



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

Notice of Decision

Decision Date: February 07, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026031

[REDACTED]

On January 30, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 20, 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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Decision

Decision Date: February 07, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026031

[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 February 1, 2018?

Procedural History

On November 30, 2017, NYSOH received your updated application for financial assistance.

On December 1, 2017, NYSOH issued a notice of eligibility redetermination stating that you were eligible for Medicaid, effective November 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.

On December 4, 2017, you uploaded to your NYSOH account a letter from your employer, verifying that your medical and dental insurance coverage with the company terminated on July 31, 2017.

On December 18, 2017, your eligibility for financial assistance was rerun.

On December 19, 2017, NYSOH issued a notice of eligibility redetermination stating that you remained eligible for Medicaid, effective December 1, 2017. The notice also stated that you could pick a health plan.

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).

Also on December 19, 2017, you selected a Medicaid Managed Care plan.

Finally, on December 19, 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 as of January 1, 2018.

On December 20, 2017, NYSOH issued a notice of enrollment stating that you were enrolled in a Medicaid Managed Care plan and that the start date of your enrollment was February 1, 2018.

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 left open for two days to allow you the opportunity to submit personal logs of your telephone calls with NYSOH. On January 30, 2017, you uploaded to your NYSOH account [REDACTED] which reflected, in part, that a ten-minute telephone call had been made to NYSOH on December 4, 2017. This document was marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) The record indicates that you were determined eligible for and enrolled in fee-for-service Medicaid for the months of November 2017, December 2017, and January 2018.
- 2) You testified that you did not have active third-party health insurance when you applied for health insurance through NYSOH.
- 3) On December 4, 2017, you uploaded a letter to your NYSOH account stating that your medical and dental coverage under your employer's company group insurance policy ended on July 31, 2017.
- 4) You testified that on December 4, 2017, you called NYSOH to verify that you had uploaded a letter from your employer and to expedite the process of being able to select a Medicaid Managed Care plan.
- 5) You testified that you incurred medical expenses that fee-for-service did not cover between the months of November of 2017 and January of 2018.

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

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

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

On November 30, 2017, you submitted an updated application for financial assistance to NYSOH. As a result, you were found eligible for Medicaid, effective November 1, 2017. However, you were ineligible to enroll in a Medicaid Managed Care plan because the system indicated that you had third-party health insurance.

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 a Medicaid Managed Care plan.

On December 4, 2017, you submitted documentation verifying the termination of your third-party health insurance on July 31, 2017. Therefore, NYSOH's December 1, 2017 determination that you were currently receiving third party health insurance and therefore not eligible to enroll into a Medicaid Managed Care plan is not supported by the record.

On December 19, 2017, an eligibility redetermination was issued advising you to pick a health plan and you enrolled in a Medicaid Managed Care plan that same day. On December 20, 2017, NYSOH issued an enrollment notice stating that your enrollment in a Medicaid Managed Care plan was effective February 1, 2018.

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 NYSOH incorrectly determined that you had third party health insurance on your November 30, 2017 application, you should have been able to select a plan that day. Had a plan been selected on November 30, 2017, that plan would have been effective on the first day of second following month after November; that is January 1, 2018.

Therefore, the December 20, 2017 notice of enrollment is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan is effective as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate your Medicaid Managed Care plan to January 1, 2018.

Decision

The December 20, 2017 notice of enrollment is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan is effective as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate your Medicaid Managed Care plan to January 1, 2018.

Effective Date of this Decision: February 07, 2018

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan is changed from February 1, 2018 to January 1, 2018.

Your case is being sent back to NYSOH to backdate your coverage in a Medicaid Managed Care plan. You will be notified when this action is complete.

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 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 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 December 20, 2017 notice of enrollment is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan is effective as of January 1, 2018.

The effective date of your Medicaid Managed Care plan is changed from February 1, 2018 to January 1, 2018.

Your case is being sent back to NYSOH to backdate your coverage in a Medicaid Managed Care plan. You will be notified when this action is complete.

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 1-855-355-5777번으로 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 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&etumi 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.

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).