



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

Notice of Decision

Decision Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013262

[REDACTED]

Dear [REDACTED],

On February 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 15, 2016 enrollment 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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Decision

Decision Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013262

[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 that your Medicaid Managed Care plan enrollment began no earlier than December 1, 2016?

Procedural History

On June 4, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR), effective July 1, 2016.

On July 7, 2016, NYSOH issued an enrollment notice confirming your selection of a silver-level qualified health plan (QHP) as of June 3, 2016. The notice stated that your QHP coverage under this plan would begin effective August 1, 2016.

On October 21, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

On October 28, 2016, NYSOH received an update to your application for health insurance.

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On October 29, 2016, NYSOH issued an eligibility determination notice based on the information contained in your October 28, 2016 application. The notice stated that you were eligible for Medicaid, effective October 1, 2016. The notice also stated that you could not enroll in a Medicaid Managed Care (MMC) plan because according to the information available to NYSOH, you were enrolled in other health insurance or Medicare.

On November 3, 2016, NYSOH received a Certificate of Group Health Plan Coverage to you by United Healthcare, dated November 2, 2016, confirming that your coverage under an Oxford Health Plan ended effective October 1, 2014.

On November 11, 2016, NYSOH redetermined your eligibility for health insurance based on information in your account as of November 11, 2016.

On November 12, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective November 1, 2016. The notice instructed you to select an MMC plan.

On November 15, 2016, NYSOH issued an enrollment notice confirming your selection of an MMC plan as of November 14, 2016. The notice stated that your MMC plan coverage would begin effective December 1, 2016. You spoke to NYSOH's Account Review Unit and appealed the enrollment notice insofar as it began your MMC plan coverage on December 1, 2016, rather than October 1, 2016.

On January 30, 2017, NYSOH received a letter issued to you by [REDACTED], dated January 26, 2017, stating that client services would be terminated if the amounts due in connection with several appointments during October and November were not paid.

On February 15, 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.

Findings of Fact

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

- 1) In response to the October 21, 2016 renewal notice, you submitted an application to NYSOH for financial assistance on October 28, 2016.
- 2) The record reflects that on October 29, 2016, NYSOH issued an eligibility determination stating that you were eligible for Medicaid effective October 1, 2016, although you could not enroll in an MMC because NYSOH

records reflected that you were enrolled in other health insurance or Medicare.

- 3) On November 3, 2016, you provided to NYSOH a Certificate of Group Health Plan Coverage issued to you by United Healthcare, dated November 2, 2016, confirming that your coverage under an Oxford Health Plan through your former employer ended effective October 1, 2014.
- 4) The record reflects that you selected a MMC plan for reenrollment on November 14, 2016.
- 5) You testified that you were seeking for your MMC plan to begin on October 1, 2016, rather than December 1, 2016, because you had incurred several bills in connection with [REDACTED] during October and November 2016. You further testified that without these bills being covered by your MMC plan, your [REDACTED] would terminate your treatment.

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

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 is whether NYSOH properly determined that your initial enrollment in your MMC plan was effective December 1, 2016.

The record reflects that you applied for financial assistance through NYSOH on October 28, 2016 and were determined eligible for Medicaid effective October 1, 2016, but were not permitted to select an MMC plan since NYSOH records reflected that you were enrolled in other health insurance or Medicare.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in an MMC plan. However, when a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a MMC plan. You testified that you had attempted to enroll in a MMC plan, but were prevented from doing so.

You testified, and NYSOH's records confirm, that you lost health insurance coverage through your former employer as of October 1, 2014. The record further reflects that on November 3, 2016, you provided to NYSOH a Certificate of Group Health Plan Coverage to you by United Healthcare, dated November 2, 2016, confirming that your coverage under an Oxford Health Plan ended effective October 1, 2014.

On November 11, 2016, NYSOH redetermined your eligibility and you were found eligible for Medicaid effective March 1, 2016 and you were eligible to select a MMC plan at that time. The record reflects that you selected a MMC plan on November 14, 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.

As noted above, you were unable to enroll into a plan prior to November 14, 2016 due to there being Third Party Health Insurance information on your account. However, the record reflects that this was in error and was corrected on November 11, 2016. Had this error not been reflected in your NYSOH account, you would have been able to contact NYSOH on October 28, 2016, the date of your revised application, and select a MMC plan for enrollment at that time. Had you been able to select a MMC plan that day, your coverage could have started the first day of the second following month after October 2016; that is, December 1, 2016.

Therefore, the November 15, 2016 enrollment notice is AFFIRMED insofar as the corrected date of your MMC plan selection on October 28, 2016 would not have produced a result different from what is contained in this enrollment notice.

Decision

The November 15, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: March 10, 2017

How this Decision Affects Your Eligibility

Your eligibility has not changed.

Your Medicaid Fee-For-Service coverage began effective October 1, 2016.

Your MMC plan enrollment began effective December 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 November 15, 2016 enrollment notice is AFFIRMED.

Your eligibility has not changed.

Your Medicaid Fee-For-Service coverage began effective October 1, 2016.

Your MMC plan enrollment began effective December 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:

