



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

Notice of Decision

Decision Date: July 26, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007507

[REDACTED]

Dear [REDACTED]

On July 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 26, 2016 disenrollment 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]
Appeal Identification Number: AP000000007507

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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 ended February 29, 2016 and you had Medicaid Fee-For-Services thereafter until April 30, 2016?

Procedural History

Prior to your appeal and according to your NY State of Health (NYSOH) account, you were last re-enrolled in a Medicaid Managed Care (MMC) plan, effective May 1, 2015.

On February 26, 2016, NYSOH issued an eligibility redetermination notice that stated you were no longer eligible for Medicaid, effective March 1, 2016; however, your Medicaid coverage would be continued from March 1, 2016 until April 30, 2016 under the twelve month continuous coverage policy.

Also on February 26, 2016, NYSOH issued a disenrollment notice that stated your coverage in your MMC plan, Empire Blue Cross Blue Shield Health Plus (BCBS), would end February 29, 2016, because you were no longer eligible to remain enrolled in your current health plan.

Also on February 26, 2016, NYSOH issued an enrollment notice confirming that your health insurance coverage would be provided through Medicaid Fee-For-Service.

On February 29, 2016, you spoke to NYSOH's Account Review Unit and appealed being disenrolled from your Empire BCBS MMC plan.

On March 11, 2016, NYSOH issued a renewal notice that stated, based on federal and state data sources, a decision about whether or not you qualify for financial help paying for your health coverage in the upcoming policy period could not be made. You were instructed to update your NYSOH account by April 15, 2016.

On March 15, 2016, NYSOH issued an eligibility redetermination notice based on your updated NYSOH account that stated you were eligible for Medicaid, effective March 1, 2016.

Also on March 15, 2016, NYSOH issued an enrollment notice confirming that you had health insurance coverage through Medicaid Fee-For-Services and did not need to pick a health plan.

On March 30, 2016, NYSOH issued a disenrollment notice that stated your Medicaid Fee-For-Service coverage would be discontinued as of April 30, 2016.

On April 12, 2016, NYSOH issued an eligibility redetermination that stated you were eligible for Medicaid, effective May 1, 2016, and needed to pick a health plan.

On April 13, 2016, NYSOH issue an enrollment notice confirming that you had selected an MMC plan, UnitedHealthcare of New York, Inc., with an enrollment start date of May 1, 2016.

On July 21, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing to the extent possible and closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account, you had health insurance coverage in an Empire BCBS MMC plan as of May 1, 2015.
- 2) According to your NYSOH account, on or about February 25, 2016, NYSOH found information on its management system, eMedNY, that you had third party health insurance.
- 3) This finding resulted in the February 26, 2016 eligibility redetermination, your disenrollment from your Empire BCBS MMC plan as of February 29,

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2016, and your continuous coverage for the next two months, March 2016 and April 2016, being under Medicaid Fee-For-Service.

- 4) You testified that you did not receive any medical treatment or care and did not incur any medical expenses during the months of March 2016 and April 2016 because you avoided medical attention during those months when you only had Medicaid Fee-For-Service.
- 5) According to your NYSOH account and based on your representation at the time of your appeal, you did not have third party health insurance during the time in question.
- 6) NYSOH's management system reflects that third party health insurance related to a female with your same name and Social Security Number. The record reflects that you are a male.
- 7) According to your NYSOH account, on March 1, 2016, you submitted a typed statement indicating that you did not understand why you were disenrolled from your MMC plan, did not request to be disenrolled, and do not have any income.
- 8) According to your NYSOH account, you submitted two hand-written statements in April 2016 indicating that you have no sources of income.
- 9) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on March 14, 2016, and that your enrollment was effective on May 1, 2016.
- 10) You testified that you are dissatisfied with the current system in that it does not help you and you are not getting healthy. You were informed that these complaints were not part of the hearing process and could be addressed by your MMC plan directly or brought to the attention of government officials.

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

Applicable Law and Regulations

Medicaid Continuous Coverage

Most adults determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month

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period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

Medicaid Managed Care

The United States Department of Health and Human Services has granted the State of New York a waiver pursuant to Section 1115 of the Social Security Act to permit the operation of a demonstration waiver program for Managed Care Programs in which certain eligible Medicaid recipients are subject to mandatory enrollment.

