



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

Notice of Decision

Decision Date: April 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026271

[REDACTED]

[REDACTED]

On February 28, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 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: April 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026271



Issue

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

Did NY State of Health (NYSOH) properly determine your youngest child's enrollment in a Medicaid Managed Care plan became effective no earlier than February 1, 2018?

Procedural History

On October 17, 2017, NYSOH received your youngest child's initial application for health insurance.

On October 18, 2017, NYSOH issued an eligibility determination notice stating your youngest child was conditionally eligible for Medicaid, effective October 1, 2017. The notice indicated that records showed your youngest child had other health insurance or Medicare. The notice stated that individuals who have other health insurance or Medicare could not enroll in a Medicaid Managed Care plan. The notice directed you to, "Provide proof of **Benefit information for Third Party Health Insurance**" for your youngest child by November 1, 2017, or he might lose his insurance or receive less help paying for his coverage.

Also on October 18, 2017, NYSOH issued an enrollment notice stating the type of Medicaid coverage your youngest child was eligible for did not require or allow him to enroll in a health plan.

On October 19, 2017 and October 21, 2017, NYSOH issued eligibility determination notices, based on systematic eligibility redeterminations, stating

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your youngest child was eligible for Medicaid, effective October 1, 2017. The notices stated that information showed your youngest child had other health insurance or Medicare. The notice stated that individuals who have other health insurance or Medicare could not enroll in a Medicaid Managed Care plan.

Also on October 19, 2017, NYSOH issued a notice stating your youngest child was eligible for retroactive Medicaid assistance for the month of July 2017.

On December 13, 2017, NYSOH issued an eligibility determination notice, based on a December 12, 2017 systematic eligibility redetermination, stating your youngest child remained eligible for Medicaid, effective December 1, 2017. The notice stated that information showed your youngest child had other health insurance or Medicare. The notice further stated that individuals who have other health insurance or Medicare could not enroll in a Medicaid Managed Care plan.

Also on December 13, 2017, NYSOH issued a notice stating your youngest child was eligible for retroactive Medicaid assistance for the months of August and September 2017.

Also on December 13, 2017, NYSOH issued an enrollment notice stating the type of Medicaid coverage your youngest child was eligible for did not require or allow him to enroll in a health plan.

On December 23, 2017, NYSOH again systematically redetermined the eligibility of your youngest child. That day, a preliminary eligibility determination was prepared finding your youngest child remained eligible for Medicaid. A Medicaid Managed Care plan was selected on behalf of your youngest child that day.

Also on December 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your youngest child's Medicaid Managed Care plan coverage insofar as the plan was not effective earlier than February 1, 2018.

On December 24, 2017, NYSOH issued an eligibility determination notice, based on the December 23, 2017 systematic eligibility redetermination, stating your youngest child remained eligible for Medicaid, effective December 1, 2017. That notice directed you to "pick a health plan" for your youngest child.

Also on December 24, 2017, NYSOH issued an enrollment notice, based on your December 23, 2017 plan selection, confirming your youngest child was enrolled in a Medicaid Managed care plan, effective February 1, 2018.

On February 28, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) You testified, and your account indicates, your youngest child's date of birth is [REDACTED].
- 2) You testified that at the time of your youngest child's birth, you were enrolled in health coverage through your employer. You testified you're your prior coverage ended in August 2017.
- 3) You testified that at the time of your youngest child's birth, he was enrolled in health coverage outside of NYSOH through his father's employer.
- 4) You testified, and your account confirms, that the first application for health coverage through NYSOH for your youngest child was submitted on October 17, 2017. That application indicated that your youngest child would be enrolled in a third-party health plan with Cigna until November 1, 2017.
- 5) Your youngest child was determined conditionally eligible for Medicaid, effective October 1, 2017.
- 6) The eligibility determination notice issued by NYSOH on October 18, 2017 requested proof of benefit information for third-party health insurance for your youngest child by November 1, 2017 to confirm his eligibility for assistance through NYSOH; it did not tell you to provide proof of when that coverage would end.
- 7) Your child was not permitted to enroll in a Medicaid Managed Care plan at the time of your 10/17/17 application.
- 8) A copy of your youngest child's third-party insurance card was uploaded to your account on October 17, 2017. That card listed an effective date of July 21, 2017. This document was verified by NYSOH and your child was subsequently determined fully eligible for Medicaid, effective October 1, 2017.
- 9) Your youngest child was still not permitted to enroll in a Medicaid Managed Care plan, purportedly because NYSOH received information showing your child was enrolled in third-party health insurance.
- 10) According to your account, on December 10, 2017, you uploaded a letter from human resources stating your youngest child's third-party health coverage through his father's employer terminated, effective September 30, 2017.

- 11) According to your account, your youngest child's eligibility was systematically redetermined on December 12, 2017 and he was found to remain eligible for Medicaid, but was still not permitted to enroll in a Medicaid Managed Care plan.
- 12) Your account confirms that your youngest child was not permitted to enroll into a Medicaid Managed Care plan until December 23, 2017.
- 13) On December 23, 2017, a Medicaid Managed Care plan was selected on behalf of your youngest child and coverage through that plan became effective on February 1, 2018.
- 14) Your account confirms that your child was granted retroactive Medicaid assistance for the months of July, August, and September 2017. Your child had fee-for-service Medicaid coverage only from October 2017 through January 2018.
- 15) You testified that you are seeking to backdate your youngest child's Medicaid Managed Care plan coverage to September 1, 2017, because he has outstanding medical bills that are not covered by his fee-for-service Medicaid coverage.

