



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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011456

[REDACTED]

[REDACTED]

On January 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 23, 2016 disenrollment notice and August 14, 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.

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Issues

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

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

Did NY State of Health properly determine that your oldest son's enrollment in his Medicaid Managed Care plan was effective September 1, 2016?

Procedural History

On September 25, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination that stated that your oldest son was eligible to enroll in a Child Health Plus plan at no cost, effective November 1, 2015. Also on September 25, 2015, NYSOH issued a notice of enrollment confirming your oldest son's enrollment in his Child Health Plus plan, with an enrollment start date of November 1, 2015.

On July 6, 2016, you updated your household's application for financial assistance with health insurance to reflect your status as pregnant.

On July 7, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective August 1, 2016, and directing you to select a Medicaid Managed Care plan. That same notice stated that your oldest son was eligible for Medicaid, effective August 1, 2016, however, he was unable to select a Medicaid Managed Care plan as the system was showing that he had other full benefit health insurance or Medicare.

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On July 13, 2016, NYSOH issued a notice of enrollment confirming your enrollment in a Medicaid Managed Care plan, with a plan enrollment start date of August 1, 2016. This same notice indicated that your oldest son was not eligible to enroll in a Medicaid Managed Care plan as the type of Medicaid coverage he was receiving did not require or allow him to enroll in a plan.

On July 22, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On July 23, 2016, NYSOH issued a notice of eligibility redetermination stating that you and your oldest son would remain eligible for Medicaid, effective August 1, 2016, however, both you and your oldest son were unable to select a Medicaid Managed Care plan as the system was showing that you and he had other full benefit health insurance or Medicare.

Also on July 23, 2016, NYSOH issued a disenrollment notice stating that you would be disenrolled from your Medicaid Managed Care plan, effective August 1, 2016, because you have other full benefit health insurance or Medicare.

Additionally, on July 23, 2016, NYSOH issued a notice of enrollment confirmation advising that the type of Medicaid you and your oldest son were eligible for did not require or allow you and your oldest son to enroll in a health plan.

On August 2, 2016, documentation regarding your third party health insurance end date was uploaded to your NYSOH account.

On August 12, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On August 13, 2016, NYSOH issued a notice of eligibility redetermination notice stating that you and your oldest son were eligible for Medicaid, effective August 1, 2016, and directing you and your oldest son to select a Medicaid Managed Care plan.

On August 14, 2016, NYSOH issued a notice of enrollment confirming your and your son's enrollment in your Medicaid Managed Care plan, with a plan enrollment start date of September 1, 2016.

On August 15, 2016, you spoke to NYSOH's Account Review Unit and appealed the cancellation of your Medicaid Managed Care plan as well as your son's Medicaid Managed Care plan start date.

On January 10, 2017, 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.

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Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that this appeal is with regard to only your and your oldest son's Medicaid Managed Care plan start date, not your youngest son's coverage.
- 2) You testified that you are seeking to have your and your oldest son's enrollment in your Medicaid Managed Care plans begin on August 1, 2016, as you have outstanding medical bills for treatment received in August 2016.
- 3) You testified that you had employer-sponsored health insurance until May 31, 2016.
- 4) You testified that your oldest son was covered under your employer-sponsored health insurance when he was first born, but he was taken off your employer-sponsored health insurance in July or August of 2014. You testified that, since that time, your oldest son has had coverage through NYSOH.
- 5) You testified that you were not sure whether your oldest son had Medicaid or Child Health Plus through NYSOH, however, your oldest son had coverage with Empire Blue Cross Blue Shield, and this ended on July 31, 2016.
- 6) The record reflects that your oldest son has had coverage through NYSOH since August 1, 2014.
- 7) The record reflects that your oldest son was enrolled in a Child Health Plus plan through Empire Blue Cross Blue Shield from November 1, 2015 until July 31, 2016.
- 8) You testified that your oldest son has not had coverage outside of NYSOH since July or August of 2014.
- 9) You testified that you could not recall when you reapplied for yourself for health insurance, but it was before July 15, 2016.
- 10) The record reflects that you updated your household's application for financial assistance with health insurance on July 6, 2016.

- 11) The record reflects that you initially selected your Medicaid Managed Care plan on July 6, 2016.
- 12) On August 2, 2016, a letter dated June 23, 2016, was uploaded to your NYSOH account. This letter indicates that your employer sponsored health insurance ended on May 31, 2016.
- 13) On August 13, 2016, you selected a Medicaid Managed Care plan for yourself and your oldest son.

