



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: AP000000007341

[REDACTED]

Dear [REDACTED],

On July 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 4, 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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Decision Date: August 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007341

[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 spouse and children's enrollment in your Medicaid Managed Care plan was effective April 1, 2016?

Procedural History

On February 9, 2016, NYSOH issued a notice of eligibility determination, based on your February 8, 2016 application, stating that you, your spouse, and your children were eligible for Medicaid, effective February 1, 2016.

Also on February 9, 2016, NYSOH issued a notice of enrollment in the plan you selected on February 8, 2016, stating that you were enrolled in a Medicaid Managed Care (MMC) plan, and that your coverage would start on March 1, 2016. The notice further stated that the type of Medicaid your spouse and children were enroll in did not require/allow them to enroll in a health plan.

On February 12, 2016, you uploaded a document to your NYSOH account.

On February 23, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse and children were eligible for Medicaid, and that your spouse and children needed to pick a health plan.

Also on February 23, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a MMC plan effective March 1, 2016, and that your spouse and children needed to pick a health plan.

On February 23, 2016 you spoke to NYSOH's Account Review Unit and appealed the fact that your spouse and child were not able to enroll in a MMC plan with a start date of March 1, 2016.

On March 3, 2016, your NYSOH account was updated and a plan was selected for your spouse and children.

On March 4, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a MMC plan with a start date of March 1, 2016, and your wife and children were enrolled in an MMC plan with a start date of April 1, 2016.

On July 28, 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 submitted an application to NYSOH for financial assistance on February 8, 2016.
- 2) You testified that you, your spouse, and your children had previously been enrolled in health insurance through your spouse's employer. You testified that this coverage ended on January 31, 2016 because your wife left that job.
- 3) You testified that, when you applied for insurance through NYSOH on February 8, 2016, you told the application counselor that you and your family had all had insurance through your wife's employer, but that it ended on January 31, 2016.
- 4) On February 8, 2016, a one-page document was uploaded to your NYSOH account. This document consists of a letter entitled "Important Information: COBRA Continuation Coverage and other Health Coverage Alternatives," addressed to your wife and dated January 6, 2016. The letter contains a section that states "You're receiving this notice because your coverage under the Plan will end on 2/1/16" (Document [REDACTED]).
- 5) You testified that, when you applied on February 8, 2016, you were the only one who was able to pick a plan because the rest of the family was

showing as having other coverage, which is why you gave the application counselor the COBRA letter.

- 6) You testified that you were not aware that the COBRA letter had not been accepted as sufficient proof that your spouse and children no longer had coverage through your spouse's employer, as the application counselor told you that your family's coverage should be active in a few days.
- 7) You testified that you went to the pharmacy to try to fill a prescription for your son, and that's when you found out that your family still did not have MMC coverage.
- 8) You testified that you immediately contacted the application counselor, and also made calls to NYSOH.
- 9) The record reflects that, on February 12, 2016, you uploaded a two-page letter from Aetna, dated February 11, 2016 and addressed to your spouse. The letter states that your family was enrolled in coverage in an Aetna plan that terminated on January 31, 2016 ([REDACTED]).
- 10) The record reflects that your spouse and children were enrolled into a MMC plan on March 3, 2016, with an enrollment start date of April 1, 2016.
- 11) You testified that you do not understand why you were able to enroll in an MMC plan on February 8, 2016, while your spouse and children were not, as you were all previously enrolled in the same coverage through your spouse's employer, with the same coverage termination date.
- 12) You testified that you are seeking to have your spouse and children's enrollment in their MMC plan begin on March 1, 2016, as you have outstanding medical bills from March 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 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 is whether NYSOH properly determined that your spouse and children's enrollment in their MMC plan was effective April 1, 2016.

The record reflects that you first applied for coverage for you and your family on February 8, 2016. The record further reflects that your spouse and children were not enrolled into an MMC plan until March 3, 2016.

Ordinarily, the date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Therefore, your spouse and children's MMC plan start date would ordinarily be April 1, 2016.

However, you first applied for coverage for yourself and your family on February 8, 2016, and you provided documentation on that day which indicated that your family's employer-sponsored coverage ended as of February 1, 2016. For reasons that are unclear, you were able to enroll in a MMC plan that day, but the rest of your household was not. This appears to be an administrative oversight, as you and your family all had the same employer-sponsored coverage until January 31, 2016. The documentation you provided on February 8, 2016 was sufficient to show that your household no longer had coverage. Additionally, even if it had not been sufficient, you provided additional sufficient documentation on February 12, 2016, which is still prior to the fifteenth of the month.

Therefore, your spouse and child should have been able to select a MMC plan on February 8, 2016, which would have given them a March 1, 2016 enrollment start date.

The March 4, 2016 enrollment confirmation notice is MODIFIED to state that your spouse and children were enrolled in their MMC plan coverage effective March 1, 2016.

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 case is RETURNED to NYSOH to effectuate this change, and to facilitate your spouse and children's enrollment into their MMC plan as of March 1, 2016.

Decision

The March 4, 2016 enrollment confirmation notice is MODIFIED to state that your spouse and children's enrollment in their MMC plan begins as of March 1, 2016.

Your case is RETURNED to NYSOH to facilitate your spouse and children's enrollment in their MMC plan as of March 1, 2016.

Effective Date of this Decision: August 2, 2016

How this Decision Affects Your Eligibility

The start date of your spouse and children's MMC plan enrollment should have been March 1, 2016.

NYSOH will facilitate your spouse and children's enrollment into their MMC plan as of March 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.

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

You can contact us in any of the following ways:

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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 4, 2016 enrollment confirmation notice is MODIFIED to state that your spouse and children's enrollment in their MMC plan begins as of March 1, 2016.

Your case is RETURNED to NYSOH to facilitate your spouse and children's enrollment in their MMC plan as of March 1, 2016.

The start date of your spouse and children's MMC plan enrollment should have been March 1, 2016.

NYSOH will facilitate your spouse and children's enrollment into their MMC plan as of March 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:

