



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027578

[REDACTED]

Dear [REDACTED],

On March 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 23, 2018 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
PO 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(b).

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
PO Box 11729
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Decision

Decision Date: March 29, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000027578

[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 a Medicaid Managed Care plan was effective March 1, 2018?

Procedural History

On December 6, 2017, NYSOH redetermined your eligibility for financial assistance with health insurance.

On December 7, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective December 1, 2017. The notice also stated that you could not enroll in a Medicaid Managed Care (MMC) plan since NYSOH information reflected that you were enrolled in other health insurance or Medicare.

On December 12, 2017, NYSOH received a letter issued by UnitedHealthcare reflecting that your coverage through COBRA would end effective December 31, 2017.

On January 9, 2018, redetermined your eligibility for financial assistance with health insurance.

On January 10, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective January 1, 2018. The notice advised you to pick a health plan.

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Also on January 23, 2018, NYSOH issued an enrollment notice confirming your selection of an MMC plan as of January 22, 2018. The notice stated that your coverage under the MMC plan would begin effective March 1, 2018.

Also on January 23, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan, insofar as your enrollment did not begin January 1, 2018.

On February 14, 2018, NYSOH received the front and back of your health insurance care issued by [REDACTED]

On February 16, 2018, NYSOH issued a disenrollment notice confirming that your MMC enrollment had been cancelled effective March 1, 2018. This was because you were enrolled in other health insurance or Medicare.

On February 18, 2018 and February 19, 2018, NYSOH received two letters from you in support of the reinstatement of your MMC plan coverage as of March 1, 2018.

On February 20, 2018, NYSOH received an update to your application for financial assistance with health insurance.

On February 21, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective February 1, 2018. The notice advised you to pick a health plan.

On February 22, 2018, NYSOH issued an enrollment notice confirming your selection of an MMC plan as of February 20, 2018. The notice stated that your coverage under the MMC plan would begin effective April 1, 2018.

On March 21, 2018, 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 testified, and your account confirms, that you were determined eligible for Medicaid, effective December 1, 2017.
- 2) You testified that you were unable to select a MMC plan as of the date you were found eligible for Medicaid.
- 3) You testified that you were enrolled in a UnitedHealthcare plan through COBRA, but that the plan would lapse on December 31, 2017.

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- 4) You testified that you were cancelling your COBRA coverage, and wanted to take proactive steps to select an MMC with such coverage beginning effective January 1, 2018 to avoid a gap in coverage.
- 5) On December 12, 2017, you uploaded a letter from UnitedHealthcare that your COBRA coverage would end effective December 31, 2017.
- 6) The record indicates that the third-party health insurance for your UnitedHealthcare plan was removed from the system on or about January 8, 2018.
- 7) You testified that you were seeking for your MMC plan coverage to begin effective January 1, 2018.
- 8) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in third party health insurance.
- 9) The record indicates that you were enrolled into a Medicaid Managed Care plan on January 23, 2018.
- 10) You were initially enrolled in an MMC plan with such coverage beginning effective March 1, 2018.
- 11) Your MMC plan coverage was subsequently cancelled effective March 1, 2018. This was because you were found to have been enrolled in a separate third-party health insurance plan.
- 12) You testified that you had been enrolled in three to four health insurance plans in the past, and were advised to provide a history of your health insurance to NYSOH so that it could be removed from the system.
- 13) The record indicates the third-party health insurance for [REDACTED] plan was removed from the system on or about February 14, 2018.
- 14) Your NYSOH account reflects that you made your second attempt to select an MMC plan on February 20, 2018. You were ultimately reenrolled effective April 1, 2018.

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a MMC plan was effective March 1, 2018.

You testified, and your NSYOH account confirms, that you were determined eligible for Medicaid as of December 1, 2017. A notice was issued on December 7, 2017 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 record reflects that there was a third-party health insurance in your account, but that it was due to expire on December 31, 2017. You testified that you were cancelling your COBRA coverage, and wanted to take proactive steps to select an MMC with such coverage beginning effective January 1, 2018 to avoid a gap in coverage.

You testified that you were not able to select a plan, and were told by NYSOH representatives to provide a letter stating that your third-party health insurance with UnitedHealthcare would end effective December 31, 2017. The record reflects that on December 12, 2017 you provided such a document to NYSOH, but the third-party health insurance was not removed from your account until January 9, 2018. You ultimately selected an MMC plan on January 22, 2018.

Generally, the date on which an 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.

As noted above, you were unable to enroll into a plan prior to January 9, 2018 due to there being third-party health insurance information on your account. However, you were not properly notified of the inconsistency. Had NYSOH given you proper and adequate notice, you would have been able to provide the documentation showing your third-party health insurance cancellation date and select a health plan for enrollment that would have been effective January 1, 2018.

Therefore, the January 23, 2018 enrollment notice is MODIFIED to state that your enrollment in your MMC plan was effective as of January 1, 2018.

The record reflects that the MMC plan had been subsequently cancelled effective March 1, 2018, due to a separate third-party health insurance plan being referenced within your account. Since that result is no longer supported by the record, the February 16, 2018 disenrollment notice is RESCINDED, and the February 21, 2018 enrollment notice is MODIFIED to state that your enrollment in your MMC plan was effective as of January 1, 2018.

Decision

The January 23, 2018 and February 21, 2018 enrollment notices are MODIFIED to state that your enrollment in your MMC plan was effective as of January 1, 2018.

The February 16, 2018 disenrollment notice is RESCINDED.

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).

Effective Date of this Decision: March 29, 2018

How this Decision Affects Your Eligibility

Your MMC plan coverage began effective January 1, 2018.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 23, 2018 and February 21, 2018 enrollment notices are MODIFIED to state that your enrollment in your MMC plan was effective as of January 1, 2018.

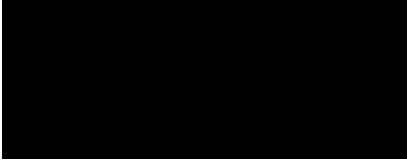
The February 16, 2018 disenrollment notice is RESCINDED.

Your MMC plan coverage began effective January 1, 2018.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.