



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

## Notice of Decision

Decision Date: March 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014331

[REDACTED]

Dear [REDACTED]

On March 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 23, 2016 and February 1, 2017 enrollment confirmation notices.

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: March 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014331

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) properly determine that your enrollment in a Medicaid Managed Care plan through Fidelis was effective February 1, 2017?

Did NYSOH properly determine that your enrollment in a Medicaid Managed Care plan through Healthfirst was effective March 1, 2017?

## Procedural History

On January 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost, effective March 1, 2016.

Also on January 28, 2016 NYSOH issued an enrollment notice confirming your enrolment in a qualified health plan.

On November 2, 2016, you updated your NYSOH account.

On November 3, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end effective November 30, 2016.

On November 5, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective November 1, 2016. The notice also

stated that you have other health insurance or Medicare and that you cannot enroll in a Medicaid Managed Care plan.

Also on November 5, 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 December 20, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective November 1, 2016. The notice advised you to pick a health plan.

On December 22, 2016, you selected a Medicaid Managed Care plan through Fidelis Care.

On December 23, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan through Fidelis would begin February 1, 2017.

On December 27, 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 December 1, 2016.

On February 1, 2017, NYSOH issued a disenrollment notice stating that your enrollment in a Medicaid Managed Care plan through Fidelis would end February 28, 2017.

Also on February 1, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan through Healthfirst, would begin March 1, 2017.

On March 21, 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) You testified, and your account confirms, that you were determined eligible for Medicaid effective November 1, 2016.
- 2) You testified that you were unable to select a Medicaid Managed Care plan as of the date you were found eligible for Medicaid.

- 3) The November 5, 2016 eligibility determination notice states that you were not eligible to select a Medicaid Managed Care plan because you had other full benefit health insurance.
- 4) You testified that for the past two years you were covered under a qualified health plan through NYSOH.
- 5) You testified that prior to your qualified health plan, you were covered under Medicaid in New Jersey through 2014.
- 6) You testified that you were told by an NYSOH representative that the system was showing you as still having coverage through New Jersey and that is why you were unable to select a health plan.
- 7) You testified that NYSOH reached out to Medicaid New Jersey and confirmed that you no longer had coverage.
- 8) You selected a Medicaid Managed Care plan through Fidelis on December 22, 2016.
- 9) You testified that the Fidelis plan was not covering your prescriptions.
- 10) You selected a Medicaid Managed Care plan through Healthfirst on January 31, 2017.
- 11) You testified that you were looking to have your Medicaid Managed Care plan through Healthfirst backdated for the months of December, January, and February 2017.

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-

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).

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 properly determined that your enrollment in a Medicaid Managed Care plan through Fidelis was effective February 1, 2017.

You testified, and your account confirms, that you were determined eligible for Medicaid as of November 1, 2016. A notice was issued on November 5, 2016 stating that you were not eligible to select a Medicaid Managed Care plan because you had other full benefit health insurance.

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.

You testified that you were told by an NYSOH representative that the system was showing you as having coverage through New Jersey Medicaid and that is why you were unable to select a health plan. You testified that you were covered

under Medicaid in New Jersey through 2014. However, for the past two years you were enrolled in a qualified health plan through NYSOH.

You testified that NYSOH reached out to New Jersey and confirmed that you no longer had coverage. The reference to the third-party health insurance was subsequently removed from NYSOH's system and on December 22, 2016 you were able to select a Medicaid Managed Care plan.

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 December 22, 2016 due to there being third party health insurance information on your account. However, the information that NYSOH had received was not accurate. Therefore, you should have been permitted to select a Medicaid Managed Care plan as of the eligibility determination notice issued on November 5, 2016. If you would have enrolled as of November 5, 2016, your enrollment in a Medicaid Managed Care plan would have been effective as of December 1, 2016.

Therefore, the December 21, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan through Fidelis Care is effective as of December 1, 2016.

The second issue for review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan through Healthfirst was effective March 1, 2017.

You testified that the Fidelis Medicaid Managed Care plan that you had previously selected was not covering your prescriptions. You selected a Medicaid Managed Care plan through Healthfirst on January 31, 2017.

You testified that you were looking to have your Medicaid Managed Care plan through Healthfirst backdated for the months of December, January, and February 2017. However, since you selected Fidelis Care when the third-party health insurance was removed from your NYSOH account, that is the plan we must assume you would have selected had the issue not occurred during your initial application in November.

Therefore, the start date of your Healthfirst Medicaid Managed Care plan depends on the day you selected that 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 through Healthfirst on January 31, 2017, that plan would be on the first day of the second following month after January, that is March 1, 2017.

Therefore, the February 1, 2017 enrollment confirmation notice stating that your enrollment in your Healthfirst Medicaid Managed Care plan would start March 1, 2017 is correct and must be AFFIRMED.

## **Decision**

The December 21, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan through Fidelis Care is effective as of December 1, 2016.

Your case is RETURNED to NYSOH to backdate your Fidelis Care Medicaid Managed Care plan for the months of December 2016 and January 2017.

The February 1, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 29, 2017

## **How this Decision Affects Your Eligibility**

You should have been enrolled in a Medicaid Managed Care plan through Fidelis Care as of December 1, 2016.

Your enrollment in a Medicaid Managed Care plan through Healthfirst is effective March 1, 2017.

## **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

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).



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 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**

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).

The December 21, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan through Fidelis Care is effective as of December 1, 2016.

Your case is RETURNED to NYSOH to backdate your Fidelis Care Medicaid Managed Care plan for the months of December 2016 and January 2017.

You should have been enrolled in a Medicaid Managed Care plan through Fidelis Care as of December 1, 2016.

The February 1, 2017 enrollment confirmation notice is AFFIRMED.

Your enrollment in a Medicaid Managed Care plan through Healthfirst is effective March 1, 2017.

### **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، 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।

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&etumi ama wo obi a okyerE 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.

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).