



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

Notice of Decision

Decision Date: February 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025411



On February 13, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's August 1, and August 6, 2017 eligibility determination notices and December 7, 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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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health properly determine you were enrolled in third-party health insurance as of August 1, 2017?

Did NY State of Health properly determine that your enrollment in a Medicaid Managed Care plan was effective January 1, 2018?

Procedural History

On August 1, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your July 31, 2017 application, stating that you were eligible for Medicaid, effective July 1, 2017. The notice stated the type of Medicaid coverage you were eligible for does not require nor allow you to enroll in a health plan.

On August 6, 2017, NYSOH issued a notice stating you remained eligible for Medicaid, effective August 1, 2017. The notice stated records show you have other health insurance or Medicare and individuals who have either cannot be enrolled in a Medicaid Managed Care plan.

On September 28, 2017, you uploaded a copy of your termination letter from your employer, showing your termination date from employment and end date of your benefits with your employer ([REDACTED]).

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On December 6, 2017, your eligibility was redetermined by NYSOH. That day a preliminary eligibility determination was prepared based on that application stating you were eligible for Medicaid effective December 1, 2017.

Also on December 6, 2017, you selected a Medicaid Managed Care plan with a start date of January 1, 2018.

Also on December 6, 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 your enrollment did not begin August 1, 2017.

On December 7, 2017, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan would begin January 1, 2018.

On February 13, 2018, 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.

Findings of Fact

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

- 1) According to your NYSOH account, you were determined eligible for Medicaid effective July 1, 2017.
- 2) You testified you were unable to select a Medicaid Managed Care plan during your application on July 31, 2017, because the system determined that you had active third-party health insurance. You testified you were told this by our Application Counselor.
- 3) You testified that you had insurance through your prior employer until June 30, 2017.
- 4) Your NYSOH account shows that, on September 28, 2017, you uploaded a copy of your termination letter from your employer, dated September 15, 2017, showing your termination date from employment of June 8, 2017, and your last day of benefits was June 30, 2017 ([REDACTED]).
- 5) According to the record, the third-party health insurance indicator was removed from NYSOH's health reporting system on December 6, 2017 ([REDACTED]).
- 6) You testified you were pregnant as ([REDACTED]).

- 7) You testified that you were without a Medicaid Managed Care plan during July 2017, August 2017, September 2017, October 2017, November 2017, and December 2017, and incurred medical bills as a result.
- 8) You testified you provided your September 15, 2017 letter from your employer to your Application Counselor when you received it on September 15, 2017, or within two weeks shortly thereafter. You explained your Application Counselor never forwarded it to NYSOH and did not upload it to your account.
- 9) You further testified that you personally uploaded the termination letter to your NYSOH account on September 28, 2017.
- 10) You testified that, on December 6, 2017, you were allowed to select a Medicaid Managed Care plan with a start date of January 1, 2018.
- 11) You testified you are seeking a start date of July 1, 2017, for your Medicaid Managed Care plan.
- 12) Your application states you reside in [REDACTED], NY.

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

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Managed Care plan (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 timely and adequate written notice of any determination affecting an individual's eligibility including approval, denial, termination or suspension of eligibility or a denial or change in benefits and services (42 CFR § 435.917(a)).

Legal Analysis

The first issue under review is whether NYSOH properly determined you were enrolled in third-party health insurance as of August 1, 2017.

You testified and your NYSOH account confirms that you were determined eligible for Medicaid as of July 1, 2017. Notices were issued on August 1, 2017 and August 6, 2017, stating that you did not need to pick a health plan because the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

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.

NYSOH must send a written notice of any determination affecting an individual's eligibility and if eligibility is denied for purposes of Medicaid.

The record does contain two eligibility determination notices dated August 1, 2017 and August 6, 2017 stating that, "records show you have other health insurance or Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan."

However, you provided documentation to your NYSOH account on September 28, 2017, in the form of a copy of your termination letter from your employer, dated September 15, 2017. The letter stated your termination date from

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employment was June 8, 2017, and your last day of your benefits from employment was June 30, 2017 ([REDACTED])

Based on this documentary evidence, it is clear you no longer had third-party health insurance as of June 30, 2017. As such, the August 1, 2017 and August 6, 2017 eligibility determination notices are no longer supported by the record and, instead, indicate that NYSOH relied on inaccurate information in making a determination. Therefore, those two notices were incorrect in part and must be MODIFIED to state you were eligible to enroll in a Medicaid Managed Care plan.

The second issue under review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was effective January 1, 2018.

The reference to your third-party health insurance was removed from NYSOH computer systems on December 6, 2017 [REDACTED]. You were then able to select a Medicaid Managed Care plan as of this date with a January 1, 2018 enrollment start date.

Initially, it is noted that this date is 69 days from the date you uploaded proof of termination of third-party health insurance. As such, it is reasonable to conclude that NYSOH did not provide you with timely notice of its determination of your eligibility to enroll in Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect generally 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.

However, the record reflects that you were unable to enroll into a Medicaid Managed Care plan prior to December 6, 2017, due to there being incorrect third-party health insurance information associated with your name in a state-wide health reporting system. Had the system been properly updated at the time you lost third-party health insurance, NYSOH's determination would have been based on accurate information and you would have been able to select a health plan for enrollment as of your July 31, 2017 application. Had you been able to select a Medicaid Managed Care plan on July 31, 2017, your enrollment would have taken effect the first day of the second month following July 2017; that is, on September 1, 2017.

Therefore, the December 7, 2017 plan enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of September 1, 2017.

Your case is RETURNED to NYSOH to backdate your coverage in you Medicaid Managed Care plan to September 1, 2017, and to notify you accordingly.

Decision

The August 1, 2017 and August 6, 2017 eligibility determination notices are MODIFIED in part to state you were eligible to enroll in a Medicaid Managed Care plan.

The December 7, 2017 plan enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of September 1, 2017.

Your case is RETURNED to NYSOH to backdate your coverage in your Medicaid Managed Care plan to September 1, 2017, and to notify you accordingly.

Effective Date of this Decision: February 22, 2018

How this Decision Affects Your Eligibility

NYSOH erred in its determination that you could not select a Medicaid Managed Care plan as of the August 1, 2017 and August 6, 2017 notices.

Your case is being sent back to NYSOH to backdate your coverage through your Medicaid Managed Care plan as of September 1, 2017. NYSOH will notify once this has been done.

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

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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 Have Questions about this Decision (Customer Service Resources):

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- 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 August 1, 2017 and August 6, 2017 eligibility determination notices are MODIFIED in part to state you were eligible to enroll in a Medicaid Managed Care plan.

The December 7, 2017 plan enrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of September 1, 2017.

Your case is RETURNED to NYSOH to backdate your coverage in your Medicaid Managed Care plan to September 1, 2017, and to notify you accordingly.

NYSOH erred in its determination that you could not select a Medicaid Managed Care plan as of the August 1, 2017 and August 6, 2017 notices.

Your case is being sent back to NYSOH to backdate your coverage through your Medicaid Managed Care plan as of September 1, 2017. NYSOH will notify once this has been done.

Your case is being sent back to NYSOH to backdate your coverage through your Medicaid Managed Care plan as of September 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 okyer& 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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