



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

Notice of Decision

Decision Date: December 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009110

[REDACTED]

Dear [REDACTED],

On November 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009110



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 December 30, 2015, NYSOH issued a notice of eligibility determination, based on your December 29, 2015 application, stating that you were eligible for Medicaid, effective December 1, 2015.

Also on December 30, 2015, NYSOH issued a notice of enrollment, stating that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On March 24, 2016, NYSOH issued an eligibility determination notice, based on your updated application of March 23, 2016, stating that you were eligible for Medicaid, effective March 1, 2016.

Also on March 24, 2016, NYSOH issued an enrollment notice confirming your enrollment in your Medicaid Managed Care plan with a start date of May 1, 2016.

On April 22, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin April 1, 2016.

On November 1, 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 supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on December 29, 2015.
- 2) You testified that you tried to select a Medicaid Managed Care plan but were unsure why the system would not let you.
- 3) According to your NYSOH account and your testimony, you contacted NYSOH on March 21, 2016. A NYSOH representative told you that the system would not let you select a Medicaid Managed Care plan because your eMedNY account was showing you had active Third Party Health Insurance. At that time, a complaint was filed (# [REDACTED]) with NYSOH in regards to the Third Party Health Insurance still showing as active in your account.
- 4) You testified that, due to numerous years passing since you were last employed, you were unable to obtain a letter stating that your health insurance had been terminated when you were laid-off in 2010.
- 5) According to your NYSOH account, the active Third Party Health Insurance was removed from your eMedNY account on March 22, 2016.
- 6) According to your NYSOH account and your testimony, you selected a Medicaid Managed Care plan on March 23, 2016, with a plan effective date of May 1, 2016.
- 7) You testified that you want your Medicaid Managed Care plan to begin at least on April 1, 2016, because you have hospital and doctor bills for April 2016 that are not covered.

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 under review is whether NYSOH properly determined you were eligible to enroll in a Medicaid Managed Care plan as of May 1, 2016, and not an earlier date.

You testified, and the record confirms, that you were determined eligible for coverage through Medicaid, effective December 1, 2015. On December 30, 2015, a notice was issued stating that the type of Medicaid coverage you were eligible for did not require or allow you to enroll in a health plan.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. However, when a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a Medicaid Managed Care plan. You testified that you had attempted to enroll in a Medicaid Managed Care plan, but were blocked from doing so and did not know why.

The record reflects that you contacted NYSOH on March 21, 2016 and were informed that the reason you could not select a Medicaid Managed Care plan was because eMedNY, NYSOH's reporting system, was showing you had active Third Party Health Insurance. You testified that you lost health insurance coverage through your employer when you were laid off in 2010, and did not think you could get proof. That same day, NYSOH filed a complaint on your behalf (# [REDACTED]) to correct the status of your eMedNY account to show you did not have active Third Party Health Insurance.

According to your NYSOH account, on March 22, 2016, NYSOH removed from the eMedNY system the active Third Party Health Insurance coverage that was showing. Then, on March 23, 2016, NYSOH redetermined your eligibility and you were found eligible for Medicaid effective March 1, 2016 and you were eligible to select a Medicaid Managed Care plan.

Generally, 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.

As noted above, you were unable to enroll into a plan prior to March 23, 2016 due to there being Third Party Health Insurance information on your account. However, the record reflects that this was in error and was removed on March 22, 2016. Had this error not been on your eMedNY account and reported in your NYSOH account, you would have been able to contact NYSOH on December 29, 2015, and properly select a Medicaid Managed Care plan for enrollment. Had you been able to select a Medicaid Managed Care plan that day, your coverage could have started the first day of the second following month after December 2015; that is, as early as February 1, 2016.

Therefore, the March 24, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of February 1, 2016.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan, effective February 1, 2016, and to notify you accordingly.

Decision

The March 24, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective February 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan effective February 1, 2016, and to notify you accordingly.

Effective Date of this Decision: December 12, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan will begin on February 1, 2016.

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of that date. NYSOH will notify you once this has been completed.

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

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Summary

The March 24, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective February 1, 2016.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan effective February 1, 2016, and to notify you accordingly.

Your enrollment in your Medicaid Managed Care plan will begin on February 1, 2016.

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of that date. NYSOH will notify you once this has been completed.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

