



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

Notice of Decision

Decision Date: July 18, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006137

[REDACTED]

Dear [REDACTED]

On April 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 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).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 18, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006137

[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 enrollment in your Medicaid Managed Care plan was effective February 1, 2016?

Procedural History

Account ID [REDACTED] was created at least as early as December 9, 2013. The applications filed in this account did generally request financial assistance.

Account ID [REDACTED] was created at least as early as February 5, 2014. The applications filed in this account did not request financial assistance.

Both accounts were active as of the date of your hearing.

On May 29, 2014, NYSOH issued a notice of eligibility determination in [REDACTED], stating that you were eligible to enroll in a qualified health plan (QHP).

On August 28, 2014, NYSOH issued a notice of eligibility determination in [REDACTED], stating that you were eligible for Medicaid effective January 1, 2014, but that you needed to select a Medicaid Managed Care (MMC) plan.

On October 18, 2014, NYSOH issued a renewal notice in [REDACTED], stating that if you wanted to remain in your current QHP (MetroPlus Health Plan), you

did not need to do anything more. Your enrollment was later changed to Affinity Access Silver ST INN Dep25.

On November 28, 2014, NYSOH issued a notice of eligibility determination in [REDACTED], stating that you were no longer eligible for Medicaid, but that your coverage would continue until July 31, 2015, because one found eligible for Medicaid, your coverage would generally continue for 12 full months, regardless of changes in your circumstances. You were directed to select an MMC plan.

On March 31, 2015, NYSOH issued a notice of eligibility determination in [REDACTED], stating that you were eligible to purchase a QHP at full cost. You were again enrolled in Affinity Access Silver ST INN Dep25.

On March 31, 2015, NYSOH issued a notice of eligibility determination in [REDACTED] stating that you were enrolled in Medicaid, effective November 1, 2014, but that you needed to select a plan, or one would be selected for you.

On June 13, 2015, NYSOH issued a renewal and eligibility determination notice in Account ID number [REDACTED], stating that it was time to renew your NYSOH coverage. The notice further stated that you were still qualified to get healthcare coverage under Medicaid, effective August 1, 2015, and that there was nothing more you needed to do. You were not directed to select an MMC plan.

On June 27, 2015, NYSOH issued a disenrollment notice in [REDACTED], stating that you had been disenrolled from your QHP effective March 31, 2015 for failure to pay premiums.

On January 4, 2016, you updated Account ID number [REDACTED] and NYSOH redetermined your eligibility.

On January 5, 2016, NY State of Health (NYSOH) issued a notice of eligibility, stating that you were no longer eligible for Medicaid; however, your coverage would continue until July 31, 2016.

Also on January 5, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on January 4, 2016, stating that you were enrolled in an MMC plan, Affinity Health Plan, Inc. (Affinity), and that your plan coverage would start February 1, 2016. Your eligibility for Medicaid fee-for-service remained effective January 1, 2016, without interruption.

On January 11, 2016, 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 January 1, 2016.

On April 18, 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 first determined eligible for Medicaid coverage, effective August 1, 2015 in your NYSOH account [REDACTED].
- 2) You testified, and the record reflects, that you were separately found eligible to enroll in a qualified health plan (QHP) at full cost under [REDACTED] during 2015. During this time, you enrolled in a QHP issued by Affinity Health Plan. You remained enrolled in this plan until December 31, 2015.
- 3) You testified that you were contacted by an Affinity representative during December 2015 and were asked whether you wanted to continue with your current QHP coverage during 2016, to which you replied that you did.
- 4) You testified that you were contacted again by an Affinity representative during early January 2016 and were told that you could not remain enrolled during 2016 since their records reflected that you were currently eligible for Medicaid.
- 5) You testified, and the record reflects, that you submitted a revised application to NYSOH for financial assistance under [REDACTED] on January 4, 2016.
- 6) You testified, and the record reflects, that you enrolled in an MMC plan with Affinity on January 4, 2016. The start date of your coverage under that MMC plan was determined to be February 1, 2016.
- 7) You testified that you need your MMC plan to begin on January 1, 2016 to avoid a one month gap in coverage during January 2016.

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

You testified that you contacted NYSOH on January 4, 2016 and enrolled into a MMC plan with Affinity. You testified that you did not realize that you needed to select a plan until you were notified by an Affinity representative at that time that you were no longer eligible to remain enrolled in a QHP at full cost, because you had been found eligible for Medicaid under a separate account. You testified that you selected that plan at the first opportunity and appealed after having been notified that your MMC plan coverage with Affinity would not take effective until February 1, 2016, leaving you with a one month gap in coverage during January 2016.

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 January 4, 2016, you selected a MMC plan, so it properly took effect on the first day of the month following January 4, 2016; that is, on February 1, 2016.

However, the record reflects that you were improperly allowed by NYSOH to have two active accounts under which you were covered by insurance. Had you not been allowed two active accounts, you would have received only the

appropriate notices at the appropriate times, and your coverage under an MMC plan would have been in place as of January 1, 2016.

Therefore, the January 5, 2016 notice of enrollment is MODIFIED to state that your MMC coverage with Affinity, through your NYSOH account [REDACTED], begins effective January 1, 2016.

Your second account will be deactivated.

Decision

The January 5, 2016 notice of enrollment is MODIFIED to state that your MMC coverage with Affinity, through your NYSOH account [REDACTED], begins effective January 1, 2016.

Effective Date of this Decision: July 18, 2016

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan is January 1, 2016.

Your second account will be deactivated.

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

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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):

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Summary

The January 5, 2016 notice of enrollment is MODIFIED to state that your MMC coverage with Affinity, through your NYSOH account [REDACTED], begins effective January 1, 2016.

The effective date of your Medicaid Managed Care plan is January 1, 2016.

Your second account will be deactivated.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

