



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: AP000000012795

[REDACTED]

Dear [REDACTED]

On February 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 26, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012795



Issues

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

Did NY State of Health provide you proper and adequate notice that they had determined that you were enrolled in third party health insurance as of July 29, 2016?

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

Procedural History

On July 30, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating you were eligible for Medicaid effective July 1, 2016. That notice also stated that you have full benefit health insurance or Medicare and that a person with Medicare or other health insurance cannot enroll in a Medicaid Managed Care plan.

Also on July 30, 2016, NYSOH issued an enrollment confirmation notice stating that the type of Medicaid coverage you were eligible for does not require you to enroll in a health plan.

On October 25, 2016, you selected a Medicaid Managed Care plan for enrollment.

Also on October 25, 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 begin August 1, 2016.

On October 26, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan would begin December 1, 2016.

On February 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open up to February 17, 2017, to allow you time to submit proof of your prior insurance coverage ending. On February 8, 2017, NYSOH Appeals Unit received a fax containing the requested documentation. The fax was incorporated into the record as Appellant's Exhibit # 1 and the record was closed.

Findings of Fact

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

- 1) You testified, and your account confirms, that you were determined eligible for Medicaid effective July 1, 2016.
- 2) You testified that you completed your July 29, 2016 application over the phone and at the time you were told that you were enrolled into Medicaid.
- 3) The July 30, 2016 notice indicates that you had health insurance outside of NYSOH and you could not select a Medicaid Managed Care plan.
- 4) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in third party health insurance.
- 5) You testified that you previously had insurance through your boyfriend, however that insurance ended.
- 6) You submitted a letter from MVP Health Care stating that you were enrolled in MVP Health Care as of December 1, 2015 but that you were ineligible for coverage of March 31, 2016.
- 7) The record indicates that you were enrolled into a Medicaid Managed Care plan on October 25, 2016.

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 that individual was eligible at 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 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

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY Social Services Law (NY SSL) § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid social security number (NY SSL § 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 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 it had determined that you were enrolled in third party health insurance as of July 29, 2016.

You testified, and your account confirms, that you were determined eligible for Medicaid as of July 1, 2016. A notice was issued on July 30, 2016 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.

The July 30, 2016 eligibility determination notice states that you could not select a Medicaid Managed Care plan because you had health insurance outside of NYSOH. However, you credibly testified that you completed your July application over the phone and at the time you were told that you were enrolled into Medicaid and everything would be fine. Furthermore, the record does not contain any information from NYSOH regarding where they obtained the information that you were 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 for review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was effective December 1, 2016.

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.

On October 25, 2016 you selected a Medicaid Managed Care plan for enrollment. There is no indication that at this time you were required to provide proof of your prior health insurance, or that this was even an issue on your account.

As noted above, you were unable to enroll into a plan prior to October 25, 2016 due to the system detecting third party health insurance information on your account. However, you were not properly notified of the inconsistency. Further, you provided proof that you no longer had coverage through your prior insurance carrier as of March 31, 2016. Therefore, you should have been able to select a Medicaid Managed Care plan as of your July 29, 2016 application.

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If a plan were selected that day, it would have begun on the first day of the second month following July, that is September 1, 2016.

Therefore, the October 26, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of September 1, 2016.

Decision

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

The October 26, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of September 1, 2016.

Your case is RETURNED to NYSOH to backdate your Medicaid Managed Care plan effective September 1, 2016.

Effective Date of this Decision: February 15, 2017

How this Decision Affects Your Eligibility

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

Your case is being sent back to NYSOH to backdate your coverage through your Medicaid Managed Care plan as of 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.

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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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

The October 26, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of September 1, 2016

Your case is being sent back to NYSOH to backdate your coverage through your Medicaid Managed Care plan as of September 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:

