



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

Notice of Decision

Decision Date: December 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010023

[REDACTED]

Dear [REDACTED],

On November 23, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's June 4, 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: December 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010023

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide you proper and adequate notice that they had determined that you were enrolled in Third Party Health Insurance as of December 16, 2015?

Did NYSOH properly determine that your enrollment in a Medicaid Managed Care plan was effective July 1, 2016?

Procedural History

On February 14, 2015, NYSOH issued an eligibility determination notice stating your insurance coverage through Medicaid would begin January 1, 2015 and that your enrollment in a Medicaid Managed Care plan would begin April 1, 2015.

On December 16, 2015, NYSOH issued a renewal notice stating that you were still qualified to get health care coverage under Medicaid, effective February 1, 2016, however, the Medicaid coverage you were eligible for did not require you to enroll in a health plan.

On January 17, 2016, NYSOH issued an enrollment notice advising that the type of Medicaid coverage you were eligible for did not require or allow you to enroll in a health plan.

On March 8, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective March 1, 2016. This same notice directed you to pick a health plan.

On May 31, 2016, you contacted NYSOH and enrolled into a Medicaid Managed Care plan.

On June 1, 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 start as of February 1, 2016 due to NYSOH determining that you had Third Party Health Insurance coverage outside of NYSOH.

On June 4, 2016, NYSOH issued an enrollment notice confirming your enrollment in your Medicaid Managed Care plan on July 1, 2016.

On November 23, 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 that when you first applied for health insurance through NYSOH you were found eligible for Medicaid and enrolled in a Medicaid Managed Care plan.
- 2) The record reflects that on January 1, 2015, you were found eligible for Medicaid through NYSOH and enrolled in a Medicaid Managed Care plan effective April 1, 2015.
- 3) You testified that you became aware you were disenrolled from your Medicaid Managed Care plan when you went to a doctor's appointment in February of 2016.
- 4) You testified that you never received any written notices from NYSOH advising you that you needed to produce documentation of when your Third Party Health Insurance terminated.
- 5) You testified that you contacted NYSOH on February 22, 2016 to find out why your Medicaid Managed Care plan had been terminated. You testified that it was during this phone call that you were advised that you were unable to enroll in a Medicaid Managed Care plan as the system was showing that you had Third Party Health Insurance. You testified that

you were told you would need to upload documentation of when your Third Party Health Insurance terminated.

- 6) On February 22, 2016, you uploaded documentation to your NYSOH account showing that your Third Party Health Insurance coverage had ended November 28, 2014.
- 7) The record indicates that you were enrolled into a Medicaid Managed Care plan effective July 1, 2016.
- 8) The record indicates that on May 31, 2016, a complaint was filed (# [REDACTED]) stating that you had been ineligible to enroll in a Medicaid Managed Care plan as your account was showing active Third Party Health Insurance.

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

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)).

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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 December 16, 2015.

You testified, and the record confirms, that you were determined eligible for Medicaid in 2015 and enrolled in a Medicaid Managed Care plan at that time. The record indicates that your coverage was renewed on December 16, 2015 and you were again found eligible for coverage through Medicaid, effective February 1, 2016. On December 16, 2015 and January 17, 2016, notices were issued 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.

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 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 a May 31, 2016 complaint (# [REDACTED]) 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 July 1, 2016.

In response to NYSOH verbally informing you that the system was showing active Third Party Health Insurance, on February 22, 2016 you uploaded a letter from your previous Third Party Health Insurer stating that your coverage had ended November 28, 2014.

The record indicates that the Third Party Health Insurance was removed from the system and on March 8, 2016 NYSOH redetermined your eligibility and you were

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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 7, 2016 due to there being Third Party Health Insurance information on your account. However, you were not properly notified of the inconsistency. You were not given the opportunity to fix the inconsistency until after three months had passed. Had NYSOH given you proper and adequate notice you would have been able to provide the documentation showing you did not have Third Party Health Insurance and properly select a health plan for enrollment in December of 2015.

Therefore, the June 4, 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.

Decision

The June 4, 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 in your Medicaid Managed Care plan effective February 1, 2016.

Effective Date of this Decision: December 8, 2016

How this Decision Affects Your Eligibility

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

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Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of February 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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- By fax: 1-855-900-5557

Summary

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The June 4, 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 enrollment in your Medicaid Managed Care plan will begin on February 1, 2016.

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

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of February 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:

