



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

Notice of Decision

Decision Date: June 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016768

[REDACTED]

Dear [REDACTED],

On June 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 7, 2017 plan 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: June 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016768

[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 Medicaid Managed Care (MMC) plan was effective April 1, 2017?

Procedural History

On November 19, 2016, NYSOH issued an eligibility determination notice, based on your November 18, 2016 application, stating you remained eligible for Medicaid, effective November 1, 2016. The notice further stated that you must pick a health plan.

On November 20, 2016, NYSOH issued a plan enrollment notice, based on your November 19, 2016 plan selection, stating that you were enrolled in a MMC plan, effective January 1, 2017.

On January 6, 2017, NYSOH issued an eligibility determination notice, based on a January 5, 2017 system update, stating you remained eligible for Medicaid, effective February 1, 2017. The notice further stated the type of Medicaid coverage you are eligible for does not require or allow you to enroll in a health plan.

On January 6, 2017, NYSOH issued a disenrollment notice stating in part that your MMC plan would be terminated effective January 31, 2017. This was because you had other (full benefit) health insurance.

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On February 24, 2017, you submitted a letter, dated February 20, 2017, regarding your employer-sponsored health insurance, which in part stated your COBRA health insurance terminated effective January 1, 2017 (see Document [REDACTED]).

On February 25, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective February 1, 2017. The notice further stated that you must pick a health plan.

On March 7, 2017, NYSOH issued a plan enrollment notice, based on your March 6, 2017 plan selection, stating that you were enrolled in a MMC plan, effective April 1, 2017.

On March 10, 2017, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination insofar as your MMC plan did not begin on February 1, 2017.

On June 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) According to your NYSOH account, on November 18, 2016, you were determined eligible for Medicaid and enrolled in a MMC plan the next day, effective January 1, 2017.
- 2) According to your NYSOH account, when NYSOH reran your application for health insurance on January 5, 2017, you were terminated from your MMC plan as of January 31, 2017. This was because at the time of your application, the system showed that you were covered by employer-sponsored health insurance.
- 3) On February 24, 2017, you submitted a letter, dated February 20, 2017, from your COBRA health plan that states your COBRA health coverage terminated on January 1, 2017.
- 4) You testified that you did not have health insurance at any time during the month of January 2017 with your COBRA health insurance and that the letter means that your COBRA coverage ended on December 31, 2016 at midnight.

- 5) According to your NYSOH account, on March 6, 2017, you selected a MMC plan, which began effective April 1, 2017.
- 6) You testified that you want your MMC plan reinstated because you have medical bills that are not covered by Medicaid Fee-For Service.

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 an individual was eligible 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)).

MMC 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 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

A Medicaid recipient who has primary medical or health care coverage available from a Third-Party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost-effective, as determined by the local social services district (NY Soc. Serv. Law § 364-j(3)(e)(xx)).

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 MMC 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 MMC plan was effective April 1, 2017.

According to the November 19, 2016 eligibility determination notice, you remained eligible for Medicaid, effective November 1, 2016. On November 19, 2016, you selected a MMC plan, effective January 1, 2017, as is documented by the November 20, 2016 plan enrollment notice.

Generally, when an individual is eligible for Medicaid through NYSOH, they are required to enroll in a MMC 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, having active third-party health insurance or failing to provide a valid Social Security number.

On January 5, 2017, NYSOH redetermined your eligibility for financial assistance with health insurance. On January 6, 2017, NYSOH issued a disenrollment notice advising that your coverage in your MMC plan would be terminated as of January 31, 2017, because the system showed that you had full benefit employer-sponsored health insurance.

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 MMC plan.

On February 24, 2017, you submitted a letter, dated February 20, 2017, from your COBRA health plan that states your COBRA health coverage terminated on January 1, 2017. You also credibly testified that you did not have health insurance at any time during the month of January 2017 with your COBRA health insurance and that the letter means that your COBRA coverage ended on December 31, 2016 at midnight.

Upon receipt and validation of the February 20, 2017 letter, NYSOH removed the third-party health insurance information from your account and redetermined your eligibility. As such, you were then able to re-select your MMC plan.

According to your NYSOH account, on March 6, 2017, you re-enrolled in your MMC plan.

Generally, the date on which a 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 25, 2017 due to there being third-party health insurance information on your account. However, your credible testimony and the record reflects that this was in error. Had this misinformation not been reflected in your NYSOH account, you would not have been terminated from your MMC plan on January 31, 2017.

Therefore, the March 7, 2017 plan enrollment notice stating that your enrollment in your MMC plan was effective April 1, 2017, is MODIFIED to stated that your enrollment in your MMC plan was effective February 1, 2017.

Your case is being RETURNED to NYSOH to reinstate you in your MMC plan as of February 1, 2017.

NYSOH will effectuate the change and notify you accordingly.

Decision

The March 7, 2017 plan enrollment notice stating that your enrollment in your MMC plan was effective April 1, 2017, is MODIFIED to stated that your enrollment in your MMC plan was effective February 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes noted above, and to notify you accordingly.

Effective Date of this Decision: June 27, 2017

How this Decision Affects Your Eligibility

The effective date of your MMC plan is being changed to February 1, 2017 by this Decision.

Your case is being sent back to NYSOH to change the start date of your MMC plan from April 1, 2017 to February 1, 2017. NYSOH will notify you once this change has been made.

Once reinstated in your MMC plan, you will have coverage in that plan for the months of February 2017 and March 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
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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The March 7, 2017 plan enrollment notice stating that your enrollment in your MMC plan was effective April 1, 2017, is MODIFIED to stated that your enrollment in your MMC plan was effective February 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes noted above, and to notify you accordingly.

The effective date of your MMC plan is being changed to February 1, 2017 by this Decision.

Your case is being sent back to NYSOH to change the start date of your MMC plan from April 1, 2017 to February 1, 2017. NYSOH will notify you once this change has been made.

Once reinstated in your MMC plan, you will have coverage in that plan for the months of February 2017 and March 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).

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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&btumi 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.

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).