



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

Notice of Decision

Decision Date: July 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016770

[REDACTED]

Dear [REDACTED],

On June 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 3, 2017 eligibility determination.

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: July 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016770



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that you were enrolled in third party health insurance and ineligible to enroll in a Medicaid Managed Care plan, effective March 1, 2017?

Procedural History

On March 3, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid effective March 1, 2017. This notice further stated that the type of Medicaid you were eligible for did not require or allow you to enroll in a health plan. You were unable to select a Medicaid Managed Care plan as the system was showing that you had other full benefit health insurance or Medicare.

On March 11, 2017 you spoke to NYSOH's Account Review Unit and appealed insofar as you were unable to select a Medicaid Managed Care plan for enrollment.

On June 21, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for twenty-one days, to allow you to submit supporting documents.

On June 22, 2017, the NYSOH Appeals Unit received via fax a letter written by yourself, dated June 22, 2017, regarding your attempt to obtain a letter of

termination or certificate of coverage from the third-party health insurance. The record is now closed.

On July 11, 2017, NYSOH redetermined your eligibility.

On July 12, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective July 1, 2017. This notice also directed you to select a health plan for enrollment.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) Your NYSOH account reflects that you were determined eligible for Medicaid through NYSOH effective November 1, 2014 and you have continued to be eligible for Medicaid through NYSOH since that time.
- 2) You testified that NYSOH informed you that the system reflected that you had third party health insurance through United Healthcare in the middle of 2016.
- 3) On June 28, 2016, an incident was created ([REDACTED]). The notes within that incident reflect that at that time, an NYSOH representative advised you that the system reflected that you had third party health insurance through United Healthcare.
- 4) You testified that since March 2017 you have been trying to obtain proof of cancellation from United Healthcare, but have been unable to do so.
- 5) You testified that you do not, nor have you ever, had coverage through United Healthcare.
- 6) You testified that you have not had coverage through an employer and do not have coverage through a parent.
- 7) You testified that you have had Medicaid through NYSOH for the past few years and prior to that you had Medicaid through your local department of social services.
- 8) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in third party health insurance.
- 9) You testified that you have maintained residence in New York State throughout 2017.

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10) You testified that you have not been incarcerated in 2017.

11) You testified that you are seeking to be able to enroll in a 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

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 you were enrolled in third party health insurance and ineligible to enroll in a Medicaid Managed Care plan, effective March 1, 2017.

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.

In the March 3, 2017 notice of eligibility determination, you were found eligible for Medicaid, effective March 1, 2017. However, you were ineligible to enroll in a Medicaid Managed Care plan because the type of Medicaid you were eligible for did not require or allow you to enroll in a health plan. This was because the system indicated that you had full benefit health insurance or Medicare.

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 credibly testified that you never had third party health insurance.

Therefore, when NYSOH determined that you were ineligible to enroll in Medicaid Managed Care plan due to your having third party health insurance, you did not, in fact, have third party health insurance and the information relied upon by NYSOH in making the determination was incorrect.

Additionally, on July 12, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective July 1, 2017, and directing you to select a plan for enrollment.

Therefore, the March 3, 2017 eligibility determination is MODIFIED to reflect that you did not have third party health insurance and that you may enroll in a Medicaid Managed Care plan.

Your case is RETURNED to NYSOH to assist you in enrolling into a Medicaid Managed Care plan.

Decision

The March 3, 2017 eligibility determination is MODIFIED to reflect that you did not have third party health insurance and that you may enroll in a Medicaid Managed Care plan.

Your case is RETURNED to NYSOH to assist you in enrolling into a Medicaid Managed Care plan.

Effective Date of this Decision: July 18, 2017

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How this Decision Affects Your Eligibility

NYSOH improperly determined that you were enrolled in third party health insurance.

Your case is being sent back to NYSOH to help you to enroll into a Medicaid Managed Care plan.

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.

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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 March 3, 2017 eligibility determination is MODIFIED to reflect that you did not have third party health insurance and that you may enroll in a Medicaid Managed Care plan.

Your case is RETURNED to NYSOH to assist you in enrolling into a Medicaid Managed Care plan.

NYSOH improperly determined that you were enrolled in third party health insurance.

Your case is being sent back to NYSOH to help you to enroll into a Medicaid Managed Care plan.

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।

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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&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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