



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

Notice of Decision

Decision Date: October 06, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007715

[REDACTED]

Dear [REDACTED],

On August 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 3, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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

Decision Date: October 06, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007715

[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 child's Medicaid Managed Care (MMC) plan enrollment start date should have been April 1, 2016?

Procedural History

On December 1, 2015, your New York State of Health (NYSOH) account was updated.

On December 6, 2015, NYSOH issued an eligibility determination notice, in relevant part, that your child was eligible for Medicaid, effective as of December 1, 2015. Furthermore, that your child may access benefits through fee-for-service Medicaid.

On February 29, 2016, you uploaded additional documentation to your NYSOH account ([REDACTED]).

On March 2, 2016, NYSOH issued an enrollment notice, in relevant part, that your child was enrolled in Medicaid, and "[t]he type of Medicaid coverage [they] are eligible for does not require/allow [them] to enroll in a health plan."

On March 3, 2016, NYSOH issued an enrollment notice confirming that as of March 2, 2016, you were enrolled in Medicaid (UnitedHealthcare of New York, Inc.) with a plan enrollment start date of April 1, 2016.

On March 5, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of your child's MMC plan.

On August 22, 2016, you had a telephone hearing with a Hearing Officer from the 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 supports the following findings of fact:

- 1) According to your NYSOH account, your daughter was enrolled in a BlueCross BlueShield health plan (ID Number [REDACTED])
- 2) According to your NYSOH account, the BlueCross BlueShield health plan was "[w]orkers compensation or similar insurance."
- 3) On December 6, 2015, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid with access to benefits through fee-for-service Medicaid ([REDACTED])
- 4) You testified that you were verbally told by NYSOH representatives that your child was unable to enroll in a MMC plan because they were enrolled in third party health insurance.
- 5) You testified that you terminated you and your child's BlueCross BlueShield health plan in December 2015, but the termination was not processed until February or March 2016.
- 6) On February 29, 2016, you uploaded a statement from BlueCross BlueShield, Federal Employee Program, stating your plan had been terminated effective January 10, 2016 ([REDACTED])
- 7) On March 2, 2016, NYSOH issued an enrollment notice that your child was enrolled in Medicaid, and "[t]he type of Medicaid coverage [they] are eligible for does not require/allow [them] to enroll in a health plan" ([REDACTED])
- 8) On March 3, 2016, your child was enrolled in the UnitedHealthcare of New York, Inc. Medicaid Managed Care (MMC) plan with a plan enrollment start date of April 1, 2016.
- 9) You testified that you are seeking to backdate your child's MMC plan to cover medical costs in the months of February and March 2016.

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

Applicable Law and Regulations

Medicaid Managed Care (MMC)

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 6 sets forth the individuals excluded from MMC, including individuals with access to comprehensive private health insurance if cost-effective.

Comprehensive Third Party Health Insurance (TPHI)

Comprehensive health care coverage or insurance (including Medicare and/or private MCO coverage) that does not fall under one of the following categories:

- a) accident-only coverage or disability income insurance;
- b) coverage issued as a supplement to liability insurance;
- c) liability insurance, including auto insurance;
- d) workers compensation or similar insurance;
- e) automobile medical payment insurance;
- f) credit-only insurance;
- g) coverage for on-site medical clinics;
- h) dental-only, vision-only, or long-term care insurance;
- i) specified disease coverage;
- j) hospital indemnity or other fixed dollar indemnity coverage;
- k) prescription-only coverage

(Medicaid Managed Care Model Contract § 1, effective 3/1/2014 – 2/28/2019).

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MMC Start Date

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 under review is whether NYSOH properly determined that your child's plan enrollment in the MMC plan, UnitedHealthcare of New York, Inc., should have been April 1, 2016.

Generally, when an individual is eligible for Medicaid through NYSOH, they are required to enroll in a MMC plan. However, when a person has active comprehensive third-party health coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a MMC plan.

The record reflects that your child was enrolled in a BlueCross BlueShield health plan, outside of NYSOH, until January 10, 2016. Furthermore, you did not provide proof of termination of that coverage until February 29, 2016.

However, not all types of health insurance coverage outside NYSOH are considered to be comprehensive third party health insurance. Workers compensation or similar insurance is one type of health insurance that would not prohibit an individual from enrolling in a MMC plan.

Your NYSOH account consistently reflected that your child was enrolled in a workers compensation or similar insurance. NYSOH's December 6, 2015 eligibility determination and March 2, 2016, enrollment notices stated that your child was only eligible for fee-for-service Medicaid and unable to enroll in a MMC plan. Furthermore, you credibly testified that NYSOH representatives informed you that your child was not eligible to enroll in a MMC plan because your child was enrolled in third party health insurance.

Generally, 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 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.

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As noted above, you were misinformed by NYSOH that your child was unable to enroll into a MMC plan because your child was enrolled in third party health insurance. Had your information been updated based on the information you provided to NYSOH, you would have been able to select a MMC for your child in December 2015.

Therefore, the March 3, 2016, enrollment notice is MODIFIED to state that your child's enrollment in UnitedHealthcare of New York, Inc. was effective February 1, 2016.

Your case is RETURNED to NYSOH to enroll your child in the MMC plan, UnitedHealthcare of New York, Inc., effective February 1, 2016.

Decision

The March 3, 2016, enrollment notice is MODIFIED to state that your child's enrollment in UnitedHealthcare of New York, Inc. was effective February 1, 2016.

Your case is RETURNED to NYSOH to enroll your child in the MMC plan, UnitedHealthcare of New York, Inc., effective February 1, 2016.

Effective Date of this Decision: October 06, 2016

How this Decision Affects Your Eligibility

Your case has been sent back to NYSOH to enroll your child in the UnitedHealthcare of New York, Inc. MMC plan effective February 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 after the date 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

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done within 30 days of the date 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 March 3, 2016, enrollment notice is MODIFIED to state that your child's enrollment in UnitedHealthcare of New York, Inc. was effective February 1, 2016.

Your case is RETURNED to NYSOH to enroll your child in the MMC plan, UnitedHealthcare of New York, Inc., effective February 1, 2016.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

