



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

## Notice of Decision

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020372

[REDACTED]

Dear [REDACTED]

On September 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 1, 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020372

[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 enrollment in your Medicaid Managed Care (MMC) plan was effective August 1, 2017?

## Procedural History

On April 4, 2017, you updated your NYSOH application for health insurance.

On April 5, 2017, NYSOH issued a notice of eligibility determination, based on your April 4, 2017 application, stating that you were eligible to purchase a qualified health plan through NYSOH at full cost. The notice stated that you were not eligible to enroll in the Essential Plan or Medicaid because your income was over the allowable income limits for those programs. The notice also stated that you were not eligible for the Essential Plan, or to receive a tax credit toward the cost of your health insurance, because you were enrolled, or eligible to enroll, in employer-sponsored health insurance (ESI) that was affordable and met minimum value standards.

On May 18, 2017, your NYSOH application was updated.

On May 19, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective July 1, 2017.

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On May 23, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, beginning July 1, 2017.

Also on May 23, 2017, your NYSOH application was updated again.

On May 24, 2017, NYSOH issued notice stating that your May 23, 2017 application had been reviewed, but that the income information in your application did not match what NYSOH had obtained from state and federal data sources. The notice directed you to submit documentation of your income by June 7, 2017.

Also on May 24, 2017, NYSOH issued a disenrollment notice, stating that your enrollment in your Essential Plan would end, effective July 1, 2017, because you were no longer eligible to enroll in the Essential Plan.

On May 31, 2017, documentation was uploaded to your NYSOH account.

On June 1, 2017, NYSOH reviewed your documentation and redetermined your eligibility.

On June 2, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective June 1, 2017. The notice further stated that you were not allowed to enroll in an MMC plan because you had other full benefit health insurance or Medicare.

On June 21, 2017, NYSOH uploaded documentation to your account that had been mailed to NYSOH on your behalf.

On June 30, 2017, NYSOH reran your application and an MMC plan was selected.

On July 1, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective June 1, 2017.

Also on July 1, 2017, NYSOH issued a notice of enrollment in the plan you selected on June 30, 2017, stating that you were enrolled in an MMC plan, and that your coverage would start on August 1, 2017.

On July 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan, insofar as it did not begin July 1, 2017.

On September 25, 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.

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## Findings of Fact

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

- 1) You first submitted an application to NYSOH for financial assistance on April 4, 2017. In that application, you indicated that you were enrolled in ESI.
- 2) Your application was updated three times on May 18, 2017, and information regarding your ESI was removed from your account.
- 3) As a result of the final application update on May 18, 2017, you were found eligible for the Essential Plan with a \$20.00 monthly premium, beginning July 1, 2017, and you were enrolled into an Essential Plan with a July 1, 2017 start date.
- 4) On May 23, 2017, you updated your application again, and once again included information regarding your ESI.
- 5) You testified that you do not recall what prompted you to update your application again on May 23, 2017. Your NYSOH account reflects that you reduced the amount of your expected annual income in that application.
- 6) Your application update on May 23, 2017 placed you in a “pending Medicaid” status, and you were asked to provide income documentation, which you uploaded to your NYSOH account on May 31, 2017.
- 7) NYSOH reran your eligibility on June 1, 2017, and you were found eligible for Medicaid. However, you were not permitted to enroll in an MMC plan at that point because, according to NYSOH, you had other full benefit health insurance.
- 8) You testified that you had [REDACTED] in March 2017 and had to take a medical leave from your job.
- 9) You testified that, when you updated your NYSOH application in April 2017, you knew that you would not be able to go back to work after your twelve weeks of FMLA were up, and that you knew you would be losing your health insurance coverage.
- 10) You testified that you informed NYSOH of this when you updated your application in April 2017.
- 11) Your NYSOH account reflects that you indicated in your April 2017 application that you had ESI, but that your updated application on May 18,

2017 indicated that you were not eligible for any insurance coverage through your employer.

- 12) You testified that you had ESI through June 12, 2017, and that you sent a letter to NYSOH from your insurance plan.
- 13) Your NYSOH account reflects that you mailed NYSOH a "Certificate of Group Health Plan Coverage" from Excellus, dated June 15, 2017, which stated that your coverage ended on June 13, 2017 (Document [REDACTED]). Your account reflects that this document was mailed to NYSOH on June 16, 2017, received by NYSOH on June 19, 2017, and uploaded by NYSOH to your account on June 21, 2017.
- 14) You testified that you believe you selected an MMC plan in July 2017.
- 15) Your NYSOH account reflects that you selected your MMC plan on June 30, 2017, and that your enrollment was effective on August 1, 2017.
- 16) You testified that you want your MMC plan to begin on July 1, 2017 because you received [REDACTED] in July 2017 from a provider who does not accept fee-for-service Medicaid.

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)).

## 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 an MMC 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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in your MMC plan was effective August 1, 2017.

You testified, and your account confirms, that you were determined eligible for Medicaid as of June 1, 2017. A notice was issued on June 2, 2017 stating that you did not need to pick a health plan.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a MMC plan. However, when a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a MMC plan.

You testified that you were enrolled in ESI until June 12, 2017. Documentation that you submitted to NYSOH indicates that your ESI coverage terminated on June 13, 2017. You testified that you told NYSOH in April 2017 that your ESI coverage would be ending because you knew that you would not be ready to go back to work after being out on medical leave.

After you were found eligible for Medicaid and were unable to enroll in an MMC plan, you sent a certificate of coverage to NYSOH from your ESI plan, dated June 15, 2017, stating that your ESI coverage had ended on June 13, 2017. You mailed that letter to NYSOH on June 16, 2017, and NYSOH received it on June 19, 2017. On June 30, 2017, you were able to select an MMC plan for enrollment.

The date on which an 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.

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On June 30, 2017, you selected an MMC plan, so it properly took effect on the first day of the second month following after June: that is, on August,1 2017.

You testified that you informed NYSOH that you had ESI, and that you expected it to end. However, your applications for coverage reflect that you reported your ESI coverage in April, then removed it in your May 18, 2017 application, then reported it again on May 23, 2017. Additionally, you changed your income information several times, including on May 23, 2017. You would have had Essential Plan coverage as of July 1, 2017, but, because you reduced your expected annual income on May 23, 2017, your Essential Plan enrollment ended, and you were placed in a pending Medicaid status. After you submitted income documents and were found eligible for Medicaid, NYSOH correctly found that you were not eligible to enroll in an MMC plan at that time, as your ESI coverage had not yet ended. By the time you mailed documentation to NYSOH showing that your ESI coverage had ended, it was too late for a July 1, 2017 MMC start date, as it was after the fifteenth of June.

As there is no statutory basis for backdating your MMC coverage in these circumstances, the July 1, 2017 enrollment confirmation notice, stating that your enrollment in your MMC plan would be effective August 1, 2017, was correct and must be AFFIRMED.

## **Decision**

The July 1, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 5, 2017

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

This decision does not change your eligibility.

The effective date of your MMC plan was 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

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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  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The July 1, 2017 enrollment confirmation notice is **AFFIRMED**.

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This decision does not change your eligibility.

The effective date of your MMC plan was 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 مجاناً.

### **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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