



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

## Notice of Decision

Decision Date: March 19, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026106

[REDACTED]

Dear [REDACTED],

On February 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2017 eligibility redetermination 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 NY State of Health 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 19, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026106

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the NY State of Health properly determine that you and your eldest child were not eligible to enroll into Medicaid Managed Care plans as of December 20, 2017?

## Procedural History

On December 20, 2017, NY State of Health (NYSOH) received your application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you and your eldest child were eligible for Medicaid.

Also on December 20, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your eldest child were not eligible to enroll in Medicaid Managed Care plans.

On December 21, 2017, NYSOH issued an eligibility redetermination notice, based on the December 20, 2017 application, stating that you and your eldest child were eligible for Medicaid, effective February 1, 2018. The notice further stated that NYSOH's information indicated that you and your eldest child had other health insurance or Medicare and that such individuals cannot be enrolled in Medicaid Managed Care plans.

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Also on December 21, 2017, NYSOH issued an enrollment confirmation notice, which stated, in part, that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On February 13, 2018, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On February 14, 2018, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. The record was developed during the hearing and left open for 15 days to allow you time to submit supporting documentation. No documentation was received within the allotted time. The record is now closed.

## **Findings of Fact**

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

- 1) Your December 20, 2017 application for financial assistance with health insurance indicated that you and your eldest child were enrolled in active public coverage, specifically Medicaid, with an end date of January 31, 2018.
- 2) You testified that your eldest child was enrolled in Medicaid through your local department of social services and his coverage expired September 30, 2017.
- 3) You testified that you were enrolled in Medicaid through your local department of social services and your coverage expired January 31, 2018.
- 4) You testified that, starting in November 2017, you received [REDACTED] insurance through your union. You further credibly testified that this insurance covered hospital care only, was only for care arising from workplace incidents, continued for as long as you are employed, and did not permit you to add dependents to that coverage.
- 5) You testified that you had medical bills for your eldest child during the months he was without coverage.
- 6) You testified that you are seeking a December 1, 2017 start date for you and your eldest child's enrollments in Medicaid Managed Care plans.

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 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 you and your eldest child were not eligible to enroll into Medicaid Managed Care plans as of December 20, 2017.

On December 21, 2017, NYSOH issued an eligibility redetermination notice, stating that you and your eldest child were eligible for Medicaid, 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 the state, or failing to provide a valid Social Security number.

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The December 21, 2017 eligibility redetermination stated that you and your eldest child had other health insurance or Medicare. When individuals have active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in Medicaid Managed Care plans. Instead, they are covered under fee-for-service Medicaid, or simply Medicaid, and not Medicaid through Medicaid Managed Care plans. Once individuals no longer have active coverage in a health insurance plan outside of NYSOH, they then become eligible to enroll in Medicaid Managed Care plans.

You credibly testified that your [REDACTED] insurance through your union covered hospital care only, was only for care arising from workplace incidents, continued for as long as you were employed, and did not permit you to claim dependents. Therefore, your [REDACTED] insurance does not provide “primary medical or health care coverage” and is not third-party health insurance which would prevent you and your eldest child from being eligible to enroll in Medicaid Managed Care plans.

However, your December 20, 2017 application for financial assistance with health insurance indicated that you and your eldest child were enrolled in Medicaid public health coverage, which you testified you had enrolled in through your local department of social services. Although you testified that the coverage for your eldest son expired September 30, 2017, your application indicates that you and your eldest son’s coverage expired January 31, 2018. Therefore, based on information provided by you in your application, you and your eldest child would not have been enrolled in any third-party health insurance as of February 1, 2018, which is the earliest date you and your eldest child would have been eligible to enroll in Medicaid Managed Care plans.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month. It is reasonable to conclude that, but for the denial of eligibility, you would have selected Medicaid Managed Care plans for you and your eldest child on December 20, 2017. Had you been allowed to select Medicaid Managed Care plans on that date, the earliest the plans would have gone into effect is the first day of the second following month; that is, February 1, 2018.

Therefore, the December 21, 2017 eligibility redetermination notice stating that you and your eldest child were eligible for Medicaid but had other health insurance and could not be enrolled in Medicaid Managed Care plans is MODIFIED to reflect eligibility to pick Medicaid Managed Care plans for you and your eldest child.

Your case is RETURNED to NYSOH to assist you in picking Medicaid Managed Care plans for you and your eldest child, with an effective start date of February 1, 2018.

## **Decision**

The December 21, 2017 eligibility redetermination notice is MODIFIED to reflect eligibility to pick Medicaid Managed Care plans for you and your eldest child.

Your case is RETURNED to NYSOH to assist you in picking Medicaid Managed Care plans for you and your eldest child, with an effective start date of February 1, 2018.

**Effective Date of this Decision:** March 19, 2018

## **How this Decision Affects Your Eligibility**

You and your eldest child are now eligible to enroll in Medicaid Managed Care plans.

Once enrolled, the effective date of you and your eldest child's Medicaid Managed Care plans will be February 1, 2018.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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

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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 21, 2017 eligibility redetermination notice is MODIFIED to reflect eligibility to pick Medicaid Managed Care plans for you and your eldest child.

You and your eldest child are now eligible to enroll in Medicaid Managed Care plans.

Once enrolled, the effective date of you and your eldest child's Medicaid Managed Care plans will be February 1, 2018.

Your case is RETURNED to NYSOH to assist you in picking Medicaid Managed Care plans for you and your eldest child, with an effective start date of February 1, 2018.

### **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 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.

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