



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

Notice of Decision

Decision Date: March 28, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026332

[REDACTED]

Dear [REDACTED]

On February 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 27, 2017 eligibility determination 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 28, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026332

[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 November 15, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating you were eligible for Medicaid, effective November 1, 2017. The notice further stated that information showed that you had other health insurance or Medicare, and that individuals with other health insurance could not be enrolled in a Medicaid Managed Care plan.

On December 12, 2017, you uploaded a letter from [REDACTED] showing that your coverage was cancelled as of December 8, 2017.

On December 18, 2017, you submitted an application for financial assistance with health insurance.

On December 19, 2017, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective December 1, 2017. The notice further stated that information showed that you had other health insurance or Medicare, and that individuals with other health insurance could not be enrolled in a Medicaid Managed Care plan.

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Also on December 19, 2017, you faxed correspondence from Cigna showing that your coverage would end effective December 31, 2017.

On December 26, 2017, you submitted an updated application for financial assistance with health insurance. That day, a preliminary determination was prepared stating that you were eligible for Medicaid.

Also on December 26, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal, insofar as you were unable to enroll in a Medicaid Managed Care plan.

On December 27, 2017, NYSOH issued an eligibility determination notice, stating that you were eligible for Medicaid, effective December 1, 2017. The notice further stated that information showed that you had other health insurance or Medicare, and that individuals with other health insurance could not be enrolled in a Medicaid Managed Care plan.

On January 5, 2018, an application for financial assistance with health insurance was run on your behalf.

On January 6, 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.

On January 23, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective March 1, 2018.

On February 27, 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 supports the following findings of fact:

- 1) You testified, and your account confirms, that you were determined eligible for Medicaid effective November 1, 2017.
- 2) The November 15, 2017 eligibility determination notice at page one stated that, "[o]ur information shows you have other health insurance or Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid card) at any provider that takes Medicaid."

- 3) You testified that you were unable to select a Medicaid Managed Care plan as of the date you were found eligible for Medicaid.
- 4) You testified that you had insurance through [REDACTED] until December 8, 2017, and through Cigna until December 31, 2017.
- 5) On December 12, 2017, you uploaded a letter from [REDACTED] showing that your coverage through them was cancelled as of December 8, 2017.
- 6) On December 19, 2017, you faxed correspondence from Cigna showing that your coverage through them would end effective December 31, 2017.
- 7) According to your NYSOH account, the third-party health insurance was removed from the system on January 5, 2018.
- 8) You testified that you received the January 6, 2018 eligibility determination notice.
- 9) According to your NYSOH account, you selected a Medicaid Managed Care plan on January 22, 2018, with an effective date of March 1, 2018.
- 10) You are seeking a January 1, 2018 start date for your Medicaid Managed Care plan.

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, 13 ADM-03(III)(F)).

Third Party Health Insurance

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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 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 Medicaid Managed Care plan was effective March 1, 2018.

Your testified, and your account confirms, that you were determined eligible for Medicaid, effective November 1, 2017. A notice was issued on November 15, 2017, stating that you did not need to pick a health plan. The notice further stated at page one that, “[o]ur information shows you have other health insurance or Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid card) at any provider that takes Medicaid

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.

On December 12, 2017 you uploaded a letter from ██████ showing that your coverage through them was cancelled as of December 8, 2017, and on December 19, 2017, you faxed correspondence from Cigna showing that your coverage through them would end effective December 31, 2017.

The reference to the third-party health insurance was subsequently removed from NYSOH’s system on January 5, 2018 and you were able to select a Medicaid Managed Care plan as of that date.

On January 6, 2018, NYSOH issued an eligibility determination notice, stating that you remained eligible for Medicaid, effective January 1, 2018. The notice further directed you to pick a plan. You testified that you received this notice. The record reflects that you enrolled in a Medicaid Managed Care plan on January 22, 2018. You did not provide a reason for your delay in selecting a plan and there is nothing in the record to indicate any error on NYSOH’s part.

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.

Since you selected a plan on January 22, 2018, it properly took effect on the first day of the second month following after January 2018; that is, as of March 1, 2018.

Therefore, the January 23, 2018 plan enrollment notice stating that your enrollment in your Medicaid Managed Care plan would be effective March 1, 2018, was correct and must be AFFIRMED.

Decision

The January 23, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 28, 2018

How this Decision Affects Your Eligibility

This decision does not change your enrollment start date.

The effective date of your Medicaid Managed Care plan is March 1, 2018.

If You Disagree with this Decision (Appeal Rights)

This 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

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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 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):

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- By mail at:
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The January 23, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your enrollment start date.

The effective date of your Medicaid Managed Care plan is March 1, 2018.

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Legal Authority

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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، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا 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।

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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 मददत 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&etumi 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.

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