



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

Notice of Decision

Decision Date: October 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008408

[REDACTED]

Dear [REDACTED]

On September 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 23, 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

Decision Date: October 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008408

[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 enrollment in your Medicaid Managed Care plan was effective May 1, 2016?

Procedural History

On February 2, 2016, based on your February 1, 2016 updated application, NYSOH issued a notice that stated you may be eligible for health insurance through NYSOH but more information was needed to make a determination. The notice instructed you to submit income documentation for your household by February 17, 2016 to confirm the information on your application was accurate.

On February 10, 2016, you submitted documents relative to your third party health insurance and your disability, which NYSOH verified on February 22, 2016.

On February 23, 2016, NYSOH issued an eligibility determination notice that stated you were eligible for Medicaid, effective February 1, 2016.

Also on February 23, 2016, NYSOH issued an enrollment notice confirming your enrollment in Medicaid. The notice further stated that no action was required because the type of Medicaid coverage you were eligible for does not require/allow you to enroll in a health plan.

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On March 11, 2016, NYSOH issued an eligibility determination notice that stated you were eligible for Medicaid, effective March 1, 2016.

Also on March 11, 2016, NYSOH issued an enrollment notice confirming that you were enrolled in Medicaid. The notice further stated that no action was required because the type of Medicaid coverage you were eligible for does not require/allow you to enroll in a health plan.

On March 16, 2016, you submitted a certificate of insurance, which showed your third party health insurance terminated effective February 29, 2016.

On March 25, 2016, NYSOH issued eligibility redetermination and enrollment notices that contained the same information as stated in the March 11, 2016 notices.

On March 30, 2016, NYSOH issued an eligibility redetermination notice that stated you were eligible for Medicaid, effective March 1, 2016.

Also on March 30, 2016, NYSOH issued an enrollment notice confirming your Medicaid Managed Care selection of March 29, 2016, and the plan enrollment start date of May 1, 2016.

Also on March 30, 2016, NYSOH issued a letter acknowledging that, on March 29, 2016, you requested a telephone hearing to review the following issue:

Consumer feels that his Medicaid Managed [Care] should have been active in January when he first applied for coverage even though he still was covered by another plan until 2/29/2016.

On September 14, 2016, NYSOH issued an eligibility redetermination notice that stated you remained eligible for Medicaid, effective October 1, 2016.

Also on September 14, 2016, NYSOH issued a disenrollment notice that stated your coverage in your Medicaid managed Care plan was to end September 30, 2016.

Also on September 14, 2016, NYSOH issued an enrollment notice confirming that you were enrolled in Medicaid, effective October 1, 2016 and that no action was required because the type of Medicaid coverage you were eligible for does not require/allow you to enroll in a health plan.

On September 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 January 30, 2016 and updated it thereafter in February 2016 and March 2016.
- 2) The income on your initial application and on subsequent applications was listed as \$0.00, because you had lost a job.
- 3) According to your NYSOH account, on February 10, 2016, you submitted two documents: (1) A copy of the front and back of your UnitedHealthCare insurance identification card showing that you had health insurance coverage through your employer's group health plan, effective June 1, 2015; and (2) A copy of the Department of Veterans Affairs letter, dated December 23, 2015, indicating you have a service-connected disability (see Documents [REDACTED] and [REDACTED]).
- 4) You testified that, after, you lost your job, you continued your health and dental coverage via COBRA. According to your NYSOH account, on March 16, 2016, you uploaded a copy of a notice from [REDACTED] dated March 4, 2016, which indicated your health and dental coverage through your former employer terminated on February 29, 2016 (see Document [REDACTED]).
- 5) You testified that on several occasions and through several NYSOH agents you were given misinformation about cancelling your COBRA, your veteran coverage as a barrier to obtaining Medicaid Managed Care, and your ability to enroll in a Medicaid Managed Care plan.
- 6) You testified that you received a Medicaid coverage benefits insurance card, but could not find medical providers that you preferred. You testified that you feel the selection of medical providers was limited and subpar so you paid for medical treatment and care at your own expense.
- 7) You testified that you did not keep track of your medical expenses and are not seeking reimbursement.
- 8) You further testified that you were dissatisfied with the whole experience, did not obtain usable health insurance, and you want this information to be on the record.
- 9) The Hearing Officer informed you that you can also voice your dissatisfaction with your state-elected officials.

10) According to your NYSOH account, you had Medicaid Fee-For-Service as of February 1, 2016, and you selected your Medicaid Managed Care Plan on March 28, 2016, with enrollment effective on May 1, 2016.

11) You testified that you now have health insurance through your current employer and do not want not need Medicaid through NYSOH. The Hearing Officer informed you that you needed to contact NYSOH to request that your Medicaid coverage be ended.

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

Initially, it is noted that you testified that you were given misinformation by NYSOH agents on several occasions about when to discontinue your COBRA coverage and being barred from obtaining health insurance coverage through NYSOH, specifically Medicaid, because you had veteran health coverage.

Any misstatements made by NYSOH agents are outside the jurisdiction of the Appeals Unit and will not be reviewed in this decision.

Notwithstanding, the Appeals Unit does maintain jurisdiction over Medicaid eligibility and enrollment start dates.

You testified that you are no longer seeking to have your Medicaid backdated to January 1, 2016, so that issue will not be addressed in this decision.

The record reflects that the issues noted above were resolved when you were determined eligible for Medicaid, effective February 1, 2016.

Therefore, the only remaining issue is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective May 1, 2016.

The record reflects that your application for health insurance was completed as of March 16, 2016, when you provided documentary proof that your third party health insurance with your former employer ended February 29, 2016. The record further reflects that you selected and enrolled into a Medicaid Managed Care plan on March 29, 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 March 29, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second month following after March 2016; that is, on May 1, 2016. The same would be true had you selected a Medicaid Managed Care plan on March 16, 2016, the date your application was deemed completed.

Therefore, the March 30, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective May 1, 2016, was correct and must be AFFIRMED.

You testified that you want to end your current Medicaid coverage with NYSOH because you have health coverage through your employer. As you were informed during the hearing, you can contact NYSOH at the telephone number noted in the footer below for direction in this regard.

Decision

The March 30, 2016 eligibility redetermination and enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: October 3, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You had health insurance coverage with Medicaid Fee-For-Services as of February 1, 2016.

The effective date of your Medicaid Managed Care plan was May 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:

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P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 30, 2016 eligibility redetermination and enrollment confirmation notices are AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is October 3, 2016.

You had health insurance coverage with Medicaid Fee-For-Services as of February 1, 2016.

The effective date of your Medicaid Managed Care plan was May 1, 2016.

You testified that you want to end your current Medicaid coverage with NY State of Health since you have health coverage through your employer. You can contact NYSOH at the telephone number noted in the footer below for direction in this regard.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

