct the problem over the course of months. It is noted that problems with your account first arose in January 2014, but inexplicably they were not promptly addressed.

Multiple eligibility determination notices were issued finding you and your daughter eligible for Medicaid effective January 1, 2015.

Medicaid Managed Care plan enrollments received after the fifteenth day of the month are effective the first day of the second following month.

You should have been allowed to enroll in a Medicaid Managed Care plan on December 10, 2014, and you were prevented from doing so through no fault of your own. Had you been allowed to enroll at that time, your family enrollment in your Medicaid Managed Care plan would have been effective on January 1, 2015.

Therefore, the February 11, 2015 enrollment notice confirming yours and your daughter's enrollment in your Medicaid Managed Care plan effective March 1, 2015 was not correct and is MODIFIED to reflect a start date of January 1, 2015.

Decision

The February 11, 2015 enrollment notice confirming yours and your daughter's enrollment in your Medicaid Managed Care plan effective March 1, 2015 was not correct and is MODIFIED to reflect a start date of January 1, 2015.

Effective Date of this Decision: June 10, 2016

How this Decision Affects Your Eligibility

You are to be enrolled in your Medicaid Managed Care plan effective January 1, 2015.

You are eligible for fee-for-service Medicaid effective December 1, 2014.

Your case will be returned to NYSOH to facilitate the correction of your coverage, and to correct any lingering defect that might exist on your account, to ensure you are not subject to similar problems in the future.

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 February 11, 2015 enrollment notice confirming yours and your daughter's enrollment in your Medicaid Managed Care plan effective March 1, 2015 was not correct and is MODIFIED to reflect a start date of January 1, 2015.

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You are eligible for fee-for-service Medicaid effective December 1, 2014.

Your case will be returned to NYSOH to facilitate the correction of your coverage, and to correct any lingering defect that might exist on your account, to ensure you are not subject to similar problems in the future.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