A “Managed Care Program” is a program in a social services district in which Medicaid recipients enroll on a voluntary or mandatory basis to receive Medicaid Services, including from a managed care provider (N.Y. Soc. Serv. Law § 364-j(1)(c)).

The Partnership Plan Medicaid Section 1115 Demonstration, awarded to the New York State Department of Health by Centers for Medicare and Medicaid Services (CMS), contains Special Terms and Conditions, setting forth the state’s obligations to CMS during the term of the demonstration.

The Partnership Plan provides that certain individuals cannot receive benefits through an MMC. Table 4 sets forth the individuals excluded from MMC, including individuals with access to comprehensive private health insurance if cost-effective.

Medicaid Start Date

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 first issue is whether NYSOH properly disenrollment you from your MMC plan, effective February 29, 2016, and provided you with continuous coverage in Medicaid Fee-For-Service for the remaining two months of the twelve months of Medicaid coverage to which you were entitled.

According to your NYSOH account, prior to your appeal, you were re-enrolled in an MMC plan effective May 1, 2015. As such, in general, you were entitled to twelve months of continuous coverage; that is through April 30, 2016. However, on or about February 25, 2016, NYSOH's management system detected that you had third party health insurance outside of its marketplace.

In some instances, individuals with third party health insurance cannot remain enrolled in their MMC plan if it is not cost-effective, but remain entitled to receive continuous coverage under Medicaid Fee-For-Service for the rest of the twelve month period. In your case, NYSOH relied upon the management system having detected that you had third party health insurance and redetermined your eligibility for Medicaid. As stated in the February 26, 2016 eligibility redetermination notice, you were found to be no longer eligible for Medicaid, but were informed your coverage would continue from March 1, 2016 until April 30, 2016 under Medicaid Fee-For-Service. This finding further resulted in you being disenrolled from your MMC plan, effective February 29, 2016, and being given continuous coverage under Medicaid Fee-For-Service from March 1, 2016 to April 30, 2016.

Ordinarily, this course of action would be correct. However, the record reflects that there was a mismatch of sorts in NYSOH's management system in that you are a male and the system detected that the third party health insurance was for a female. Therefore, the February 26, 2016 notices of eligibility redetermination, disenrollment, and enrollment confirmation were issued in error and are **RESCINDED**. Your case is **RETURNED** to NYSOH to reinstate your coverage in your MMC plan that was then in effect from March 1, 2016 through April 30, 2016. As a result of this decision, the March 15, 2016 notices of eligibility redetermination and enrollment and March 30, 2015 disenrollment notice are rendered moot.

Next, on April 12, 2016, NYSOH issued an eligibility redetermination notice based on the April 2016 income statements you had submitted. You were redetermined eligible for Medicaid as of May 1, 2016. The record reflects that you enrolled in an MMC plan on April 12, 2016 with a start date of May 1, 2016.

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.

On April 12, 2016, you selected an MMC plan, so it properly took effect on the first day of the next month following April 2016; that is, on May 1, 2016.

Therefore, the April 12, 2016 enrollment confirmation notice stating that your enrollment in your MMC plan was effective May 1, 2016, was correct and must be AFFIRMED.

Decision

The February 26, 2016 notices of eligibility redetermination, disenrollment, and enrollment confirmation are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your coverage in your MMC plan that was then in effect from March 1, 2016 through April 30, 2016.

The March 15, 2016 notices of eligibility redetermination and enrollment and March 30, 2016 disenrollment notice are rendered moot by this decision.

The April 12, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 26, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your case is being returned to NYSOH to reinstate your coverage in the Empire BCBS MMC Plan from March 1, 2016 to April 30, 2016. NYSOH will notify you accordingly.

Your enrollment start date in your MMC plan with United Healthcare Community Plan is May 1, 2016. You had no gap in health insurance coverage.

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.

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).

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 26, 2016 notices of eligibility redetermination, disenrollment, and enrollment confirmation are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your coverage in your MMC plan that was then in effect from March 1, 2016 through April 30, 2016.

The March 15, 2016 notices of eligibility redetermination and enrollment and March 30, 2016 disenrollment notice are rendered moot by this decision.

The April 12, 2016 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

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Your case is being returned to NYSOH to reinstate your coverage in the Empire BCBS MMC Plan from March 1, 2016 to April 30, 2016. NYSOH will notify you accordingly.

Your enrollment start date in your MMC plan with United Healthcare Community Plan is May 1, 2016. You had no gap in health insurance coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