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

Applicable Law and Regulations

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)).

Medicaid– Effective Dates of Coverage

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined your youngest child's enrollment in a Medicaid Managed Care plan became effective no earlier than February 1, 2018.

Your youngest child's date of birth is [REDACTED]. You testified that at the time of your youngest child's birth, he was enrolled in health coverage outside NYSOH, through his father's employer. The evidence establishes that the first application for health coverage through NYSOH for your youngest child was received on October 17, 2017, and it indicated that your youngest child was enrolled in a third-party health plan with Cigna until November 1, 2017.

The ensuing eligibility determination notice issued by NYSOH on October 18, 2017 found your youngest child was conditionally eligible for Medicaid, effective October 1, 2017, pending proof of benefit information for third-party health insurance by November 1, 2017 to confirm his eligibility. In response, you uploaded a copy of your youngest child's third-party insurance card, as requested, showing an effective date of July 21, 2017.

Subsequently, your child was determined fully eligible for Medicaid, effective October 1, 2017, but he was not permitted to enroll in a Medicaid Managed Care plan because your child was enrolled in third-party health insurance, according to the information you supplied in your application.

Pursuant to the regulations, a person who has primary medical or health care coverage available from a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan. 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.

The October 17, 2017 application indicated your child was currently enrolled in third-party health coverage, according to that application, but that coverage would end on November 1, 2017. Since your application indicated that your child had third-party health insurance, the October 18, 2017 eligibility determination

notice properly relied on that information and found that your child was ineligible at that time to enroll in a Medicaid Managed Care plan.

However, since your application disclosed that the third-party coverage was ending, the October 18, 2017 should have instructed you to provide proof of when your child's third-party health insurance would end, and not simply to prove that such coverage existed, to allow your child to eventually enroll in a Medicaid Managed Care plan.

To the extent that notice did not request documentation to confirm the information in your application which would have allowed your child to enroll in a Medicaid Managed Care plan upon the attested termination of his prior coverage, it is concluded that notice was defective.

Because of the defective October 18, 2017 eligibility determination notice, you were not provided with proper notice that you needed to submit proof of the end of your child's prior third-party health coverage in order to enroll him in a Medicaid Managed Care plan. Documentation of the end date of your child's prior coverage was not received until December 10, 2017 and, according to your account, he was not permitted to select a Medicaid Managed Care plan until December 23, 2017 resulting in a February 1, 2018 coverage start date.

Since the evidence establishes that your failure to timely submit proof of the termination of your child's third-party health insurance coverage following his initial application was due in large part to NYSOH's failure to properly notify you that such documentation was necessary, it is concluded that a legal basis exists to support backdating your youngest child's Medicaid Managed Care plan coverage.

Pursuant to the above cited regulations, the date a Medicaid Managed Care plan becomes effective depends on the date on which it is selected. 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.

Since the evidence establishes that you timely submitted proof of your child's third-party health coverage as requested in the October 18, 2017 eligibility determination notice, it is assumed that had NYSOH properly advised you in that notice you needed to send proof of the end date of your child's third-party health coverage, that you would have timely submitted the same.

You subsequently provided evidence indicating that your youngest child's third-party health coverage ended September 30, 2017 and you testified that you are seeking to backdate his Medicaid Managed Care plan coverage to September 1, 2017. However, since your youngest child's initial application for health insurance was not filed until October 17, 2017, after the fifteenth day of the month, had you

been permitted to enroll him in a Medicaid Managed Care plan at that time, the earliest that coverage could have begun was on the first day of the second following month; that is, on December 1, 2017. There is no legal basis to support backdating your youngest child's Medicaid Managed Care plan coverage any earlier than December 1, 2017.

Therefore, the December 24, 2017 enrollment confirmation notice stating your youngest child was enrolled in a Medicaid Managed Care plan, effective February 1, 2018, is MODIFIED to reflect your child's plan became effective December 1, 2017.

Decision

The December 23, 2017 enrollment confirmation notice is MODIFIED to reflect your youngest child's Medicaid Managed Care plan became effective December 1, 2017.

Your case is RETURNED to NYSOH to correct your youngest child's Medicaid Managed Care plan enrollment dates in accordance with this decision.

Effective Date of this Decision: April 3, 2018

How this Decision Affects Your Eligibility

Your youngest child's Medicaid Managed Care plan coverage should have become effective on December 1, 2017.

Your case is being sent back to NYSOH to correct your youngest child's Medicaid Managed Care plan enrollment.

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.

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).

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 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 24, 2017 enrollment confirmation notice is MODIFIED to reflect your youngest child's Medicaid Managed Care plan became effective December 1, 2017.

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).

Your case is RETURNED to NYSOH to correct your youngest child's Medicaid Managed Care plan enrollment dates in accordance with this decision.

Your youngest child's Medicaid Managed Care plan coverage should have become effective on 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:



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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