



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

Notice of Decision

Decision Date: August 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006320

[REDACTED]

Dear [REDACTED],

On June 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 14, 2016 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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NY State of Health Account ID: [REDACTED]
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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 should be effective February 1, 2016?

Procedural History

On November 7, 2014, NYSOH issued a renewal notice that you now qualify for health care coverage under Medicaid, effective January 1, 2015.

On December 24, 2014, NYSOH issued an enrollment notice confirming that as of December 23, 2014, you enrolled in UnitedHealthcare of New York, Inc. and coverage will begin February 1, 2015.

On October 23, 2015, NYSOH issued a renewal notice, stating that you now qualify for health care coverage under the Essential Plan, effective January 1, 2016. The notice stated that you were enrolled in Unitedhealthcare Community Plan (Essential Plan 1) because it is similar to the coverage you had before with this insurance company. The notice also stated that if anything has changed that would affect how you are covered and what you pay for health insurance, you need to log into your account and make changes between November 16, 2015 and December 15, 2015 to be effective January 1, 2016.

On October 26, 2015, your NYSOH account was updated. The NYSOH rendered a preliminary eligibility determination that you are eligible for Medicaid. However, NYSOH needs more information to confirm your eligibility.

On October 27, 2015, NYSOH issued an enrollment notice confirming that as of October 26, 2015, you were enrolled in UnitedHealthcare of New York, Inc. (Medicaid) with a plan enrollment start date of February 1, 2015.

On November 2, 2015, income documentation that was faxed to NYSOH was uploaded to your NYSOH account ([REDACTED] [REDACTED]).

On November 4, 2015, NYSOH issued an eligibility determination notice that you remain eligible for Medicaid, effective as of November 1, 2015.

On November 4, 2015, NYSOH issued an enrollment notice confirming that as of October 26, 2015, you were enrolled in UnitedHealthcare of New York, Inc. (Medicaid) with a plan enrollment start date of February 1, 2015.

On November 16, 2015, NYSOH issued a notice that it was time to renew your health insurance. That 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 paying for your health coverage, and that you needed to update your account between November 16, 2015 and December 15, 2015 to complete the renewal process and continue your coverage through NYSOH.

On November 20, 2015, NYSOH issued a notice stating that your application was reviewed and you may be eligible for health insurance through NYSOH but more information is needed to make a determination. The notice directed you to submit income documentation for your household by December 5, 2015 to confirm that the information you provided in your application is accurate.

On November 22, 2015, NYSOH issued a notice stating that your UnitedHealthcare of New York, Inc. coverage would terminate effective December 31, 2015.

On January 14, 2016, NYSOH issued an eligibility determination notice stating that you are eligible for Medicaid, effective as of January 1, 2016.

On January 14, 2016, NYSOH issued an enrollment notice confirming that as of January 13, 2016, you were enrolled in UnitedHealthcare of New York, Inc. (Medicaid) with a plan enrollment start date of February 1, 2016.

On January 20, 2016, you spoke to the NYSOH Account Review Unit and requested an appeal insofar as the effective date of your Medicaid Managed Care plan.

On June 23, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the record was left open for the Hearing Officer to request the recordings of the October 26, 2015 and November 19, 2015 conversations between you and NYSOH's customer service.

The Hearing Officer was able to obtain the October 26, 2015 and November 19, 2015 recordings of your conversations with NYSOH's customer service. Those recordings have been entered into the record as "Appellant Exhibit A" and made part of the record. The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account, you receive your notices from NYSOH via electronically.
- 2) You testified that you receive emails from NYSOH alerting to notices in your NYSOH account, but you are unable to access your NYSOH account due to a system defect.
- 3) You testified that you have contacted NYSOH multiple times for assistance to gain access to your NYSOH account, but NYSOH customer service representatives have been unsuccessful in assisting you.
- 4) You notified the NYSOH customer service representatives on October 26, 2015 and November 19, 2015 that you receive emails from NYSOH but are unable to view the notices in your NYSOH account (Appellant Exhibit A).
- 5) On October 26, 2015, the NYSOH customer service representative stated that they were able to process your application for 2016 and re-enrolled you in UnitedHealthcare of New York, Inc. for 2016 (Appellant Exhibit A).
- 6) On October 26, 2015, the NYSOH customer service representative stated that your most recent bi-weekly paychecks were needed to verify your eligibility and enrollment for 2016 (Appellant Exhibit A).
- 7) On October 27, 2015, NYSOH issued an enrollment notice confirming that as of October 26, 2015, you were enrolled in UnitedHealthcare of New York, Inc. (Medicaid) with a plan enrollment start date of February 1, 2015 ([REDACTED])

