



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

## Notice of Decision

Decision Date: August 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016991

[REDACTED]

Dear [REDACTED],

On June 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 23, 2017 enrollment confirmation 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: August 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016991



## 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 family's enrollment in a Medicaid Managed Care plan became effective no earlier than March 1, 2017?

## Procedural History

On August 17, 2016, NYSOH received an updated application for health insurance submitted on behalf of you and your children.

On August 18, 2016, NYSOH issued a notice of eligibility determination stating you and your children were eligible for Medicaid, effective August 1, 2016. The notice further stated that your children could not enroll in a Medicaid Managed Care plan, because they were enrolled in other full benefit health insurance. The notice directed you to contact NYSOH right away to update your account if your children lost their other health insurance.

Also on August 18, 2016, NYSOH issued an enrollment notice stating you were enrolled in a Medicaid Managed Care plan, effective October 1, 2016. The notice further stated that the type of Medicaid coverage your children were eligible for did not require/ allow them to enroll in a health plan.

On November 4, 2016, NYSOH systematically redetermined the eligibility of you and your children.

On November 5, 2016, NYSOH issued an eligibility determination notice stating you and your children remained eligible for Medicaid. The notice further stated that you and your children could not enroll in a Medicaid Managed Care plan, because you were enrolled in other full benefit health insurance. The notice directed you to contact NYSOH right away to update your account if you or your children lost your other health insurance.

On November 5, 2016, NYSOH issued a disenrollment notice stating your Medicaid Managed Care plan coverage would end on November 30, 2016, because you had other full benefit health insurance or Medicare.

Also on November 5, 2016, NYSOH issued an enrollment notice stating the type of Medicaid coverage you and your children were eligible for did not require/allow you to enroll in a health plan.

On January 4, 2017, NYSOH issued an eligibility determination notice, based on a January 3, 2017 systematic eligibility redetermination, stating you and your children were no longer eligible for Medicaid, but your Medicaid coverage would be continued to July 15, 2017. The notice also stated that you and your children could not enroll in a Medicaid Managed Care plan, because you were enrolled in other full benefit health insurance. The notice directed you to contact NYSOH right away to update your account if you or your children lost your other health insurance.

On February 4, 2017, NYSOH issued an enrollment notice, based on a February 3, 2017 plan selection, confirming your daughter was enrolled in a Medicaid Managed Care plan, effective March 1, 2017. The notice further stated that the type of Medicaid coverage you and your son were eligible for did not require/allow you to enroll in a health plan.

On February 16, 2017, NYSOH issued an eligibility determination notice stating you and your children remained eligible for Medicaid, effective February 1, 2017. The notice directed you and your son to “pick a health plan.”

Also on February 16, 2017, NYSOH issued an enrollment notice, based on your February 15, 2017 plan selection, confirming you and your son were enrolled in the same Medicaid Managed Care plan as your daughter, effective March 1, 2017.

On February 23, 2017, NYSOH issued an enrollment notice confirming you and your children were enrolled in a Medicaid Managed Care plan, effective March 1, 2017.

On March 20, 2017, you spoke to NYSOH’s Account Review Unit and appealed the effective date of the Medicaid Managed Care plan enrollment for you and your children insofar as the plan was not effective since October 1, 2016.

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On June 26, 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) NYSOH received an updated application for health insurance submitted on behalf of you and your children on August 17, 2016.
- 2) You and your children were determined eligible for Medicaid, effective August 1, 2016.
- 3) According to your account, data sources indicated your children were enrolled in third-party health insurance so they were not able to enroll in a Medicaid Managed Care plan at that time.
- 4) The eligibility determination notice issued by NYSOH on August 18, 2017, directed you to contact NYSOH to update your account if your children lost their third-party health insurance.
- 5) You were able to enroll in a Medicaid Managed Care plan on August 17, 2017. Your coverage through this plan became effective on October 1, 2017.
- 6) On November 4, 2016, NYSOH systematically redetermined your family's eligibility. Data sources indicated that you and your children were enrolled in third-party health insurance.
- 7) You were subsequently disenrolled from your Medicaid Managed Care plan, effective November 30, 2016, based on the information from data sources indicating you were enrolled in third-party health insurance.
- 8) The eligibility determination notice issued on November 5, 2016 indicated you and your children could not enroll in a Medicaid Managed Care plan, because you were enrolled in third-party health insurance. The notice directed you to contact NYSOH right away to updated your account if you or your children lost your third-party health coverage.
- 9) You testified that you and your children were enrolled in third-party health insurance through your ex-spouse's employer in 2016.
- 10) You testified that your coverage thought the plan ended on August 12, 2016 and your children's coverage ended September 30, 2016.

