



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

**Notice of Decision**

Decision Date: January 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024289

[REDACTED]

[REDACTED]

[REDACTED]

On January 5, 2018, your Authorized Representative appeared on your behalf by telephone at a hearing on your appeal of NY State of Health’s November 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: January 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024289



## 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 October 29, 2017 NYSOH issued a notice of eligibility determination, based on your October 28, 2017 application, stating that you were eligible for Medicaid, effective October 1, 2017. That notice stated that NYSOH information shows you had other health insurance, and that persons who have other health insurance cannot be enrolled in a Medicaid Managed Care plan, but you remained eligible for fee-for-service Medicaid and that you can get healthcare services covered by Medicaid by using your New York State Benefit Identification card.

On October 30, 2017 NYSOH issued a notice of eligibility determination, based on your October 29, 2017 application, stating that you remained eligible for Medicaid, effective October 1, 2017. That notice stated that NYSOH information shows you had other health insurance, and that persons who have other health insurance cannot be enrolled in a Medicaid Managed Care plan, but you remained eligible for fee-for-service Medicaid and that you can get healthcare services covered by Medicaid by using your New York State Benefit Identification card.

On November 10, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective November 1, 2017. The notice advised you to pick a health plan.

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Also on November 10, 2017, a letter from Aetna showing that your coverage through them was cancelled effective November 1, 2017 was uploaded to your NYSOH account. That same day a Medicaid Managed Care plan was selected.

On November 11, 2017, NYSOH issued a notice of eligibility determination, stating that you remained eligible for Medicaid, effective November 1, 2017.

Also on November 11, 2017, NYSOH issued a notice of enrollment in the plan you selected on November 10, 2017, stating that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on December 1, 2017.

On November 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin November 1, 2017.

On January 5, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, your Authorized Representative appeared on your behalf. 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) The record indicates that you were determined eligible and enrolled in fee-for-service Medicaid for the months of October 2017 and November 2017.
- 2) Your Authorized Representative testified, and the record reflects, that you had active third-party health insurance when you applied for health insurance in October, which prevented you from enrolling in a Medicaid Managed Care plan.
- 3) The record indicates that the third-party health insurance was removed from your NYSOH account on November 9, 2017.
- 4) Your Authorized Representative testified that on November 10, 2017 he uploaded a letter from Aetna stating that you were removed from that insurance as of November 1, 2017.
- 5) Your Authorized Representative testified, and the record reflects, that he selected a Medicaid Managed Care Plan on your behalf on November 10, 2017.

- 6) The record reflects that your enrollment in that plan was effective on December 1, 2017.
- 7) Your Authorized Representative testified that you want your Medicaid Managed Care plan to begin on November 1, 2017 because your Medicaid eligibility start date should be the same as your enrollment start date in your Medicaid Managed Care plan.
- 8) Your Authorized Representative testified that you were without a Medicaid Managed Care plan during November 2017, and that you incurred medical bills during that month.

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)).

### 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)).

## **Legal Analysis**

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The issue is whether NYSOH properly determined that your enrollment in the Medicaid Managed Care plan was effective December 1, 2017.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care 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. Instead, they are covered under fee-for-service Medicaid, or simply Medicaid, and not Medicaid through a Medicaid Managed Care plan. Once an individual no longer has active coverage in a health insurance plan outside of NYSOH, they then become eligible to enroll in a Medicaid Managed Care plan.

You applied, and were found eligible for, Medicaid on October 28, 2017 and October 29, 2017. You had third party health insurance through Aetna at that time, so you were not permitted to enroll in a Medicaid Managed Care Plan but you were eligible for Medicaid fee-for-service.

Your coverage with Aetna ended on November 1, 2017. Your NYSOH account was updated to reflect this change on November 9, 2017, which is the first day you were eligible to select a Medicaid Managed Care plan for enrollment.

You selected a Medicaid Managed Care plan for enrollment on November 10, 2017.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. Unlike fee-for-service Medicaid which goes into effect the first day of the month as long as an individual was eligible for Medicaid during that month, a Medicaid Managed Care 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 Medicaid Managed Care 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 fee-for-service Medicaid goes into effect the first day of the month as long as an individual was eligible for Medicaid during that month, therefore the eligibility determination issued on November 11, 2017 would have reflected that your fee-for-service Medicaid went into effect on November 1, 2017.

Since you selected a Medicaid Managed Care plan for enrollment on November 10, 2017, your enrollment in that plan properly took effect on the first day of the first month following November; that is, on December 1, 2017.

Note that even if you had been able to select a health plan on October 28, 2017, the date of your original application or November 1, 2017, the date on which your third-party health insurance ended, the effective date of your Medicaid Managed

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Care plan would still be December 1, 2017, because you first applied for Medicaid after the fifteenth of the month of October.

Therefore, the November 11, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective December 1, 2017, was correct and must be AFFIRMED.

## **Decision**

The November 11, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** January 12, 2018

## **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:

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).

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 November 11, 2017 enrollment confirmation 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.



**A Copy of this Decision Has Been Provided To:**

[REDACTED]

[REDACTED]

## 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 1-855-355-5777번으로 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)

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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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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