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)).

Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Third Party Health Insurance

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An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Legal Analysis

The first issue for review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was terminated effective August 1, 2016.

In the July 7, 2016 notice of eligibility determination, you were found eligible for Medicaid, effective August 1, 2016. On July 6, 2016, you enrolled in a Medicaid Managed Care plan, effective August 1, 2016, as is documented by the July 7, 2016 notice of enrollment confirmation.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. 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, or failing to provide a valid social security number.

There is no indication in the record that you became ineligible to remain enrolled in your Medicaid Managed Care plan due to incarceration or moving out of state. Additionally, you provided a valid social security number at the time of completing your application.

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.

On July 22, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On July 23, 2016, NYSOH issued a disenrollment notice advising that your coverage in your Medicaid Managed Care plan would be terminated August 1, 2016. The notice indicates this is because you had full benefit health insurance or Medicare.

However, the information relied upon by NYSOH in making the determination to terminate your coverage under your Medicaid Managed Care plan was incorrect. You credibly testified that your coverage under your employer-sponsored health insurance ended on May 31, 2016 and submitted documentation from your employer-sponsored health insurance confirming that your coverage ended May 31, 2016.

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Therefore, when NYSOH cancelled your coverage in a Medicaid Managed Care plan due to your having Third Party Health Insurance, you did not, in fact, have Third Party Health Insurance.

Accordingly, the July 23, 2016 disenrollment notice terminating your coverage under your Medicaid Managed Care plan, effective August 1, 2016 is RESCINDED.

The second issue under review whether NYSOH properly determined that your oldest son's enrollment in his Medicaid Managed Care plan was effective September 1, 2016.

Your oldest son was determined eligible for Medicaid, effective August 1, 2016. However, he was unable to enroll in a Medicaid Managed Care plan at that time, because the system was showing that he was enrolled in other full benefit health insurance or Medicare.

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.

However, you credibly testified that your oldest son's enrollment through your employer sponsored health insurance ended in July or August of 2014. The record reflects that since August 1, 2014, your oldest son has been enrolled in coverage through NYSOH.

The record further reflects that your oldest son's enrollment in his Child Health Plus plan through NYSOH ended on July 31, 2016 because he was found eligible for Medicaid through NYSOH, effective August 1, 2016.

Therefore, when NYSOH would not permit your oldest son to enroll in a Medicaid Managed Care plan due to having Third Party Health Insurance, he did not, in fact, have Third Party Health Insurance.

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.

Had you been permitted to select a Medicaid Managed Care plan for your oldest son on July 6, 2016, his Medicaid Managed Care plan would have taken effect on the first day of the first month following after July; that is, on August 1, 2016.

Therefore, the August 14, 2016 enrollment confirmation notice is MODIFIED to state that your oldest son's enrollment in his Medicaid Managed Care plan was effective August 1, 2016.

Your case is RETURNED to NYSOH to ensure that you and your oldest son are enrolled in your Medicaid Managed Care plans, effective August 1, 2016.

Decision

The July 23, 2016 disenrollment is RESCINDED.

The August 14, 2016 enrollment confirmation notice is MODIFIED to state that your oldest son's enrollment in his Medicaid Managed Care plan was effective August 1, 2016.

Your case is RETURNED to NYSOH to ensure that you and your oldest son are enrolled in your Medicaid Managed Care plans, effective August 1, 2016.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

Your and your oldest son's enrollment in your Medicaid Managed Care plans should have been effective as of August 1, 2016.

Your case is being sent back to NYSOH to enroll you and your son in your Medicaid Managed Care plans as of August 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

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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 July 23, 2016 disenrollment is RESCINDED.

The August 14, 2016 enrollment confirmation notice is MODIFIED to state that your oldest son's enrollment in his Medicaid Managed Care plan was effective August 1, 2016.

Your and your oldest son's enrollment in your Medicaid Managed Care plans should have been effective as of August 1, 2016.

Your case is RETURNED to NYSOH to ensure that you and your oldest son are enrolled in your Medicaid Managed Care plans, effective August 1, 2016.

Your case is being sent back to NYSOH to enroll you and your son in your Medicaid Managed Care plans as of August 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

