



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

Notice of Decision

Decision Date: May 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015725

[REDACTED]

Dear [REDACTED],

On May 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2017 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015725

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide you proper and adequate notice that they had determined that you were enrolled in third-party health insurance as of January 10, 2017?

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

Procedural History

On December 5, 2016, NYSOH received your initial application for health insurance.

On December 6, 2016, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal sources. You were requested to provide income documentation by December 20, 2016.

On December 16, 2016, NYSOH received a copy of your Official Record of Benefit Payment History issued by NYS Dept. of Labor, reflecting unemployment benefits you received between September 19, 2016 and December 5, 2016. This documents was reviewed and verified as acceptable proof of income on January 9, 2017.

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On January 9, 2017, NYSOH redetermined your eligibility for financial assistance with health insurance.

On January 10, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective December 1, 2016. The notice also stated that you were unable to select a Medicaid Managed Care (MMC) plan as the system was showing that you had other full benefit health insurance or Medicare.

On January 12, 2017, you uploaded a letter from Univera Healthcare, dated December 2, 2016, showing that your coverage through them was cancelled as of September 30, 2016.

On February 5, 2017, NYSOH issued an eligibility determination notice confirming that you were found eligible for retroactive Medicaid coverage during the months of October and November 2016.

On February 7, 2017, NYSOH redetermined your eligibility for financial assistance with health insurance.

On February 8, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective February 1, 2017. The notice advised you to pick a health plan.

On February 10, 2017, 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 October 1, 2016.

On February 17, 2017, NYSOH issued an enrollment notice confirming your selection of an MMC as of February 10, 2017. The notice stated that your MMC plan coverage would begin effective March 1, 2017.

On May 17, 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 submitted your initial application to NYSOH for financial assistance with health insurance on December 6, 2016.
- 2) You testified, and your account confirms, that you were determined eligible for Medicaid effective December 1, 2016. You were subsequently

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found eligible for retroactive Medicaid coverage during the months of October and November 2016.

- 3) You testified, and the record reflects, that you were not permitted to select an MMC plan for your coverage since NYSOH information showed that you were currently enrolled in a third-party health insurance plan.
- 4) On January 12, 2017, you provided to NYSOH a letter from Univera Healthcare, dated December 2, 2016, showing that your coverage through them was cancelled as of September 30, 2016.
- 5) You testified that you were enrolled in Univera Healthcare through your spouse's employer. You further testified that after your divorce was finalized during November 2016, your spouse stated that he would keep you on his insurance plan until December 2016; however, you later found out that your insurance coverage was cancelled as of September 30, 2016.
- 6) You testified that you waited until December 6, 2016 to apply to NYSOH because you were not aware that your health insurance through your ex-spouse had been terminated at an earlier date.
- 7) The record indicates that the third-party health insurance was removed from the system on or about February 6, 2016
- 8) You testified that you were without a MMC plan during the month of October 2016, and incurred extensive medical bills relating to [REDACTED].
- 9) You testified, and the record reflects, that on February 10, 2017 you selected an MMC plan.
- 10) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in third-party health insurance.

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 §

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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

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 under 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 January 10, 2017.

You testified, and your account confirms, that you were determined eligible for Medicaid as of December 1, 2016. A notice was issued on January 10, 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 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 an MMC plan.

NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial.

The record does not contain any eligibility determination notices explaining why you were found ineligible to enroll in an MMC plan as of your January 9, 2017 application.

The first indication in the record that NYSOH noted that there was third-party health insurance on your account is in a February 3, 2017 complaint (██████████). That complaint stated that your account was showing active 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 an MMC 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 an MMC plan was effective March 1, 2017.

On January 12, 2017, you uploaded a letter from Univera Healthcare indicating a cancellation date of coverage as of September 30, 2016.

The reference to the third-party health insurance was subsequently removed from NYSOH's system on February 6, 2017 and you were able to select an MMC plan as of that date.

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 February 10, 2017 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 February 1, 2017.

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Therefore, the February 17, 2017 enrollment notice is MODIFIED to state that your enrollment in your MMC plan is effective as of February 1, 2017.

Decision

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

The February 17, 2017 enrollment notice is MODIFIED to state that your enrollment in your MMC plan is effective as of February 1, 2017.

Your case is RETURNED to NYSOH to backdate your MMC plan effective February 1, 2017.

Effective Date of this Decision: May 19, 2017

How this Decision Affects Your Eligibility

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in an MMC plan.

Your case is being sent back to NYSOH to backdate your coverage through your MMC plan as of February 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 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 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 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

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

The February 17, 2017 enrollment notice is MODIFIED to state that your enrollment in your MMC plan is effective as of February 1, 2017.

Your case is being sent back to NYSOH to backdate your coverage through your MMC plan as of February 1, 2017.

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).

Legal Authority

We are issuing this determination in accordance with 45 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).

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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

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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 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&tumi 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.

שׂוֹדֵשׁ (Yiddish)

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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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