



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

## Notice of Decision

Decision Date: June 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015802

[REDACTED]

Dear [REDACTED],

On May 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2017 enrollment confirmation notice, January 21, 2017 enrollment confirmation notice, February 2, 2017 disenrollment 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: June 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015802



## 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 child's eligibility for and enrollment in a Medicaid Managed Care plan was effective February 1, 2017?

## Procedural History

On November 29, 2016, you submitted an application for financial assistance with NYSOH.

On November 29, 2016, you uploaded income information to your NYSOH account.

On November 30, 2016, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal sources. The notice directed you to provide proof of your household income by December 14, 2016.

On December 15, 2016, NYSOH issued a notice stating that the documentation provided did not confirm the information in your application. The notice directed you to provide proof of your household income by January 13, 2017.

On December 19, 2016, you uploaded income information to your NYSOH account.

On January 6, 2017, NYSOH redetermined your child's eligibility.

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On January 7, 2017, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid, effective November 1, 2016. The notice stated "Pick a health plan - If you do not choose a plan, one will be chosen for you."

On January 10, 2017, NYSOH issued a notice of enrollment confirming your and your child's enrollment in a Medicaid Managed Care plan, with a plan enrollment start date of February 1, 2017.

On January 20, 2017, you updated your NYSOH account to reflect that you and your child had third party health insurance.

On January 21, 2017, NYSOH issued a notice of eligibility redetermination stating that your child would remain eligible and that you were conditionally eligible for Medicaid, effective January 1, 2017. The notice directed you to provide proof of benefit information for third party health insurance by February 4, 2017.

Also, on January 21, 2017, NYSOH issued a disenrollment notice stating that you were no longer eligible for coverage in your Medicaid Managed Care plan because you had other insurance, effective February 1, 2017.

Also on January 21, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in Medicaid Fee-for-Service coverage and that your child remained enrolled in a Medicaid Managed Care plan, effective February 1, 2017.

On February 1, 2017, you updated your NYSOH application.

Also, on February 2, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in his Medicaid Managed Care plan, ended effective February 28, 2017.

Also, on February 2, 2017, NYSOH issued an eligibility redetermination stating that you and your child were no longer eligible for Medicaid, however that your child's Medicaid coverage would continue until December 31, 2017.

Also, on February 2, 2017, you uploaded a letter from Blue Cross Blue Shield stating that you and your child had third party health insurance coverage from January 1, 2017 through January 31, 2018.

On February 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Medicaid Fee-for-Service coverage, insofar as your child's Medicaid Fee-for-Service coverage did not begin on February 1, 2017.

On May 24, 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) Your account confirms that the notice issued January 7, 2017, advised you that you and your child were determined eligible for Medicaid effective November 1, 2016. The notice stated that if you did not choose a plan, a plan would be selected for you.
- 2) You testified that you did not select a Medicaid Managed Care plan for your child.
- 3) NYSOH records reflect that you and your child were enrolled into a Medicaid Managed Care plan, effective February 1, 2017.
- 4) You testified and NYSOH records reflect that you updated your NYSOH account to reflect that you and your child had third party health insurance on January 20, 2017. You testified that you have COBRA insurance coverage through Blue Cross Blue Shield for you and your child which began January 1, 2017 and is in effect through January 31, 2018.
- 5) On January 21, 2017, NYSOH issued a notice stating that you were enrolled in Medicaid Fee-for-Service coverage and that your child remained enrolled in a Medicaid Managed Care plan, effective February 1, 2017.
- 6) Also on January 21, 2017, NYSOH issued a disenrollment notice stating that you were no longer eligible for coverage in your Medicaid Managed Care plan because you had other insurance, effective February 1, 2017.
- 7) You testified that NYSOH incorrectly enrolled your child in a Medicaid Managed Care plan after being advised that he had third party insurance coverage.
- 8) On February 2, 2017, you uploaded a letter from Blue Cross Blue Shield stating that you and your child had health coverage from January 1, 2017 through January 31, 2018 ( [REDACTED] ).
- 9) You testified that due to your child being enrolled in a Medicaid Managed Care plan, during February 2017, your child was not covered for the

██████████ which your child was eligible for with Medicaid Fee-for-Service coverage.

10) You testified that you are seeking that your child reinstated in Medicaid Fee-for-Service coverage for the month of 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-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 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 for review is whether NYSOH properly determined that your child's eligibility for and enrollment in a Medicaid Managed Care plan was effective February 1, 2017.

In the January 7, 2017 eligibility determination notice, you and your child were found eligible for Medicaid, effective November 1, 2016. The notice stated "Pick a health plan - If you do not choose a plan, one will be chosen for you." NYSOH records reflect that you and your child were enrolled into a Medicaid Managed Care plan, effective February 1, 2017. You testified that you did not select a plan and that one was selected for you and your child.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number.

When NYSOH determines that a person has active coverage in a health insurance plan outside of NYSOH, that person is not eligible to enroll or remain enrolled in a Medicaid Managed Care plan.

You testified and NYSOH records reflect that on January 20, 2017 you updated your NYSOH account to reflect that you and your child had third party health insurance. On January 21, 2017, NYSOH issued a notice stating that you were enrolled in Medicaid Fee-for-Service coverage and that your child remained enrolled in a Medicaid Managed Care plan, effective February 1, 2017. Also on January 21, 2017, a notice was issued stating that you were no longer eligible for coverage in your Medicaid Managed Care plan because you had other insurance, effective February 1, 2017.

As such, NYSOH records reflect that when you advised NYSOH that you and your child had third party health insurance, that you were disenrolled from your Medicaid Managed Care plan and placed in Medicaid Fee-for-Service coverage. However, NYSOH did not redetermine your child's eligibility, enrolling him in a Medicaid Managed Care plan, after being advised that you and your child had third party health insurance.

Therefore, NYSOH incorrectly determined your child's eligibility for and enrollment in a Medicaid Managed Care plan, after being advised that you and your child had third party health insurance and should have enrolled your child in Medicaid Fee-for-Service coverage for the month of February 2017.

Accordingly, the January 10, 2017 enrollment confirmation notice and January 21, 2017 enrollment confirmation notice are MODIFIED to reflect that your child is enrolled in Medicaid Fee-for-Service coverage for February 2017.

## **Decision**

The January 10, 2017 enrollment confirmation notice and January 21, 2017 enrollment confirmation notice are MODIFIED to reflect that your child is enrolled in Medicaid Fee-for-Service coverage for February 2017.

Your case is being RETURNED to NYSOH to reinstate your child in Medicaid Fee-for-Service coverage for February 2017.

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

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

NYSOH improperly enrolled your child in a Medicaid Managed Care plan for the month of February 2017.

Your case is being RETURNED to NYSOH to reinstate your child in Medicaid Fee-for-Service coverage for the month of February 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 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

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).



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**

The January 10, 2017 enrollment confirmation notice and January 21, 2017 enrollment confirmation notice are MODIFIED to reflect that your child is enrolled in Medicaid Fee-for-Service coverage for February 2017.

Your case is being RETURNED to NYSOH to reinstate your child in Medicaid Fee-for-Service coverage for the month of February 2017.

NYSOH improperly enrolled your child in a Medicaid Managed Care plan for the month of February 2017.

### **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)

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).

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।

### **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 नि:शुल्क 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 नि:शुल्क 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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער 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).

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