



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

Notice of Decision

Decision Date: January 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011864

[REDACTED]

[REDACTED]

On December 7, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 28, 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).

This page intentionally left blank.



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

Decision

Decision Date: January 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011864



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, your spouse's, and your daughter's enrollment in your Medicaid Managed Care (MMC) plan was effective October 1, 2016?

Procedural History

On July 14, 2016, you updated your NYSOH account.

On July 15, 2016, NYSOH issued a notice stating that your July 14, 2016 application had been reviewed, but that more information was needed. The notice stated that you needed to provide income documentation for your household by July 29, 2016.

On July 26, 2016, documentation was uploaded to your NYSOH account.

On July 31, 2016, your NYSOH account was updated.

On August 1, 2016, NYSOH issued a notice stating that your July 31, 2016 application had been reviewed, but that more information was needed. The notice stated that you needed to provide income documentation for your household by August 15, 2016, without specifying what was missing from your earlier submission.

On August 2, 2016, NYSOH issued a notice stating that the documentation you provided regarding your income was not sufficient to confirm the information in your application. The notice further directed you to submit documentation of your household income by August 30, 2016, again without specifying what was missing from your submissions.

On August 2, 2016, additional documentation was uploaded to your NYSOH account.

On August 9, 2016, NYSOH issued a notice of eligibility determination stating that you, your spouse, your son, and your daughter were eligible for Medicaid, effective July 1, 2016.

That same day, NYSOH issued a notice of enrollment confirmation stating that your son needed to pick a health plan, but that the type of Medicaid coverage you, your spouse, and your daughter were eligible for did not require you to enroll in a health plan.

On August 10, 2016, your NYSOH account was updated.

On August 11, 2016, NYSOH issued a notice of eligibility determination stating that you, your spouse, your son, and your daughter remained eligible for Medicaid, effective August 1, 2016.

Also on August 11, 2016, NYSOH issued a notice of enrollment confirmation, confirming your son's enrollment in a MMC plan as of September 1, 2016, and stating that the type of Medicaid coverage you, your spouse, and your daughter were eligible for did not require you to enroll in a health plan.

On August 24 and 25, 2016, documentation was uploaded to your NYSOH account, and your account was update.

On August 25, 2016, NYSOH issued a notice of eligibility determination stating that you, your spouse, your son, and your daughter remained eligible for Medicaid, effective August 1, 2016.

On August 27, 2016, NYSOH issued a notice of eligibility determination stating that you, your spouse, your son, and your daughter were eligible for Medicaid, effective August 1, 2016. The notice also stated that you, your spouse, and your daughter should pick a health plan.

On August 28, 2016, NYSOH issued a notice of enrollment confirmation, confirming your, your spouse's, and your daughter's enrollment in a MMC plan with a plan start date of October 1, 2016, and your son's enrollment in a MMC plan with a plan start date of September 1, 2016.

On September 6, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your, your spouse's, and your daughter's enrollment in your MMC plan, insofar as it did not begin on September 1, 2016.

On December 7, 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 first updated your application with NYSOH for financial assistance on July 14, 2016.
- 2) You testified that you previously had health insurance through your employer, but that your coverage ended around June 10, 2016, after your employment ended.
- 3) You testified that you, your spouse, your son, and your daughter were all covered by your employer's plan.
- 4) You testified that a MetroPlus application counselor at one of the local hospitals in your area assisted you in updating your application on July 14, 2016.
- 5) You testified that, after you applied, the application counselor told you that you needed to submit documentation of your income, and that you did so.
- 6) Your NYSOH account reflects that income documentation was uploaded on July 26, 2016 consisting of a letter from your application counselor and your last paycheck from your employer, dated June 17, 2016 (Document [REDACTED]).
- 7) Your NYSOH account reflects that you uploaded a letter regarding your separation from previous employment to your account on August 2, 2016 (Document [REDACTED]).
- 8) You testified that, after working with the application counselor at the first hospital, you subsequently spoke with another application counselor at another hospital, and were again told only that you needed to supply income documentation.
- 9) You testified that you tried to use your Fee-For-Service Medicaid coverage sometime in July or early August, and your doctor informed you that you

needed to have a MMC plan in order to have your visit covered by insurance.

- 10) You testified that it was not until late August, when you spoke with a third application counselor, that you were informed that the reason you were unable to select a MMC plan was that you were still showing as covered by your employer's health insurance, and that you needed to submit proof that the coverage had ended.
- 11) You testified that you do not understand why your son was able to enroll in a MMC plan as of early August and the rest of you were not, since he was also previously on your employer's health coverage.
- 12) Your NYSOH account reflects that you uploaded documentation regarding your previous insurance coverage, including your "Certificate of Group Health Plan Coverage" on August 26, 2016 (Document [REDACTED]).
- 13) Your NYSOH account reflects that you were able to select a MMC plan for enrollment for yourself, your spouse, and your daughter on August 26, 2016, and that your MMC plan started on October 1, 2016.
- 14) You testified that, had you been told initially that you needed to provide proof that your employer-sponsored coverage had ended, you would have done so right away.
- 15) You testified that you want your, your spouse's and your daughter's MMC plan enrollment start date to be backdated, as you feel that it was not your fault that you were unable to enroll in a plan earlier.

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)).

MMC 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

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).

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 you, your spouse's, and your daughter's enrollment in your MMC plan was effective October 1, 2016.

The record reflects that you contacted NYSOH on August 26, 2016, and enrolled yourself, your spouse, and your daughter into a MMC plan.

The date on which a 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 August 26, 2016, you selected a MMC plan, so, ordinarily, it properly would properly take effect on the first day of the second month following after August; that is, on October 1, 2016.

However, you credibly testified that the only reason you were unable to select a health plan sooner was that NYSOH still had you, your spouse, and your daughter incorrectly listed as having health insurance coverage through your former employer. You testified that none of the application counselors ever informed you that this was the case, and you received no notices from NYSOH stating anything to this effect. Moreover, the record reflects that your son was able to enroll in a MMC plan on August 10, 2016. According to your testimony, and the Certificate of Group Health Plan Coverage that you uploaded to your account, he had also been covered under your employer health insurance (See Document [REDACTED]). Therefore, there does not appear to be any reason why he was permitted to select a MMC plan on August 10, 2016, while the rest of your family was not.

Since you, your spouse, and your daughter were erroneously listed in NYSOH's system as having employer-sponsored health insurance coverage that had, in fact, already ended, you were improperly prevented from selecting a MMC plan. Your entire household should have been able to select a MMC plan as of August 9, 2016, the day your household was found eligible for Medicaid.

Therefore, the August 28, 2016 enrollment confirmation notice is MODIFIED to state that you, your spouse, and your daughter were enrolled in your MMC plan with an enrollment start date of September 1, 2016.

Decision

The August 28, 2016 enrollment confirmation notice is MODIFIED to state that you, your spouse, and your daughter were enrolled in your MMC plan with an enrollment start date of September 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your, your spouse's, and your daughter's MMC enrollment to September 1, 2016.

Effective Date of this Decision: January 4, 2017

How this Decision Affects Your Eligibility

The start date of your, your spouse's, and your daughter's enrollment in your MMC plan should have been 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.

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).

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 August 28, 2016 enrollment confirmation notice is MODIFIED to state that you, your spouse, and your daughter were enrolled in your MMC plan with an enrollment start date of September 1, 2016.

Your case is RETURNED to NYSOH to facilitate the backdating of your, your spouse's, and your daughter's MMC enrollment to September 1, 2016.

The start date of your, your spouse's, and your daughter's enrollment in your MMC plan should have been 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:

