



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

Notice of Decision

Decision Date: February 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010365

[REDACTED]

Dear [REDACTED],

On December 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 11, 2016 eligibility determination 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010365

[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 you were enrolled in third party health insurance as of May 15, 2016?

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

Procedural History

According to your NYSOH account, you were determined eligible for Medicaid, effective January 1, 2016 and were enrolled in a Medicaid Managed Care plan, effective February 1, 2016.

On May 15, 2016, NYSOH issued an eligibility redetermination notice stating you were eligible for Medicaid effective June 1, 2016.

Also on May 15, 2016, NYSOH issued an enrollment confirmation notice, confirming your enrollment in Medicaid. The notice stated no further action was required because the type of Medicaid coverage you were eligible for did not require/allow you to enroll in a health plan.

Finally, on May 15, 2016, a disenrollment notice was issued terminating your enrollment in your Medicaid Managed Care plan effective May 31, 2016.

On June 8, 2016, NYSOH received your documentation from Empire BlueCross BlueShield dated May 20, 2016. This letter stated your coverage termination date with that plan was February 1, 2016 (see Document [REDACTED]).

On June 11, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid effective June 1, 2016.

On June 15, 2016, NYSOH issued an enrollment confirmation notice, confirming you had selected a Medicaid Managed Care Plan on June 14, 2016, and the effective date of that plan was July 1, 2016.

On June 20, 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 June 1, 2016.

On December 27, 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 January 6, 2016.
- 2) According to your NYSOH account and your testimony you were found eligible for Medicaid, effective January 1, 2016, and enrolled in a Medicaid Managed Care plan, effective February 1, 2016.
- 3) You testified you had aged out of your parent's health plan coverage when you turned 26 on [REDACTED]. You testified that the third party health insurance you had aged out of did not send you a letter at that time stating your coverage had been terminated.
- 4) According to your NYSOH account, on May 14, 2016, the system ran an eligibility check which indicated you still had third party health insurance.
- 5) You testified that you did not know that you needed to provide proof of the end date of your third party Health Insurance until you received the May 15, 2016 enrollment confirmation stating that the type of Medicaid coverage you were eligible for did not allow you to enroll in a health plan.
- 6) According to your NYSOH account and your testimony, on June 8, 2016, you provided proof of the end date of your third party health insurance. The

documentation from Empire BlueCross BlueShield dated May 20, 2016, stated your coverage termination date with that plan was February 1, 2016. (see Document: [REDACTED]).

- 7) According to your NYSOH account and your testimony, you selected a Medicaid Managed Care plan on June 14, 2016 with a plan effective date of July 1, 2016.
- 8) You testified that you want your Medicaid Managed Care plan to begin on June 1, 2016 because you incurred medical bills during the month of June for weekly physical therapy that was not covered by Medicaid Fee-For-Service.

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)).

Third Party Health Insurance

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

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

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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 May 15, 2016.

You were originally found eligible for Medicaid, effective January 1, 2016, and you were enrolled in a Medicaid Managed Care plan, effective February 1, 2016. Your enrollment in this plan was terminated effective May 31, 2016.

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 remain enrolled in your Medicaid Managed Care plan.

NYSOH issued a notice on May 15, 2016, stating you were eligible for Medicaid effective June 1, 2016. The corresponding enrollment notice dated May 15, 2016, stated the type of Medicaid coverage you were eligible for did not require/allow you to enroll in a health plan. A separate disenrollment notice dated May 15, 2016, terminated your Medicaid Managed Care plan, effective May 31, 2016. None of these notices explained that you were no longer eligible for a Medicaid Managed Care plan due to the system showing that you were still enrolled in 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 is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective July 1, 2016.

According to your NYSOH account, and your testimony, on June 8, 2016 you provided proof of the end date of your third party health insurance. The documentation from Empire BlueCross BlueShield dated May 20, 2016, stated your coverage termination date with that plan was February 1, 2016 (see Document [REDACTED]). On June 11, 2016, NYSOH redetermined your eligibility and you were found eligible for Medicaid, effective June 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 disenrolled from your Medicaid Managed Care plan, effective May 31, 2016, because the system still showed you had third party health insurance. However, you were not properly notified of this information. 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 at a much earlier date, which would have alleviated the need for the May 15, 2016 notices or allowed you sufficient time to properly select a health plan for re-enrollment in a Medicaid Managed Care plan as of June 1, 2016.

Therefore, the June 15, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of June 1, 2016.

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

Decision

The June 15, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of June 1, 2016.

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

Effective Date of this Decision: February 15, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of June 1, 2016. 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:
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- By fax: 1-855-900-5557

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Summary

The June 15, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of June 1, 2016.

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

This decision does not change your eligibility.

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

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of June 1, 2016. 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:

