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

Notice of Decision

Decision Date: November 27, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000022379

[redacted]

Dear [redacted],

On November 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 18, 2017 plan 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 27, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000022379

[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 December 1, 2017?

Procedural History

On September 6, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective September 1, 2017. The notice stated that records show you have other health insurance and cannot be enrolled in an MMC plan.

On September 8, 2017, you uploaded a letter, dated August 28, 2017, from your parent's employer-sponsored health plan showing that your coverage through that plan was cancelled as of September 30, 2017.

On September 13, 2017, NYSOH issued an eligibility determination notice stating you remained eligible for Medicaid, effective September 1, 2017. The notice stated that records show you have other health insurance and cannot be enrolled in an MMC plan.

Also on September 13, 2017, you spoke to NYSOH's Account Review Unit and appealed your inability to enroll in an MMC plan.

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On October 2, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective October 1, 2017. The notice further stated that you must pick a health plan.

On October 18, 2017, NYSOH issued a plan enrollment notice, based on your October 17, 2017 plan selection, confirming your enrollment in an MMC plan, effective December 1, 2017.

On November 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your request to include an appeal of your MMC plan start date was granted and testimony was received. 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) According to your NYSOH account, and your testimony, at all times relevant, you received your notices from NYSOH via email.

2) According to your NYSOH account, you were determined eligible for Medicaid effective September 1, 2017. You were unable to select an MMC plan as of the date you were found eligible for Medicaid.

3) The letter you submitted on September 8, 2017, shows that your third-party health insurance was cancelled as of September 30, 2017.

4) You testified you were advised by NYSOH on or about September 15, 2017, that if you returned to NYSOH before the 16th or 17th of October 2017, your plan would begin effective November 1, 2017.

5) According to your NYSOH account, the Third-Party Health Insurance end date was updated in the system to September 30, 2017 as of September 11, 2017.

6) According to a written call record, dated September 15, 2017, you were advised by a NYSOH representative that your documentation had been updated and that you were to call back on October 1, 2017 to refile [redacted]

7) According to your NYSOH account and your testimony, you selected a health plan for enrollment on October 17, 2017.

8) You testified that you received NYSOH's October 2, 2017 notice stating that you must pick a health plan.

9) You testified that you have been paying out of pocket for your doctor bills and have an urgent medical need which requires you to be seen every two weeks. You need coverage in your MMC plan to begin at an earlier date because your doctors do not accept Medicaid Fee-For Service as payment.

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 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)).

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)).

Legal Analysis

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

Generally, when an individual is eligible for Medicaid through NYSOH, they are required to enroll in an MMC plan. Applicants determined eligible will be enrolled or remain in their MMC plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, having active third-party health insurance, or failing to provide a valid Social Security number.

On September 6, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective September 1, 2017. The notice stated that records showed you have other health insurance and cannot be enrolled in an MMC plan.

As discussed above, when NYSOH determines that a person has active coverage in a health insurance plan outside of NYSOH, that person is not eligible to enroll or remain enrolled in an MMC plan.

On September 8, 2017, you uploaded a letter from your parent's employer-sponsored health plan showing that your coverage through the health plan was cancelled as of September 30, 2017.

On September 13, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective September 1, 2017. This notice also stated that records showed you have other health insurance and cannot be enrolled in an MMC plan.

Based upon the August 28, 2017 letter you submitted, NYSOH properly determined that as of September 6, 2017 and September 13, 2017, you were still covered by your parent's employer-sponsored health insurance. Therefore, NYSOH properly determined that you were unable to select an MMC plan and the September 6, 2017 and September 13, 2017 eligibility determination notices were correct and are AFFIRMED.

Therefore, the matter turns to the issue of your MMC start date.

The reference to the third-party health insurance was subsequently updated in NYSOH's system on September 11, 2017 to show that your coverage was to end on September 30, 2017, and you could select an MMC plan as of October 1, 2017.

Generally, the date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You further testified that you received NYSOH's October 2, 2017 eligibility determination notice stating that you must pick a health plan.

Therefore, the record reflects that NYSOH properly notified you that you needed to pick a health plan to ensure your enrollment in your MMC plan.

According to your NYSOH account and your testimony, you selected a health plan for enrollment on October 17, 2017. You testified you were advised by NYSOH on or about September 15, 2017, that if you returned to NYSOH before the 16th or 17th of October 2017, your plan would begin effective November 1, 2017. However, according to a written call record, dated September 15, 2017, you were advised by a NYSOH representative that your documentation had been updated and that you were to call back on October 1, 2017 to refile and select an MMC plan [redacted]. Therefore, your testimony that you were told to call back on the 16th or 17th of the month is not credible.

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.

Since you selected your MMC plan on October 17, 2017, it must take effect on the first day of the second month following October 2017; that is, on December 1, 2017.

Therefore, NYSOH's October 18, 2017 plan enrollment notice is AFFIRMED because it properly began your enrollment in your Medicaid Managed Care plan on December 1, 2017.

Decision

The October 18, 2017 plan enrollment notice is AFFIRMED.

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).

Effective Date of this Decision: November 27, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is December 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.

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 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 October 18, 2017 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is December 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

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).

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)

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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