- 8) On November 2, 2015, income documentation that was faxed to NYSOH was uploaded to your NYSOH account ([REDACTED]) and the documentation was determined to be valid proof of income on November 3, 2015.
- 9) You testified that you went to the doctor in January 2016 and discovered that you were not enrolled in a Medicaid Manage Care plan.
- 10) According to your NYSOH account, you contacted NYSOH on January 13, 2016 and re-enrolled in UnitedHealthcare of New York, Inc. with an effective date of February 1, 2016.
- 11) You testified that you are seeking to have your enrollment in UnitedHealthcare of New York, Inc., to be effective January 1, 2016.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR §155.335(h)).

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 2010,13 ADM-03(III)(F)).

Medicaid Managed Care Effective Date

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).

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; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR §435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Proper Notice of Enrollment in a MMC plan:

NYSOH must send an enrollment confirmation notice to MMC enrollees. The notice must indicate the effective date of enrollment, the name of the MMC and the individuals who have been enrolled (Medicaid Managed Care Model Contract (Appendix H(2)(b)(xiii)(B), effective 3/1/2014 – 2/28/2019)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective February 1, 2016.

You were found eligible for Medicaid effective January 1, 2015 and enrolled in UnitedHealthcare of New York, Inc. effective February 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's October 23, 2015 renewal notice stated you qualified for health care coverage through the Essential Plan and enrolled in the UnitedHealthcare Community Plan (Essential Plan 1) effective January 1, 2016. However, the notice also stated that if anything has changed that would affect how you are covered and what you pay for health insurance, you need to log into your account and make changes between November 16, 2015 and December 15, 2015 to be effective January 1, 2016.

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The record reflects that you originally elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you have contacted NYSOH multiple times for assistance to gain access to your NYSOH account, but NYSOH customer service representatives have been unsuccessful in assisting you.

The record reflects that on October 26, 2015, you contacted NYSOH's customer service because you received an email alert that a notice was posted to your NYSOH account. You notified the NYSOH customer service representative that you receive emails from NYSOH but you are unable to view the notices in your NYSOH account. The NYSOH customer service representative stated that they were able to process your application for 2016 and re-enrolled you in UnitedHealthcare of New York, Inc. for 2016. Furthermore, on October 27, 2015, NYSOH issued an enrollment notice confirming that as of October 26, 2015, you were enrolled in UnitedHealthcare of New York, Inc. (Medicaid) with a plan enrollment start date of February 1, 2015.

NYSOH is required to issue an enrollment notice, to MMC enrollees, confirming the effective date of enrollment, the name of the MMC and the individuals who have been enrolled.

The record supports that NYSOH's customer service was aware that you were unable to access your account to view your eligibility and enrollment notices. Furthermore, you were provided with misinformation from NYSOH regarding the enrollment start date of your MMC plan. Since NYSOH failed to provide you with proper notice of your enrollment, you did not discover that your MMC plan had been discontinued until your doctor visit in January 2016.

The January 14, 2016 enrollment notice is MODIFIED to state that your Medicaid Managed Care plan enrollment start date is January 1, 2016.

Decision

The January 14, 2016 enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan enrollment start date is January 1, 2016.

Your case is RETURNED to NYSOH to facilitate correcting your enrollment in your Medicaid Managed Care plan to the appropriate date.

Effective Date of this Decision: August 2, 2016

How this Decision Affects Your Eligibility

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).

Your enrollment in your Medicaid Managed Care plan should have been effective as of January 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of January 1, 2016.

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

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Your enrollment in your Medicaid Managed Care plan should have been effective as of January 1, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed care plan as of January 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

