



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020105

[REDACTED]

Dear [REDACTED],

On September 28, 2017, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's June 28, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020105

[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 spouse's enrollment in a Medicaid Managed Care plan became effective no earlier than August 1, 2017?

Procedural History

On April 4, 2017, NYSOH received your spouse's initial application for health insurance.

On April 5, 2017, NYSOH issued a notice of eligibility determination stating your spouse was eligible for Medicaid, effective April 1, 2017. The notice further stated that your spouse could not enroll in a Medicaid Managed Care plan, because she was enrolled in other, full-benefit health insurance. The notice directed you to contact NYSOH right away to update your account if your spouse lost her other health insurance.

On June 28, 2017, NYSOH issued an eligibility determination notice, based on your June 27, 2017 updated application, stating your spouse remained eligible for Medicaid. The notice further directed your spouse to "pick a health plan."

Also on June 28, 2017, NYSOH issued an enrollment notice, based on the June 27, 2017 plan selection, confirming your spouse was enrolled in a Medicaid Managed Care plan, effective August 1, 2017.

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Additionally, on June 28, 2017, you or your spouse spoke to NYSOH's Account Review Unit and appealed the effective date of your spouse's Medicaid Managed Care plan coverage insofar as the plan was not effective earlier than August 1, 2017.

On September 28, 2017, your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until October 12, 2017 for supporting documentation. On October 3, 2017, NYSOH received documentation submitted by your spouse, marked as Appellant's Exhibit 1 and incorporated into the record, referencing additional requested documentation to be submitted on a later date. No additional documentation was received and the record was closed.

Findings of Fact

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

- 1) NYSOH received an initial application for health insurance submitted on behalf of your spouse on April 4, 2017.
- 2) Your spouse was determined eligible for Medicaid, effective April 1, 2017, but she was unable to enroll in a Medicaid Managed Care plan, because records showed she was enrolled in third party health insurance (TPHI).
- 3) Your spouse testified that she was informed by NYSOH that an old insurance policy through her father's employer was showing she had active coverage. Your spouse testified that this coverage had ended years ago.
- 4) According to NYSOH records, a separate account, [REDACTED], was created on May 6, 2017 in your spouse's name. Your spouse testified that she set up this account to submit documentation showing the policy through her father's employer was no longer active. This account was made inactive on June 9, 2017.
- 5) The first record of receipt of documentation evidencing the end of TPHI was on June 6, 2017 when NYSOH received a document dated May 26, 2017. That document indicated that [REDACTED]..." had TPHI coverage that ended on January 1, 2015. This document did not provide any dependent information.
- 6) According to NYSOH records, several incidents were created regarding a request to resolve the TPHI issue on your account so your spouse to enroll in a Medicaid Managed Care plan. On June 26, 2017, your account was updated removing TPHI information.

- 7) On June 27, 2017, your spouse was first permitted to select a Medicaid Managed Care plan, which she did. Coverage through that plan became effective on August 1, 2017.
- 8) You appealed insofar as coverage through your spouse's Medicaid Managed Care plan was not effective earlier than August 1, 2017.
- 9) Your spouse testified she is seeking to have coverage through her Medicaid Managed Care plan backdated to April 1, 2017, because she has outstanding medical bills from the months of May, June, and July due to her medical provider not accepting fee-for-service Medicaid coverage.
- 10) Your spouse testified that when she initially applied for health insurance through NYSOH in April 2017, she was enrolled in TPHI with an Aetna policy through her employer.
- 11) Your spouse testified that her employer sponsored Aetna coverage became effective January 1, 2017 and she cancelled the coverage when her Medicaid Managed Care plan coverage began because her Aetna plan had a high deductible.
- 12) Your spouse testified that she never submitted any documentation concerning her Aetna plan, because NYSOH never asked for it.
- 13) Your spouse was directed to submit proof of the dates of coverage through her employer sponsored Aetna plan by October 12, 2017, but no such documentation was submitted.
- 14) Appellant did submit a partial copy of the previously submitted TPHI termination letter regarding the January 1, 2015 coverage end date for the policy of [REDACTED]

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

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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 your spouse's enrollment in a Medicaid Managed Care plan became effective no earlier than August 1, 2017.

NYSOH received an initial application for health insurance submitted on behalf of your spouse on April 4, 2017. Your spouse was determined eligible for Medicaid, effective April 1, 2017. However, your spouse was unable to enroll into a Medicaid Managed Care plan at that time, because data sources showed she was enrolled in other full benefit health insurance.

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.

Records confirm that on June 6, 2017, NYSOH received a copy of a documentation dated May 26, 2017 indicating that TPHI coverage for [REDACTED] ended on January 1, 2015. Based on the testimony of your spouse that she was

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previously covered under a health policy through her father's employer, it is presumed that this document was submitted to show the end of that coverage. It is noted that such coverage would have ended prior to the initial April 4, 2017 application with NYSOH and, thus, should not have been the basis for your spouse's inability to enroll into a Medicaid Managed Care plan at that time. However, your spouse further testified that she was actively enrolled in another TPHI plan through her employer at the time of her initial application.

Your spouse was directed to submit documentation showing the coverage dates of her employer sponsored health plan, however, no such documentation has been received. Thus, based on your spouse's own testimony, she was not eligible to enroll in a Medicaid Managed Care plan at the time of her application, because she was enrolled in TPHI. Since there is insufficient evidence of the end date of that coverage, there is no justification to determine that your spouse should have been eligible to enroll in a Medicaid Managed Care plan earlier than allowed by NYSOH.

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.

Your account confirms your spouse was permitted to enroll into a Medicaid Managed Care plan on June 27, 2017, the date NYSOH determined your spouse's TPHI issue resolved and a Medicaid Managed Care plan was selected for your spouse the same day. As discussed above, there is insufficient evidence in the record to establish your spouse was eligible to enroll into a Medicaid Managed Care plan prior to that date. Accordingly, coverage through that plan properly became effective on the first day of the second following month; that is, on August 1, 2017.

Therefore, the June 28, 2017 enrollment notice confirming your spouse was enrolled in a Medicaid Managed Care plan, effective August 1, 2017 was correct and is AFFIRMED.

Decision

The June 28, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

Your spouse's Medicaid Managed Care plan coverage became effective on August 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
- 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 June 28, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your spouse's eligibility.

Your spouse's Medicaid Managed Care plan coverage became effective on August 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&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.

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.