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- 11) You testified that you had been working with a Navigator in October 2016 to try and select a Medicaid Managed Care plan for your children so the coverage would begin as soon as their third-party coverage ended. You testified you were told by NYSOH that you could not pick a Medicaid Managed Care plan for your children until their coverage through their third-party health plan ended.
- 12) You testified your children's coverage through the third-party insurance plan was retroactively terminated and you did not receive notice of such termination from the health plan until December 30, 2016.
- 13) You testified, and your account confirms, you uploaded "Disclosure of Coverage" notices on January 27, 2017 from the third-party health plan, indicating your coverage through that plan ended on August 12, 2016 and your children's coverage ended September 30, 2016.
- 14) According to your account, on February 8, 2017, your account was updated, based on the documentation submitted on January 27, 2017, indicating the third-party health coverage for you and your children had ended.
- 15) According to your account, your daughter was permitted to enroll in a Medicaid Managed Care plan on February 4, 2017, with coverage effective March 1, 2017.
- 16) According to your account, your family's eligibility was systematically redetermined on February 9, 2017. According to the eligibility determination notice issued on February 10, 2017, you and your son were permitted to enroll in a Medicaid Managed Care plan at that time.
- 17) Your account confirms, that on February 15, 2017 Medicaid Managed Care plan enrollments were submitted on behalf of you and your son. Coverage through that plan became effective on March 1, 2017.
- 18) You testified that you are seeking to have the effective date of coverage through your family's Medicaid Managed Care plan backdated to October 1, 2016.
- 19) Your account confirms that your children had fee-for-service Medicaid only from August 1, 2016 until their Medicaid Managed Care plan became effective on March 1, 2017.
- 20) You testified your children's doctor does not accept fee-for-service Medicaid and they have outstanding medical bills from the months they had fee-for-service Medicaid coverage only.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### 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)).

### Verification of Minimum Essential Coverage

NYSOH must verify whether an applicant is eligible for minimum essential coverage other than through an eligible employer-sponsored plan, Medicaid, CHIP, or the BHP, using information obtained by transmitting identifying information specified by HHS to HHS for verification purposes (45 CFR § 155.330(b)).

### Medicaid – Effective Dates of Coverage

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)).

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 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)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your family's enrollment in a Medicaid Managed Care plan became effective no earlier than March 1, 2017.

NYSOH received an updated application for health insurance submitted on behalf of you and your children on August 17, 2016. You and your children were determined eligible for Medicaid, effective August 1, 2016. According to your account, data sources indicated your children were enrolled in third-party health insurance at that time, so they were not able to enroll in a Medicaid Managed Care plan. The eligibility determination notice issued by NYSOH on August 18, 2016, directed you to contact NYSOH to update your account if your children lost their third-party health insurance. You were able to enroll in a Medicaid Managed Care plan and your coverage through that plan became effective on October 1, 2016.

NYSOH systematically redetermined your family's eligibility on November 4, 2016. Based on information from data sources indicating you and your children were enrolled in third-party health insurance, you were disenrolled from your Medicaid Managed Care plan, effective November 30, 2016. The eligibility determination notice issued on November 5, 2016 directed you to contact NYSOH right away to update your account if you or your children lost your third-party health insurance.

You testified that you and your children were enrolled in third party health insurance through your ex-spouse's employer in 2016. You testified that you thought the plan ended on August 12, 2016. You testified your children's coverage through the third-party insurance plan was retroactively terminated back to September 30, 2016, but you did not receive notice of such termination from the health plan until December 30, 2016.

Pursuant to the regulations, 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. Accordingly, your children were not eligible to enroll in a Medicaid Managed Care plan in August 2016, because the data sources indicated your children were still enrolled in third-party coverage. Similarly, when your family's eligibility was systematically redetermined on November 4, 2016, data sources again indicated that you and the children were enrolled in third-party health insurance. Therefore, you were properly disenrolled from your Medicaid Managed Care plan and your children were still not permitted to enroll in a plan.

Your account confirms that NYSOH did not receive proof that you and your children's third-party health coverage ended until you uploaded the "Disclosure of

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Coverage” notices on January 27, 2017, which provided the end dates of that coverage. Until that time, NYSOH was basing its determinations on the information from data sources indicating you and your children were still enrolled in the third-party coverage. Until NYSOH received this confirmation, it was unable to override the information received from data sources and update your account indicating you and your children were no longer covered by the third-party coverage.

It is noted that you testified that your children’s coverage was retroactively terminated in December 2016. Based on this testimony it is possible that at the time of the November 4, 2016 systematic eligibility redetermination, the data sources were accurately reporting that your children were currently enrolled in outside coverage. As the evidence establishes that NYSOH reasonably relied upon information obtained from data sources, it is concluded that you and your children were not eligible to enroll in a Medicaid Managed Care plan until January 27, 2017, the date NYSOH received documentation sufficient to establish that you and your children were no longer enrolled in third-party health coverage.

The date a Medicaid Managed Care plan becomes effective depends on the date on which it is selected. 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.

As discussed above, you and your children were not eligible to enroll in a Medicaid Managed Care plan until NYSOH received proof that your third-party health coverage had ended. NYSOH received that documentation on January 27, 2017 and you and your children were subsequently permitted to enroll in a health plan. Your daughter was enrolled in a plan on February 4, 2017 and you and your son selected a plan on February 15, 2017. Coverage for you and both of your children became effective on March 1, 2017.

It is noted that even if you and your children had been permitted to select a Medicaid Managed Care plan on January 27, 2017, the date NYSOH received sufficient documentation evidencing your family’s third party coverage had ended, coverage would still have become effective on March 1, 2017, because it was after the fifteenth day of the month.

Therefore, the February 23, 2017 enrollment notice stating you and your children were enrolled in a Medicaid Managed Care plan, effective March 1, 2017, is correct and is **AFFIRMED**.

## **Decision**

The February 23, 2017 enrollment confirmation notice is AFFIRMED.

## **Effective Date of this Decision: August 10, 2017**

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

This decision does not change the eligibility of you and your children.

The Medicaid Managed Care plan enrollment for you and your children became effective on 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 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

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- 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 February 23, 2017 enrollment confirmation notice is **AFFIRMED**.

This decision does not change the eligibility of you and your children.

The Medicaid Managed Care plan enrollment for you and your children became effective on 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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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 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 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.

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