



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

Notice of Decision

Decision Date: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020554

[REDACTED]

Dear [REDACTED],

On October 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 11, 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: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020554



Issue

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

Did NY State of Health (NYSOH) properly determine your reenrollment in your Medicaid Managed Care plan became effective no earlier than June 1, 2017?

Procedural History

On January 26, 2017, NYSOH issued a notice of eligibility determination stating you were eligible for Medicaid, effective January 1, 2017. That notice directed you to “pick a health plan.”

On January 27, 2017, NYSOH issued an enrollment notice confirming you were enrolled in a Medicaid Managed Care plan, effective March 1, 2017.

On April 14, 2017, NYSOH issued an eligibility determination, based on an April 13, 2017 systematic eligibility redetermination, stating you remained eligible for Medicaid. The notice further stated that the type of Medicaid coverage you were eligible for did not allow you to enroll in a health plan.

Also on April 14, 2017, NYSOH issued a disenrollment notice stating your Medicaid Managed Care plan coverage would end on April 30, 2017, because records showed you had other health insurance. The notice indicated that individuals who have other health insurance cannot be enrolled in a Medicaid Managed Care plan.

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On May 11, 2017, NYSOH issued an eligibility determination notice, based on the May 10, 2017 systematic eligibility redetermination, stating you remained eligible for Medicaid. The notice directed you to “pick a health plan.”

Also on May 11, 2017, NYSOH issued an enrollment notice, based on a May 10, 2017 systematic plan selection, confirming you were enrolled in a Medicaid Manage Care plan, effective June 1, 2017.

On July 17, 2017, you spoke to NYSOH’s Account Review Unit and appealed the start date of your Medicaid Managed Care plan coverage insofar as your reenrollment was not effective May 1, 2017.

On October 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documentation.

On October 3, 2017, the Appeal Unit received the requested documentation and it was incorporated into the record as Appellant’s Exhibit # 1. The record closed thereafter.

Findings of Fact

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

- 1) Your account confirms you were enrolled into a Medicaid Managed Care plan, effective March 1, 2017.
- 2) According to your account, on April 13, 2017, NYSOH systematically redetermined your eligibility and received information from data sources indicating you were currently enrolled in third-party health insurance.
- 3) NYSOH issued a disenrollment notice on April 14, 2017 stating your Medicaid Managed Care plan coverage would end on April 30, 2017, because records showed you had other health insurance
- 4) Your account confirms you receive your communication from NYSOH electronically.
- 5) You testified you did not receive an email alert regarding the April 14, 2017 disenrollment notice and that you did not know you had been disenrolled from your plan until you were informed by your doctor’s office in May after receiving treatment. You testified you did not receive this notice through the regular mail either.

- 6) There is nothing in your account that would confirm that any such email was sent to you, or that any such notice was sent to you by regular mail.
- 7) According to your account, you contacted NYSOH on May 6, 2017 and a complaint was created [REDACTED] regarding your request to update the “system” with the end date of your prior third-party health insurance and reenroll into a Medicaid Managed Care plan.
- 8) You testified, and submitted corroborating documentation, that your prior employer sponsored health insurance ended on January 31, 2017.
- 9) According to your account, on May 9, 2017, NYSOH updated the “system” indicating your prior third-party insurance coverage had ended.
- 10) On May 10, 2017, NYSOH systematically redetermined your eligibility finding you remained eligible for Medicaid and you were systematically reenrolled into the same Medicaid Managed Care plan. Your subsequent reenrollment did not become effective until June 1, 2017.
- 11) You were not enrolled in a health plan for the month of May 2017.
- 12) You testified you have outstanding medical bills from the month of May 2017.
- 13) You testified you are seeking reinstatement in your Medicaid Managed Care plan for the month of May 2017.

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

Applicable Law and Regulations

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR §435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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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)).

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 reenrollment in your Medicaid Managed Care plan became effective no earlier than June 1, 2017

You were enrolled in a Medicaid Managed Care plan, effective March 1, 2017. According to your account, on April 13, 2017, NYSOH systematically redetermined your eligibility and received information from data sources indicating you were currently enrolled in third-party health insurance. As a result, NYSOH issued a disenrollment notice on April 14, 2017 stating your Medicaid Managed Care plan coverage would end on April 30, 2017, because records showed you had other health insurance.

Your account confirms you receive your communication from NYSOH electronically. You testified you did not receive an email alert regarding the April 14, 2017 disenrollment notice and that you did not know you had been disenrolled from your plan until you were informed by your doctor's office in May after receiving treatment.

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Pursuant to the regulations, if an applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account. If an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert.

You testified you did not receive an email alert regarding the April 14, 2017 disenrollment notice and that you did not receive this notice in the mail either. It is noted that there is no evidence in your account showing that any email alert was sent to you regarding the need to pick a health plan, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, there is insufficient evidence in the record to establish that NYSOH provided you with adequate notice that your Medicaid Managed Care plan coverage would end on April 30, 2017.

Moreover, the evidence establishes that your prior third-party health insurance coverage ended on January 31, 2017. Thus, you were improperly disenrolled from your Medicaid Managed Care plan, effective May 1, 2017, on the grounds you were enrolled in outside health coverage.

Your account confirms, that on May 9, 2017, NYSOH updated the "system" indicating your prior third-party insurance coverage had ended. The following day, NYSOH systematically redetermined your eligibility finding you remained eligible for Medicaid and you were systematically reenrolled into the same Medicaid Managed Care plan. However, your subsequent reenrollment did not become effective until June 1, 2017. Thus, you were not enrolled in a health plan for the month of May 2017.

Pursuant to the regulations, the date a Medicaid Managed Care plan enrollment can take effect depends on the day on which it is selected. 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.

Although the record indicates that a subsequent enrollment in a Medicaid Managed Care plan was not submitted on your behalf until May 10, 2017, resulting in a June 1, 2017 effective date of coverage, the record also confirms that your enrollment was erroneously terminated on April 30, 2017, because you were not enrolled in third-party health insurance at that time. As such, you were entitled to a retroactive enrollment start date of May 1, 2017, due to the multiple errors by NYSOH.

Accordingly, the May 11, 2017 enrollment confirmation notice is MODIFIED to reflect your subsequent enrollment in a Medicaid Managed Care plan became effective May 1, 2017.

Your case is RETURNED to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of May 2017.

Decision

The May 11, 2017 enrollment confirmation notice is MODIFIED to reflect your subsequent enrollment in a Medicaid Managed Care plan became effective May 1, 2017.

Your case is RETURNED to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of May 2017.

Effective Date of this Decision: October 13, 2017

How this Decision Affects Your Eligibility

The effective date of your subsequent Medicaid Managed Care plan enrollment is May 1, 2017.

Your case is being sent back to NYSOH to ensure you are enrolled in your Medicaid Managed Care plan for the month of May 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 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).

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 May 11, 2017 enrollment confirmation notice is MODIFIED to reflect your subsequent enrollment in a Medicaid Managed Care plan became effective May 1, 2017.

Your case is RETURNED to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of May 2017.

The effective date of your subsequent Medicaid Managed Care plan enrollment is May 1, 2017.

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).

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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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.