



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

Notice of Decision

Decision Date: November 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021955

[REDACTED]

[REDACTED]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 4, 2017 enrollment 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 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021955



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) provide you proper and adequate notice that they had determined your youngest child, [REDACTED] was enrolled in third party health insurance at the time of your May 17, 2017 redetermination?

Did NYSOH properly determine that your youngest child's enrollment in a Medicaid Manage Care plan was effective August 1, 2017?

Did NYSOH properly determine that the enrollment of you, your spouse, and your two oldest children, [REDACTED], in a Medicaid Managed Care plan was effective July 1, 2017?

Procedural History

On April 28, 2017, NYSOH received an update to your application for health insurance.

Also on April 28, 2017, NYSOH received a Separation Agreement and General Release, dated April 26, 2017, issued by your former employer, confirming that your employment would be terminated effective April 30, 2017.

On April 29, 2017, NYSOH issued a notice stating that the information in the April 28, 2017 application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your household by May 13, 2017, so that an eligibility determination could be issued.

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On May 5, 2017, NYSOH received a letter from you, dated May 5, 2017, stating that you and family currently had no income.

On May 17, 2017, NYSOH redetermined your household's eligibility for health insurance.

On May 18, 2017, NYSOH issued an eligibility determination notice stating that your family was eligible for Medicaid, effective April 1, 2017. The notice advised you to select a Medicaid Managed Care (MMC) plan for the coverage of you, your spouse, and your two oldest children. The notice also stated that your youngest child's Medicaid coverage does not require or allow him to enroll in a health plan. This was because NYSOH records reflected that your youngest child was already enrolled in a health insurance program outside of the NYSOH.

Also on May 18, 2017, NYSOH issued an enrollment notice confirming your selection of an MMC for your family's coverage, except for your youngest child, as of May 17, 2017. Their MMC plan coverage would begin effective July 1, 2017. The notice stated that your youngest child's Medicaid coverage does not require or allow him to enroll in an MMC plan.

On June 20, 2017, NYSOH received a letter issued by your former employer-sponsored health plan, Aetna, dated June 14, 2017, confirming that family's plan coverage terminated effective April 30, 2017. This document was reviewed and verified by NYSOH on June 23, 2017.

On June 28, 2017, NYSOH redetermined your household's eligibility for health insurance.

On June 29, 2017, NYSOH issued an eligibility determination notice stating that your family remained eligible for Medicaid, effective June 1, 2017. The notice also stated that your youngest child was now permitted to select an MMC plan, and advised you to select such a plan for his coverage.

Also on July 4, 2017, NYSOH issued an enrollment notice confirming your selection of an MMC plan as of July 3, 2017 for your youngest child's coverage. The notice stated that his MMC plan coverage would begin effective August 1, 2017.

On August 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your family's enrollment in your MMC plan, insofar as your entire family's enrollment did not begin May 1, 2017.

On November 2, 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 testified, and documentation you provided to NYSOH confirms, that you lost your position at your former employer during April 2017.
- 2) Your initial application to NYSOH after the loss of your employment was submitted on April 28, 2017.
- 3) You testified that prior to your April 28, 2017 application, your family was covered under your former employer's health plan.
- 4) You testified, and your account confirms, that your family was determined eligible for Medicaid, effective April 1, 2017.
- 5) Your NYSOH account reflects that you selected an MMC plan for the coverage of you, your spouse, and your two oldest children on May 17, 2017, when your family's eligibility for Medicaid had been confirmed.
- 6) Your NYSOH account reflects that you were not able to select an MMC plan for your youngest child at that time since your NYSOH account was showing active third-party health insurance for that child.
- 7) On June 20, 2017, you uploaded a letter from Aetna, your former employer's health plan, stating that your family's coverage through them ended effective April 30, 2017, which coincided with the termination of your employment.
- 8) The record indicates that the third-party health insurance was removed from the system on or about June 28, 2017.
- 9) You testified, and your NYSOH account reflects, that you were eventually permitted to select an MMC for your youngest child on July 3, 2017, which resulted in an MMC coverage start date of August 1, 2017.
- 10) You testified that you incurred medical expenses because of your family not having been enrolled in an MMC with a coverage start date of May 1, 2017.
- 11) The record does not contain any information from NYSOH regarding where it obtained the information that your youngest child was enrolled in third party health insurance.
- 12) The record indicates that you, your spouse, and your two oldest children were enrolled in your MMC plan effective July 1, 2017.

