



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: AP000000009798

[REDACTED]

Dear [REDACTED]

On November 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 1, 2016 eligibility redetermination and disenrollment notices regarding your child.

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).

This page intentionally left blank.



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

Decision

Decision Date: November 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009798



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 was no longer eligible to be enrolled in a Medicaid Managed Care plan and, therefore, was disenrolled as of May 1, 2016?

Procedural History

On March 9, 2016, NYSOH issued a notice of eligibility determination that stated, based on your March 8, 2016 application, your child was eligible for Medicaid, effective March 1, 2016.

Also on March 9, 2016, NYSOH issued an enrollment notice confirming that the Medicaid Managed Care (MMC) plan you selected for your child on March 8, 2016, would start April 1, 2016.

On May 1, 2016, NYSOH issued an eligibility redetermination notice that stated your child was eligible for Medicaid as of April 1, 2016.

Again on May 1, 2016, NYSOH issued a disenrollment notice that stated your child's coverage in his MMC plan would end April 30, 2016. The reason stated was that your child was no longer eligible to remain enrolled in his current health insurance plan.

Also on May 1, 2016, NYSOH issued an enrollment notice confirming that your child was enrolled in Medicaid Fee-For-Service as of May 1, 2016 and no action

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).

was required because the type of Medicaid coverage he is eligible for does not require/allow you to enroll in a health plan.

On May 17, 2016, NYSOH issued another eligibility redetermination notice that stated your child remained eligible for Medicaid, effective May 1, 2016.

That same day, NYSOH issued an enrollment notice confirming that your child had health insurance coverage with Medicaid and no action was required because the type of Medicaid coverage he is eligible for does not require/allow you to enroll in a health plan.

On May 20, 2016, you spoke to NYSOH's Account Review Unit and appealed this finding and your child's disenrollment from his MMC plan insofar as he did not have third party health insurance in March 2016 or April 2016 such that your child's MMC plan coverage should not have been interrupted.

On May 24, 2016, NYSOH issued another eligibility redetermination notice that stated your child was eligible for Medicaid, effective May 1, 2016.

Also on May 24, 2016, NYSOH issued an enrollment notice confirming that the MMC plan you selected for your child on May 23, 2016, would start July 1, 2016.

On November 21, 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 for your child on March 8, 2016.
- 2) According to your NYSOH account, you selected an MMC plan for your child that same day, with an enrollment start date of April 1, 2016.
- 3) According to your NYSOH account, your child was redetermined eligible for Medicaid Fee-For-Service, effective May 1, 2016, because the system was showing he had third party health insurance.
- 4) According to your NYSOH account and your testimony, on May 20, 2016, a copy of a Certificate of Group Health Plan Coverage, dated 12/24/2015, was uploaded to your NYSOH account and showed that your and your child's medical coverage through Oxford Health Plans ended "12/31/2015" (see Document [REDACTED]).

- 5) You testified that you did not receive any notice at all from NYSOH requesting that you provide proof of third party health insurance and the certificate of insurance you provided shows there was no overlap in your child's medical coverage outside NYSOH, which ended December 31, 2015, and his MMC plan, which began April 1, 2016. You testified your child had no other health insurance coverage in the interim.
- 6) According to the Appeal Summary, dated November 1, 2016, "[t]he child was dis-enrolled out of their MMC plan due to TPHI showing. Incidents were filed to have the TPHI resolved, which it now has been. The appellant has re-enrolled their child into MMC, but their start date is not until 7/1/16. The appellant is appealing to have their newborns start date backdated to 5/1/16" (see Document # [REDACTED], p. 2).
- 7) You testified that your child required medical services in May 2016 and June 2016 and, since his medical provider does not participate in Medicaid Fee-For-Service, you incurred medical bills for those services that you want covered.
- 8) You are seeking to have your child's MMC plan reinstated for May 2016 and June 2016 because the gap created by the third party health insurance hit was in error, since your child did not have third party health insurance after December 31, 2015.

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 that your child's enrollment in his MMC plan ended April 30, 2016, due to the system showing he had third party health insurance; and his coverage in his MMC plan did not resume until July 1, 2016, resulting in a two month gap in MMC plan coverage from May 1, 2016 through June 30, 2016.

The record reflects that you contacted NYSOH on March 8, 2016 and enrolled your child into an MMC plan.

The date on which an 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.

On March 8, 2016, you selected an MMC plan for your child, so it properly took effect on the first day of the next month following after March 2016; that is, on April 1, 2016.

Therefore, the March 9, 2016 enrollment confirmation notice stating that your child's enrollment in his MMC plan would be effective April 1, 2016, was correct and must be AFFIRMED.

Notwithstanding, the record further reflects that your child was removed from his MMC plan, effective April 30, 2016, and was put back in Medicaid Fee-For-Service. This change occurred because the system showed he had third party health insurance and, as a result, could not continue in his MMC plan.

The record also reflects that, once you became aware that this issue existed, you provided to NYSOH a certificate of group health plan coverage, dated 12/24/2015, which indicates your child's third party health insurance ended "12/31/2015." You credibly testified that he did not have any other health insurance after the 12/31/2015 end date of his third party health insurance and before he was determined Medicaid eligible and enrolled in an MMC plan, effective April 1, 2016, as stated in the March 9, 2016 eligibility determination and enrollment notices. There is no evidence in the record to support that your child had third party health insurance at any time relevant to the April 30, 2016 system activity and events that followed.

As such, the credible evidence of record makes clear that your child did not have third party health insurance on April 30, 2016, when he was redetermined eligible

for and enrolled in Medicaid Fee-For-Service and disenrolled from his MMC plan, effective April 30, 2016, as stated in the May 1, 2016 eligibility redetermination, enrollment, and disenrollment notices. Therefore, all three May 1, 2016 notices are RESCINDED.

Your case is RETURNED to NYSOH to facilitate your child's reinstatement in his MMC plan beginning May 1, 2016 and continuing to ensure there is no interruption in his MMC plan coverage; and to notify you accordingly once this has been completed.

Decision

The March 9, 2016 enrollment confirmation notice is AFFIRMED.

The May 1, 2016 eligibility redetermination, enrollment, and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to facilitate your child's reinstatement in his MMC plan beginning May 1, 2016 and continuing so as to ensure there is no interruption in his MMC plan coverage; and to notify you accordingly once this has been completed.

Effective Date of this Decision: November 25, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility for Medicaid.

The effective date of your child's MMC plan remains April 1, 2016.

Your case is being sent back to NYSOH to facilitate your child's reinstatement in his MMC plan beginning May 1, 2016 and continuing so there is no interruption in his MMC plan coverage. 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

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).

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

Summary

The March 9, 2016 enrollment confirmation notice is **AFFIRMED**.

The May 1, 2016 eligibility redetermination, enrollment, and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to facilitate your child's reinstatement in his MMC plan beginning May 1, 2016 and continuing so as to ensure there is no interruption in his MMC plan coverage; and to notify you accordingly once this has been completed.

This decision does not change your child's eligibility for Medicaid.

The effective date of your child's MMC plan remains April 1, 2016.

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).

Your case is being sent back to NYSOH to facilitate your child's reinstatement in his MMC plan beginning May 1, 2016 and continuing so there is no interruption in his MMC plan coverage. 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:

