



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

## Notice of Decision

Decision Date: February 14, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026063

[REDACTED]

On February 8, 2018, your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's November 28, 2017 eligibility determination notice and January 7, 2018 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).

This page intentionally left blank.



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

## Decision

Decision Date: February 14, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026063

[REDACTED]

[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 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$203.00 in advance payment of the premium tax credit, as well as cost-sharing reductions if you enrolled in a silver level qualified health plan, effective January 1, 2017.

Also on November 28, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a silver level qualified health plan, effective January 1, 2017.

On October 24, 2017, NYSOH sent you a notice stating that there was not information from federal and state data courses to determine whether or not you qualify for financial help paying for your health insurance coverage. You were advised to update your NYSOH account between November 16, 2017 and December 15, 2017 to complete your renewal.

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).

On November 21, 2017, NYSOH issued a disenrollment notice stating that you were disenrolled from your silver level qualified health plan effective December 31, 2017.

Also on November 21, 2017, NYSOH received your updated application for financial assistance.

On November 22, 2017, NYSOH issued a notice stating that more information was needed to confirm the information in your application. That notice requested proof of employer sponsored health insurance and proof of your current household income by December 6, 2017.

Also on November 22, 2017, you submitted an updated application for financial assistance and uploaded income documentation to your NYSOH account.

On November 23, 2017, NYSOH issued a notice stating that more information was needed to confirm the information in your application. That notice requested proof of current household income by December 6, 2017.

Also on November 23, 2017, NYSOH issued a notice stating that the documentation that was reviewed did not confirm the information in your application. You were asked to send in proof of your current income by December 21, 2017.

On November 25, 2017, you uploaded income documentation to your NYSOH account.

On November 28, 2017, NYSOH issued a notice stating you are eligible for Medicaid, effective November 1, 2017. This notice stated that information shows you have other health insurance and individuals with other health insurance or Medicare cannot enroll in a Medicaid Managed Care plan.

On December 7, 2017, you uploaded a letter confirming that your enrollment in your silver level health plan was scheduled to cancel on December 31, 2017.

On December 19, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as you did not have a Medicaid Managed Care plan effective November 1, 2017.

On January 4, 2018, NYSOH issued a notice of eligibility stating that you remained eligible for Medicaid, effective January 1, 2018. That notice also stated that you could pick a health plan.

On January 6, 2018, you selected a Medicaid Managed Care plan.

On January 7, 2018, NYSOH issued a notice confirming your enrollment in a Medicaid Managed Care plan, effective February 1, 2018.

On February 8, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, your authorized representative, [REDACTED], appeared and gave testimony on your behalf. The record was developed during the hearing and closed that same day.

## **Findings of Fact**

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

- 1) You were enrolled in a silver level qualified health plan through NYSOH for 2017.
- 2) On November 21, 2017 you updated your account online in response to a renewal notice for 2018 coverage.
- 3) You were found eligible for fee-for-service Medicaid effective November 1, 2017; however, you were unable to enroll into a Medicaid Managed Care plan because the system showed that you were enrolled in third party health insurance.
- 4) Your Authorized Representative, testified that you did not have active third-party health insurance when you applied for health insurance through NYSOH.
- 5) On December 7, 2017, a letter from Excellus was uploaded to your NYSOH account. This letter states that you were covered under a Silver Standard Policy effective January 1, 2016 and that it was scheduled to be cancelled on December 31, 2017.
- 6) On December 15, 2017, [REDACTED] was created. A note in that account indicates that on December 18, 2017 a representative end dated your third-party health insurance in the NYSOH system, however you were advised that you would need to call back after December 31, 2017 in order to select a Medicaid Managed Care plan.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid

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).

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 27, 2017, you submitted an updated application for financial assistance to NYSOH. As a result, on November 28, 2017, NYSOH issued a notice stating you were found eligible for Medicaid, effective November 1, 2017. However, you were unable 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.

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).

However, the record reflects that in 2017 you had coverage through a NYSOH qualified health plan. A letter uploaded to your account on December 7, 2017 confirms that you were covered under a Silver Standard Policy effective January 1, 2016 and that it was scheduled to be cancelled on December 31, 2017. Therefore, NYSOH incorrectly determined your silver level qualified health plan to be third-party health insurance.

On December 15, 2017, [REDACTED] was created. A note in that account indicates that on December 18, 2017 a representative end dated your third-party health insurance in the NYSOH system, however you were advised that you would need to call back after December 31, 2017 in order to select a Medicaid Managed Care plan.

On January 6, 2018, you contacted NYSOH and enrolled into a Medicaid Managed Care plan. As a result, your enrollment started as of 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 27, 2017 application, you should have been able to select a plan that day. Had a plan been selected on November 27, 2017, that plan would have been effective on the first day of second following month after November; that is January 1, 2018.

Therefore, the November 28, 2017 eligibility determination is MODIFIED to state that you are eligible for fee for service Medicaid, effective November 1, 2017 and that you can enroll into a Medicaid Managed Care plan.

The January 7, 2018 notice of enrollment is MODIFIED to state 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**

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).

The November 28, 2017 eligibility determination is MODIFIED to state that you are eligible for fee-for-service Medicaid, effective November 1, 2017 and that you can enroll into a Medicaid Managed Care plan.

The January 7, 2018 notice of enrollment is MODIFIED to state 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 14, 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

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 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):**

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 28, 2017 eligibility determination is MODIFIED to state that you are eligible for Medicaid, effective November 1, 2017 and that you can enroll into a Medicaid Managed Care plan.

The January 7, 2018 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.

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:**



## 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 okyerE 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).