



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

Notice of Decision

Decision Date: November 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007786



Dear [REDACTED]

On August 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 9, 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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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 Medicaid Managed Care (MMC) plan enrollment start date should have been April 1, 2016?

Procedural History

On February 4, 2016, your NYSOH account was updated.

On February 5, 2016, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective as of February 1, 2016. The notice directed you to submit additional documentation regarding benefit information for third party health insurance, before February 19, 2016, to confirm your eligibility.

Also on February 5, 2016, an enrollment notice confirming that as of February 4, 2016, you were enrolled in Medicaid, and “[t]he type of Medicaid coverage you [were] eligible for does not require/allow you to enroll in a health plan.”

On February 10, 2016, your NYSOH account was updated.

On February 11, 2016, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective as of February 1, 2016. The notice directed you to submit additional documentation regarding benefit information for third party health insurance, before February 25, 2016, to confirm your eligibility.

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Also on February 11, 2016, an enrollment notice confirming that as of February 10, 2016, you were enrolled in Medicaid, and “[t]he type of Medicaid coverage you [were] eligible for does not require/allow you to enroll in a health plan.”

On February 28, 2016, your NYSOH account was updated.

On February 29, 2016, NYSOH issued an eligibility determination notice that you were eligible for Medicaid, effective as of February 1, 2016.

Also on February 29, 2016, an enrollment notice confirming that as of February 28, 2016, you were enrolled in Medicaid, and “[t]he type of Medicaid coverage you [were] eligible for does not require/allow you to enroll in a health plan.”

On March 8, 2016, you spoke to NYSOH’s Account Review Unit and requested an appeal insofar as the plan enrollment start date of your MMC plan.

On March 9, 2016, NYSOH issued an enrollment notice confirming that as of March 8, 2016, you were enrolled in Medicaid (UnitedHealthcare of New York, Inc.) with a plan enrollment start date of April 1, 2016.

On August 24, 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) You testified that you were applying for health insurance coverage for yourself.
- 2) According to your NYSOH account as of February 10, 2016, you were enrolled in COBRA health insurance with coverage end dates of November 18, 2018 (Policy Numbers: [REDACTED] [REDACTED] [REDACTED]).
- 3) On February 25, 2016, you uploaded a letter, dated February 25, 2016, from the New York State Department of Civil Service stating that your COBRA coverage had been terminated effective March 1, 2016 ([REDACTED]).
- 4) According to your NYSOH account, on February 28, 2016, you updated your NYSOH account to reflect that you were no longer eligible for or enrolled in health insurance coverage outside of NYSOH.

- 5) On March 9, 2016, NYSOH issued an enrollment notice confirming that as of March 8, 2016, you were enrolled in Medicaid (UnitedHealthcare of New York, Inc.) with a plan enrollment start date of April 1, 2016 ([REDACTED]).
- 6) You testified you want your Medicaid Managed Care plan to start March 1, 2016, to cover your out-of-pocket expenses in March 2016.
- 7) You testified that you were told by a NYSOH representative that Medicaid Fee-For-Service would pay for your pharmacy expenses. However, you paid out-of-pocket for a prescription refill in March 2016.
- 8) On March 23, 2016, you uploaded a [REDACTED] receipt to your NYSOH account. The receipt stated that you paid \$582.23 for a prescription on March 8, 2016 ([REDACTED]).

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.

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 plan enrollment start date 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 you were enrolled in COBRA health insurance coverage, outside of NYSOH, until March 1, 2016. Furthermore, you did not provide proof of termination of that coverage until February 25, 2016.

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.

As noted above, you did not modify your NYSOH account to reflect that you were not enrolled in third party health insurance until February 28, 2016, and you did not provide proof that you were no longer enrolled in third party health insurance until February 25, 2016. Therefore, your NYSOH account did not contain sufficient information to render you eligible to enroll in a MMC plan until February 25, 2016.

Therefore, NYSOH properly determined that your MMC plan enrollment start date should be April 1, 2016, and the March 9, 2016, enrollment notice is **AFFIRMED**.

You testified that you were told by a NYSOH representative that Medicaid Fee-For-Service (FFS) would pay for your pharmacy expenses. However, you paid \$582.23 for a prescription because Medicaid FFS did not cover the expense.

Your case will be RETURNED to NYSOH's Office of Health Insurance Programs Stakeholder Relations and Exchange Support Unit to determine whether you are entitled to reimbursement for your prescription bill under Medicaid FFS.

Decision

The March 9, 2016, enrollment notice is AFFIRMED.

Your case will be RETURNED to NYSOH's Office of Health Insurance Programs Stakeholder Relations and Exchange Support Unit to determine whether you are entitled to reimbursement for your prescription bill under Medicaid FFS.

Effective Date of this Decision: November 3, 2016

How this Decision Affects Your Eligibility

Your MMC, UnitedHealthcare of New York, Inc., plan enrollment start date was April 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 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):

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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Summary

The March 9, 2016, enrollment notice is AFFIRMED.

Your case will be RETURNED to NYSOH's Office of Health Insurance Programs Stakeholder Relations and Exchange Support Unit to determine whether you are entitled to reimbursement for your prescription bill under Medicaid FFS.

Your MMC, UnitedHealthcare of New York, Inc., plan enrollment start date was April 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:

