



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

## Notice of Decision

Decision Date: October 28, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011555

[REDACTED]

Dear [REDACTED]

On September 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 20, 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: October 28, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011555

[REDACTED]

## 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 enrollment in your Medicaid Managed Care plan was effective October 1, 2016?

## Procedural History

On August 5, 2016, NYSOH received your application for health insurance.

That same day, documentation was uploaded to your NYSOH account.

On August 6, 2016, NYSOH issued a notice of eligibility determination, based on your August 5, 2016 application, stating that you were eligible for Medicaid, effective August 1, 2016. That same notice stated that you did not need to pick a health plan, that is, a Medicaid Managed Care (MMC) plan, because NYSOH's records showed you had full benefit health insurance or Medicare.

Also on August 6, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment in Medicaid, and stating that the type of Medicaid coverage you were eligible for did not require/allow you to enroll in a health plan.

On August 11 and 12, 2016, documentation was uploaded to your NYSOH account.

On August 15, 16, 17, 18, and 19, 2016, your account was updated.

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On August 16, 17, 18, and 19, 2016, NYSOH issued enrollment confirmation notices stating that you were enrolled in Medicaid, and that the type of Medicaid coverage you are eligible for did not require/allow you to enroll in a health plan.

On August 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your MMC plan enrollment, insofar as it did not begin on September 1, 2016.

On August 20, 2016 NYSOH issued a notice of enrollment stating that you were enrolled in a MMC plan, and that your coverage would start on October 1, 2016.

On September 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 support the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on August 5, 2016.
- 2) You testified and the record reflects that you were assisted in your application for insurance by a Navigator from Nassau-Suffolk Hospital who came to your home.
- 3) You testified that the Navigator told you when you applied that you needed to submit information to show that you no longer had health insurance through your employer.
- 4) You testified that you quit your job on July 15, 2016, and that your health insurance coverage ended that same day.
- 5) The record reflects that, on August 5, 2016, the following documents were uploaded to your NYSOH account:
  - a. An email with the subject "Exit Email" addressed to you, stating that the Human Resources Department was notified that you had resigned effective July 15, 2016. The email shows that there was an attachment entitled "Guide for Exiting Employees" (document [REDACTED]), and
  - b. A one page document titled "Guide for Exiting Employees," which states in part "Health Insurance – If the employee is currently enrolled with the company Health Insurance plan, the Company will

cancel your insurance effective last day of employment” (document [REDACTED]).

- 6) On August 11, 2016, a one-page document was uploaded to your NYSOH account consisting of a letter dated August 10, 2016 on [REDACTED] letterhead, stating that you resigned from [REDACTED] effective July 15, 2016 (document [REDACTED]).
- 7) The record further reflects that, on August 12, 2016, a letter from Empire Blue Cross was uploaded to your NYSOH account. The letter was dated August 12, 2016 and stated your insurance enrollment was effective January 1, 2015 through August 1, 2016 (document [REDACTED]).
- 8) The record reflects that your account was accessed on August 15, 16, 17, 18, and 19, 2016, and that your enrollment was updated on each of these dates.
- 9) The record reflects that your MMC plan selection went through on August 19, 2016, which gave you a plan start date of October 1, 2016.
- 10) You testified that you are currently [REDACTED] and that it is a high risk [REDACTED].
- 11) You testified that you have medical bills from September 2016 that were not covered because the provider does not take Fee-For-Service Medicaid.
- 12) You testified that you want your Medicaid Managed Care plan to begin on September 1, 2016 to cover these unpaid bills.

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-

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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 enrollment in the MMC plan was effective October 1, 2016.

The record reflects that you filed your application for Medicaid coverage on August 5, 2016.

You testified that, when you applied, you were informed by the Navigator who assisted you with your application that you needed to submit information to show that you no longer had health insurance through your employer. The record reflects that, on August 5, 2016 (the same day you applied), two documents were uploaded to your NYSOH account. The documents consisted of an email acknowledging your resignation as of July 15, 2016, and an attachment to that email called “Guide for Exiting Employees.” Taken together, these documents show that your employment ended on July 15, 2016, and that your employer’s policy was that your health insurance coverage would end the same day as your employment.

Nevertheless, it appears that NYSOH did not verify that your third party health insurance had ended until after the document from Empire Blue Cross was uploaded to your account on August 12, 2016. Because of this, it appears that the Navigator assisting you was unable to select a MMC plan until August 19, 2016. A MMC plan selection that is made after the 15<sup>th</sup> of the month is not effective until the first day of the second following month; in other words, since your plan selection went through on August 19<sup>th</sup>, 2016, it went into effect on October 1, 2016.

However, since you submitted information on August 5, 2016 that showed that your employer sponsored health insurance ended on the date that you resigned from your job, NYSOH had the necessary information at that point to verify your insurance and to remove any barrier to your ability to enroll in a MMC plan. Had NYSOH acted on this documentation sooner, the Navigator could have made your MMC plan selection on or before August 15, 2016, which would have given you a September 1, 2016 start date.

Since NYSOH failed to recognize that the documentation you submitted on August 5, 2016 showed that your employer sponsored health insurance had ended, and since this failure caused the Navigator to be unable to enroll in a plan sooner, the August 20, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan began as of September 1, 2016.

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Your case is RETURNED to NYSOH to facilitate your enrollment into your MMC plan beginning September 1, 2016.

## **Decision**

The August 20, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan begins as of September 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment into your MMC plan beginning on September 1, 2016.

**Effective Date of this Decision:** October 28, 2016

## **How this Decision Affects Your Eligibility**

The effective date of your MMC plan coverage is September 1, 2016.

NYSOH will ensure that your enrollment in your MMC plan is backdated to September 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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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## **Summary**

The August 20, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your MMC plan begins as of September 1, 2016.

Your case is RETURNED to NYSOH to facilitate your enrollment into your MMC plan beginning on September 1, 2016.

The effective date of your MMC plan coverage is September 1, 2016.

NYSOH will ensure that your enrollment in your MMC plan is backdated to September 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:**

