



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

## Notice of Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005231

[REDACTED]

Dear [REDACTED]

On May 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's October 9, 2015 disenrollment notice and November 25, 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 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.

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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 (NYSOH) properly determined that your reenrollment in your Medicaid Managed Care plan, UnitedHealthcare, began effective January 1, 2016?

Did NYSOH properly determine that your enrollment in your Medicaid Managed Care plan, UnitedHealthcare of New York, Inc. (UnitedHealthcare), ended effective October 31, 2015?

## Procedural History

On December 5, 2014, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective December 1, 2014.

On December 11, 2014, NYSOH issued a notice of enrollment, based on your plan selection on December 10, 2014, stating that you were enrolled in a Medicaid Managed Care (MMC) plan, UnitedHealthcare, and that your plan coverage would start January 1, 2015.

On September 16, 2015 and September 26, 2015, NYSOH issued two notices that each stated it was time to renew your health insurance. The first stated that you could not be enrolled in your current plan, and that instead of Medicaid you were now eligible to receive tax credits to purchase a health plan. The second notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help

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paying for your health coverage, and that you needed to update your account by November 15, 2015 or you might lose the financial assistance you were currently receiving.

On October 6, 2015, NYSOH received an Official Record of Benefit Payment History from Unemployment Insurance as of September 22, 2015.

On October 8, 2015, NYSOH redetermined your eligibility.

On October 9, 2015, NYSOH issued an eligibility redetermination notice based on the information contained in the October 8, 2015 application, stating that you were eligible for Medicaid, effective November 1, 2015. However, the notice stated that you did not need to choose a health plan at that time.

Also on October 9, 2015, NYSOH issued a disenrollment notice stating that your MMC plan coverage with UnitedHealthcare would end effective October 31, 2015 because you were no longer eligible to remain enrolled in that plan.

On October 20, 2015, NYSOH issued an eligibility determination stating you were eligible for retroactive Medicaid coverage for September 2014.

On November 9, 2015, NYSOH received a Certificate of Group Health Plan Coverage issued by UnitedHealthcare, dated as of February 13, 2015, stating that your coverage under Oxford Health Plans ended effective December 31, 2014.

On November 12, 2015, NYSOH redetermined your eligibility.

On November 13, 2015, NYSOH issued an eligibility redetermination notice, stating that you were eligible for Medicaid, effective December 1, 2015. This notice also advised you to select a plan.

Your NYSOH account enrollment details reflect that you selected UnitedHealthcare as your MMC plan on or about November 16, 2015. You were found eligible to begin your coverage under that plan effective January 1, 2016.

On November 17, 2015, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan insofar as it did not begin November 1, 2015, so that you may avoid a gap of such coverage between November 1, 2015 and December 31, 2015.

On November 25, 2015, NYSOH issued a notice of enrollment, based on your plan selection on November 16, 2015, stating that you reenrolled in UnitedHealthcare as your MMC plan, and that your plan coverage would start January 1, 2016.

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On May 4, 2016, 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 support the following findings of fact:

- 1) You were found eligible for Medicaid fee-for-service coverage beginning December 1, 2014.
- 2) Your Medicaid Managed Care (MMC) plan coverage with UnitedHealthcare began effective January 1, 2015.
- 3) You testified that you received the September 26, 2015 notice requesting that you update your NYSOH account by November 15, 2015.
- 4) You submitted a revised application to NYSOH for financial assistance on October 8, 2015. You were found eligible for Medicaid, effective November 1, 2015; however, you were not requested to select a plan at that time.
- 5) Your MMC coverage with UnitedHealthcare was terminated as of October 31, 2015.
- 6) You testified that you became unemployed on November 21, 2014.
- 7) On November 9, 2015, you provided to NYSOH a copy of a letter issued by UnitedHealthcare confirming that your coverage under Oxford Health Plans ended effective December 31, 2014.
- 8) You further revised your application on November 12, 2015. You were found eligible for Medicaid, effective December 1, 2015, and were provided an option to select a health plan at that time.
- 9) You selected a plan on or about November 16, 2015. Your coverage was found to start with UnitedHealthcare on January 1, 2016.
- 10) You testified that you need your MMC plan coverage to begin on November 1, 2015 because you incurred two medical bills during November 2015 totaling approximately \$1,200.00.
- 11) You testified that you provided the certificate issued by UnitedHealthcare confirming that your coverage under Oxford Health Plans ended effective December 31, 2014 to a NYSOH representative when you originally filed for your unemployment benefits during December 2014.

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12) You testified that you weren't clear on why you should have been disenrolled from your MMC plan on the basis of having coverage through third-party health insurance when you had previously provided it to the NYSOH.

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 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)).

## **Legal Analysis**

The first issue is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care (MMC) plan was effective January 1, 2016.

You testified that after having been disenrolled from your MMC plan with UnitedHealthcare, you contacted NYSOH on November 16, 2015 and reenrolled into that MMC plan.

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 between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On November 16, 2015, you selected a MMC plan, so it properly took effect on the first day of the second month following after November 16, 2015; that is, on January 1, 2016.

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However, the second issue under review is whether your enrollment in your MMC plan, UnitedHealthcare, was properly ended, effective October 31, 2015

You credibly testified, and provided documentation, that you had not been enrolled in your previous employer's health plan since December 31, 2014. Because it appears that you were disenrolled from your MMC plan because the system mistakenly found that you were enrolled in third-party health insurance, we find there is sufficient evidence that you were erroneously disenrolled from your MMC plan on October 31, 2015, as reflected in the October 9, 2015 disenrollment notice.

Therefore, the October 9, 2015 disenrollment notice is RESCINDED.

Since the record has established that you were disenrolled from your MMC plan in error, we find sufficient evidence that your coverage should be reinstated for the period between November 1, 2015 and December 31, 2015.

Your case is RETURNED to NYSOH to effectuate this backdating in coverage under your MMC plan.

## **Decision**

The October 9, 2015 disenrollment notice is RESCINDED.

The November 13, 2015 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to effectuate reenrolling you in your Medicaid Managed Care plan for November and December 2015.

**Effective Date of this Decision:** June 16, 2016

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

Your enrollment in your Medicaid Managed Care plan will be modified so that you will have been enrolled, without interruption, for November and December 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.

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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
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NY State of Health Appeals  
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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The October 9, 2015 disenrollment notice is **RESCINDED**.

The November 13, 2015 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to effectuate reenrolling you in your Medicaid Managed Care plan for November and December 2015.

Your enrollment in your Medicaid Managed Care plan will be modified so that you will have been enrolled, without interruption, for November and December 2015.

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## **Legal Authority**

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

