



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

Notice of Decision

Decision Date: March 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024142

[REDACTED]

Dear [REDACTED]

On January 30, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 8, 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: March 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024142

[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 plan was effective December 1, 2017?

Procedural History

On January 13, 2017, NYSOH issued an eligibility determination notice, based on your January 12, 2017 application, stating that you were eligible for Medicaid, effective January 1, 2017.

Also on January 13, 2017, NYSOH issued an enrollment notice confirming the plan you selected on January 12, 2017, stating that you were enrolled in a Medicaid Managed Care (MMC) plan, and that your coverage would start on February 1, 2017.

On July 25, 2017, NYSOH redetermined your eligibility for financial assistance with health insurance.

On July 26, 2017, NYSOH issued an eligibility determination notice stating that you would remain eligible for Medicaid, effective September 1, 2017. The notice further states that the type of Medicaid coverage you are eligible for did not require or allow you to enroll in a health plan. The stated reason was because you had other full benefit health insurance or Medicare.

Also on July 26, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan would end as of August 31, 2017, because records show you had other health insurance or Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a MMC plan.

On October 1, 2017, NYSOH issued an eligibility determination notice, based on your September 25, 2017 updated application, stating that you remained eligible for Medicaid, effective September 1, 2017. The notice stated that NYSOH records show you had other health insurance or Medicare and individuals who have health insurance or Medicare cannot be enrolled in a MMC plan.

On October 31, 2017, NYSOH systematically updated your application for health insurance.

On November 1, 2017, NYSOH issued an eligibility determination notice, based on the October 31, 2017 system update, stating that you remained eligible for Medicaid, effective October 1, 2017. The notice advised you to pick a health plan.

On November 7, 2017, you selected a MMC plan for enrollment.

Also on November 7, 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 November 1, 2017.

On November 8, 2017, NYSOH issued an enrollment notice confirming the plan you selected on November 7, 2017, stating that you were enrolled in a MMC plan, and that your coverage would start on December 1, 2017.

On January 30, 2018, 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 February 8, 2018, the Appeals Unit received via secure facsimile, your one-page submission. This document was uploaded to your NYSOH account on February 9, 2017 and the record was closed at that time.

Findings of Fact

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

- 1) According to your NYSOH account and your testimony on January 13, 2017 you were determined eligible for Medicaid effective January 1, 2017. You were subsequently enrolled in a MMC plan with an enrollment start date of February 1, 2017.

- 2) According to your NYSOH account, on July 25, 2017, you were disenrolled from your MMC plan effective August 31, 2017 after to a system update. This was because the system determined that you had active third-party health insurance (TPHI).
- 3) You testified that you had been insured through your father's employer sponsored health insurance (ESI). You testified that you thought he took you off that plan, but he had not.
- 4) You testified that your father took you off his ESI in August 2017 with the termination date of coverage of September 30, 2017.
- 5) On February 8, 2018, you submitted a copy of a letter dated January 10, 2018 from the TPHI indicating that your coverage ended September 30, 2017 (see Document [REDACTED]).
- 6) According to your NYSOH account and your testimony, on September 25, 2017 you were assisted by a certified application counselor (CAC) in updating your application for financial assistance for health insurance.
- 7) You testified that the CAC told you that you were reenrolled in a MMC plan and that it would start on November 1, 2017.
- 8) You testified that as of the start of November 2017, you had not received a MMC plan identification card. You testified that you contacted the CAC and he told you there was nothing further you need to do.
- 9) According to your NYSOH account, on October 31, 2017, the system updated your application.
- 10) According to your NYSOH account, on November 1, 2017, an eligibility determination notice was issued stating you remained eligible for Medicaid and that you could pick a health plan.
- 11) According to your NYSOH account and your testimony, you selected your MMC Plan on November 7, 2017, and that your enrollment was effective on December 1, 2017.
- 12) You testified that you were not enrolled in a MMC plan for the months of October 2017 and November 2017.
- 13) You testified that you want your MMC plan to begin on October 1, 2017 because you had medical treatment in the months of October 2017 and November 2017 that are not covered by Medicaid Fee-For-Service.

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)).

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 that your enrollment in the MMC plan was effective December 1, 2017.

The record reflects that on January 13, 2017, you were determined eligible for Medicaid effective January 1, 2017. You were subsequently enrolled in a MMC plan with a plan enrollment start date of February 1, 2017. On July 25, 2017, NYSOH ran a systemic update on your account. That update reflected that records showed you were covered by a full benefit health insurance plan.

You testified that you were previously insured through your father's ESI. You testified that you thought he took you off that plan, but in fact had not. You testified that your father took you off his [REDACTED] in August 2017 with the termination date of coverage September 30, 2017. On February 8, 2018, at the Hearing Officer's request, you submitted a copy of a letter dated January 10, 2018 from the TPHI indicating that your coverage with them ended September 30, 2017.

The record reflects that on September 25, 2017, you used the services of a CAC to update your account. You testified that the CAC stated that you were reenrolled in a MMC plan and that it would start on November 1, 2017. However, the record reflects that no MMC plan selection was made on September 25, 2017.

On October 31, 2017, NYSOH systematically updated your application and on November 1, 2017 issued an eligibility determination notice stating that you were eligible for Medicaid effective October 1, 2017 and that you could now pick a health plan. On November 7, 2017 you selected a MMC plan with a December 1, 2017 enrollment start 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 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, on September 25, 2017, you met with a CAC and updated your application and believed you selected a MMC plan. The CAC told you that the plan would start on November 1, 2017. No plan selection was made on September 25, 2017, perhaps because the system would not allow a plan selection while you were still enrolled in your TPHI up until September 30, 2017. However, you should have been allowed to select a plan to begin when your TPHI ended.

The earliest that you could have selected a MMC plan after your TPHI ended on September 30, 2017 would have been October 1, 2017. Had you been allowed to select a MMC plan on October 1, 2017, it would have properly taken effect on the first day of the month following October 2017; that is, on November 1, 2017.

Therefore, the November 8, 2017 plan enrollment notice stating that your enrollment in your MMC plan would be effective December 1, 2017, is MODIFIED to state your MMC plan enrollment started November 1, 2017.

Your case is RETURNED to NYSOH to effectuate this change in MMC plan enrollment start date, and to notify you accordingly.

Decision

The November 8, 2017 plan enrollment notice is MODIFIED to reflect an enrollment start date of November 1, 2017.

Your case is RETURNED to NYSOH to effectuate the change in your MMC plan enrollment start date, and to notify you accordingly.

Effective Date of this Decision: March 02, 2018

How this Decision Affects Your Eligibility

The effective date of your MMC plan is November 1, 2017.

Your case is being sent back to NYSOH to change your MMC plan enrollment start date from December 1, 2017 to November 1, 2017. NYSOH will notify you once this has been accomplished.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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

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).

- 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 November 8, 2017 plan enrollment notice is MODIFIED to reflect an enrollment start date of November 1, 2017.

Your case is RETURNED to NYSOH to effectuate the change in your MMC plan enrollment start date, and to notify you accordingly.

The effective date of your MMC plan is November 1, 2017.

Your case is being sent back to NYSOH to change your MMC plan enrollment start date from December 1, 2017 to November 1, 2017. NYSOH will notify you once this has been accomplished.

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।

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).

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 okyerε 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.

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).