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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 2010,13ADM-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 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)).

Notice of Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial (42 CFR § 435.913). NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid (42 CFR § 435.919(a)).

Legal Analysis

The first issue for review is whether NYSOH provided you proper and adequate notice that they had determined your youngest child was enrolled in third party health insurance as of your May 17, 2017 redetermination.

You testified, and your account confirms, that your family determined eligible for Medicaid as of May 17, 2017. A notice was issued on May 18, 2017 stating that you did not need to pick a health plan for your youngest child.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in an 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 Medicaid Managed Care plan.

NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial.

The record does not contain any eligibility determination notices explaining why your youngest child was found ineligible to enroll in a MMC plan as of your May 17, 2017 redetermination.

Indeed, the application provided by you on April 28, 2017 and NYSOH's redetermination on May 17, 2017 did not indicate that your youngest child was enrolled a health plan outside of NYSOH, so it is not evident where NYSOH acquired this information.

Therefore, it is concluded that NYSOH did not provide you with proper and adequate notice that your youngest child was ineligible to enroll into a MMC plan because there was active third-party health insurance.

The second issue for review is whether NYSOH properly determines that your youngest child's enrollment in a MMC plan was effective August 1, 2017.

On June 20, 2017, you uploaded a letter from Aetna indicating a that your family's coverage with that company ended effective April 30, 2017.

The reference to the third-party health insurance was subsequently removed from NYSOH's system on or about June 28, 2017 and you were able to select a MMC plan for your youngest child's coverage as of that date.

Generally, the date on which a 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

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selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

As noted above, you were unable to enroll your youngest child into a plan prior to June 28, 2017 due to there being third-party health insurance information on your account. However, you were not properly notified of the inconsistency. Had NYSOH given you proper and adequate notice, you would have been able to provide the documentation showing your third-party health insurance cancellation date and select a health plan for the enrollment of your youngest child that would have been effective July 1, 2017.

The third issue is whether NYSOH properly determined that the enrollment of you, your spouse, and your two oldest children, [REDACTED], in a Medicaid Managed Care plan was effective July 1, 2017.

The record reflects that you initially contacted NYSOH, after the loss of your employment, on April 28, 2017. The record further reflects that your family was ultimately redetermined eligible for Medicaid on May 17, 2017, with such coverage beginning April 1, 2017.

You testified, and your NYSOH account confirms, that you selected your MMC plan coverage for you, your spouse, and your two oldest children on May 17, 2017.

The date on which a 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.

On May 17, 2017, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the second month following May 17, 2017; that is, on July 1, 2017.

Therefore, the Appeals Unit finds that the July 4, 2017 enrollment notice is MODIFIED to state that your youngest child's MMC plan enrollment was effective July 1, 2017, but otherwise affirmed.

Your case is RETURNED to NYSOH to reinstate your youngest child's MMC plan coverage during the month of July 2017.

Decision

NYSOH did not provide you with proper and adequate notice of your youngest child's eligibility for and enrollment in an MMC plan.

The July 4, 2017 enrollment notice is MODIFIED to state that your youngest child's MMC plan enrollment begins effective July 1, 2017, but otherwise affirmed.

Your case is RETURNED to NYSOH to reinstate your youngest child's MMC plan coverage during the month of July 2017.

Effective Date of this Decision: November 17, 2017

How this Decision Affects Your Eligibility

NYSOH did not provide you with proper and adequate notice of your youngest child's eligibility for and enrollment in a MMC plan.

Your case is being sent back to NYSOH to backdate your youngest child's coverage through your MMC plan as of July 1, 2017.

The MMC plan coverage of you, your spouse, and your two oldest children began effective July 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 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

NYSOH did not provide you with proper and adequate notice of your youngest child's eligibility for and enrollment in a MMC plan.

The July 4, 2017 enrollment notice is MODIFIED to state that your youngest child's MMC plan enrollment begins effective July 1, 2017, but otherwise affirmed.

Your case is being sent back to NYSOH to backdate your youngest child's coverage through your MMC plan as of July 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).

The MMC plan coverage of you, your spouse, and your two oldest children began effective July 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.