



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

Notice of Decision

Decision Date: November 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009491

[REDACTED]

Dear [REDACTED]

On November 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 26, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009491

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health provide you proper and adequate notice that they had determined that you were enrolled in Third Party Health Insurance as of March 1, 2016?

Did NY State of Health properly determine that your enrollment in a Medicaid Managed Care plan was effective June 1, 2016?

Procedural History

On March 15, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating your insurance coverage through Medicaid would be effective March 1, 2016.

Also, on March 15, 2016, NYSOH issued an enrollment confirmation notice stating that the type of Medicaid coverage you were eligible for does not require you to enroll in a health plan.

On April 10, 2016, you uploaded a letter from Empire BlueCross showing that your coverage through them was cancelled as of April 1, 2016.

On April 15, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective April 1, 2016. The notice advised you to pick a health plan.

Also on April 15, 2016, NYSOH issued an enrollment confirmation notice asking you to pick a health plan.

On April 25, 2016, you selected a Medicaid Managed Care plan for enrollment.

On April 26, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan through Fidelis Care would begin June 1, 2016.

On May 9, 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 your enrollment did not begin May 1, 2016.

On November 16, 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 testified, and the record confirms, that you were determined eligible for Medicaid in March 2016.
- 2) You testified that you were aware that your Third Party Health Insurance had a cancellation date of April 1, 2016.
- 3) On April 10, 2016, you uploaded a letter from Empire Blue Cross Blue Shield stating that you had coverage through them from April 1, 2014 through April 1, 2016. The letter indicated a cancellation date of April 1, 2016.
- 4) You testified that you contacted NYSOH on April 11, 2016 by telephone and were advised that you were not able to choose a Medicaid Managed Care plan.
- 5) The record indicates that on April 13, 2016 a complaint was filed [REDACTED] stating that your account was showing active Third Party Health Insurance and that you provided proof documentation.
- 6) The record indicates that the Third Party Health Insurance was removed from the system on April 14, 2016.
- 7) You testified that on April 18, 2016, you contacted NYSOH by telephone and were advised that you would be enrolled into a Fidelis Care Managed Care plan.

- 8) The record indicates that on May 9, 2016 a complaint was filed ([REDACTED]) stating that “Appellant contacted 04/14/2016 05:18pm with number on file regarding tphi update and access to now enroll into mmc by the 15th for 05/01/2016 start. When contacted no response based on notes in [REDACTED] and she also stated sometimes phone in not service due to area.”
- 9) You testified that you did not receive any calls from a representative from NYSOH on May 9, 2016. In addition, you testified that you do not have difficulties with the telephone service in your area.
- 10) You testified that you were without health insurance coverage during May 2016 and incurred medical bills in the amount of \$250.00.
- 11) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in Third Party Health Insurance.
- 12) The record indicates that you were enrolled into a Fidelis Care Managed Care plan on April 25, 2016.

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)).

Notice of Eligibility

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).

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial (42 CFR § 435.913). NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid (42 CFR § 435.919(a)).

Legal Analysis

The first issue for review is whether NYSOH provided you proper and adequate notice that they had determined that you were enrolled in Third Party Health Insurance as of March 1, 2016.

You testified, and the record confirms, that you were determined eligible for Medicaid in March 2016. The record reflects that notices were issued to you on April 11, 2016 and March 22, 2016 stating that you did not need to pick 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 were aware that your health insurance plan outside of NYSOH had a cancellation date of April 1, 2016. In addition, you testified, and the record confirms, that on April 10, 2016 you uploaded a letter from Empire Blue Cross Blue Shield stating that you had coverage through them from April 1, 2014 through April 1, 2016.

NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial. Further, NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid.

The record does not contain any eligibility determination notices detailing why you were ineligible to enroll in a Medicaid Managed Care plan.

The first time that there is any indication in the record that NYSOH noted that there was Third Party Health Insurance on your account is in an April 13, 2016 complaint (██████████) stating that your account was showing active Third Party Health Insurance.

Therefore, it is concluded that NYSOH did not provide you with proper and adequate notice that you were ineligible to enroll into a Medicaid Managed Care plan because there was active Third Party Health Insurance on your account.

The second issue for review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was effective June 1, 2016.

Prior to NYSOH verbally informing you that the system was showing active Third Party Health Insurance, on April 10, 2016, you uploaded a letter from Empire Blue Cross Blue Shield indicating a cancellation date of coverage of April 1, 2016.

The record indicates that the Third Party Health Insurance was subsequently removed from the system on April 14, 2016 and you were able to select a Fidelis Care as your Medicaid Managed Care plan as of that date.

According to complaint [REDACTED], a representative from NYSOH attempted to call you to advise you that the issue regarding your third party health insurance was resolved, that you had access to now enroll into Medicaid Managed Care program and that you could be eligible for a May 1, 2016 plan start date. You testified that you did not receive a telephone call from NYSOH on April 14, 2016.

A plan was selected by you on April 25, 2016.

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 April 14, 2016 due to there being Third Party Health Insurance information on your account. However, you were not properly notified of the inconsistency. Had NYSOH given you proper and adequate notice you would have been able to provide the documentation showing your Third Party Health Insurance cancellation date and properly select a health plan for enrollment in April 2016.

Therefore, the April 26, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Fidelis Care Medicaid Managed Care plan is effective as of May 1, 2016.

Your case is RETURNED to NYSOH to backdate your Fidelis Care Medicaid Managed Care plan effective May 1, 2016.

Decision

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

The April 26, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Fidelis Care Medicaid Managed Care plan is effective as of May 1, 2016.

Your case is RETURNED to NYSOH to backdate your Fidelis Care Medicaid Managed Care plan effective May 1, 2016.

Effective Date of this Decision: November 25, 2016

How this Decision Affects Your Eligibility

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

Your case is being sent back to NYSOH to backdate your coverage through your Fidelis Care Medicaid Managed Care plan as of 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

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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

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

The April 26, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Fidelis Care Medicaid Managed Care plan is effective as of May 1, 2016.

Your case is being sent back to NYSOH to backdate your coverage through your Fidelis Care Medicaid Managed Care plan as of May 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

