



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

Notice of Decision

Decision Date: March 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026439

[REDACTED]

Dear [REDACTED],

On March 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 2018 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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Decision

Decision Date: March 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026439

[REDACTED]

Issue

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

Did NY State of Health properly determine that your youngest child's enrollment in his Medicaid Managed Care plan was effective March 1, 2018?

Procedural History

On December 21, 2017, NY State of Health (NYSOH) received your family's updated application for financial assistance with health insurance. You also uploaded ten documents to your NYSOH account on December 21, 2017.

On December 22, 2017, NYSOH issued a notice stating that the income documentation you provided in your application did not match what NYSOH received from state and federal data sources and that more information was needed to confirm your family's eligibility. The notice directed you to submit proof of household income by January 4, 2018.

On December 28, 2017, you spoke to NYSOH's Accounts Review Unit and appealed your family's ineligibility for financial assistance for health insurance through NYSOH.

On January 10, 2018, NYSOH validated the documentation that was uploaded on December 21, 2017, and an updated application was submitted on your family's behalf.

Also on January 10, 2018, you uploaded one document to your NYSOH account.

On January 11, 2018, NYSOH issued an eligibility determination notice stating, in part, that your youngest child was eligible for Medicaid, effective December 1, 2017. The notice further stated that you needed to pick a health plan for his enrollment.

On January 14, 2018, NYSOH issued an eligibility determination notice stating, in part, that your youngest child remained eligible for Medicaid, effective February 1, 2018. The notice further stated that your youngest child could not enroll into a Medicaid Managed Care plan because data sources showed he has other health insurance or Medicare.

On January 23, 2018, the third-party health insurance (TPHI) information was removed from your NYSOH account, and an updated application was submitted on your family's behalf.

On January 24, 2018, NYSOH issued an eligibility determination notice stating, in part, that your youngest child was conditionally eligible for Medicaid, effective January 1, 2018. The notice directed you to select a plan for your youngest child's enrollment.

Also on January 24, 2018, NYSOH issued a plan enrollment notice confirming, in part, your youngest child's enrollment in a Medicaid Managed Care plan, effective March 1, 2018.

On March 5, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you testified that you originally filed the appeal because your family did not have an eligibility determination. However, you clarified that you were now seeking to have your youngest child's Medicaid Managed Care plan backdated to February 1, 2018. As a result, the Hearing Officer amended the issue on appeal to relate to the January 24, 2018 plan enrollment notice. 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) The testified that you are only appealing your youngest child's Medicaid Managed Care plan enrollment start date.
- 2) Your NYSOH application indicated that your youngest child was eligible for Medicaid, effective December 1, 2017.

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- 3) According to your NYSOH account and your testimony, your youngest child was ineligible to enroll into a Medicaid Managed Care plan because data sources showed that he was enrolled in TPHI.
- 4) According to your NYSOH account, on January 10, 2018, you uploaded a letter from UnitedHealthCare to your NYSOH account; which stated that your youngest child was no longer enrolled in TPHI as of December 31, 2017 (see Document [REDACTED]).
- 5) According to your NYSOH account and your testimony, you enrolled your child into a Medicaid Managed Care Plan on January 23, 2018, with an enrollment start date of March 1, 2018.
- 6) You testified that you want your youngest child's Medicaid Managed Care plan to begin on February 1, 2018, because you feel that it was in error that your youngest child was not able to enroll into a Medicaid Managed Care plan prior to January 23, 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

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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 first issue under review is whether NYSOH properly determined that your youngest child's enrollment in the Medicaid Managed Care plan was effective March 1, 2018.

The record reflects that your youngest child was found eligible for Medicaid on January 10, 2018 and this eligibility was effective December 1, 2017. However, you testified, and the record reflects, that you were unable to enroll your youngest child into Medicaid Managed Care plan because data sources showed that your youngest child had other health insurance or Medicare. Further, NYSOH issued an eligibility determination notice, on January 14, 2017, stating that your child was ineligible to enroll into Medicaid Managed Care 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 comprehensive third-party health coverage and that coverage is determined to be cost-effective, they are not eligible to enroll in a Medicaid Managed Care plan.

You testified that your youngest child was no longer enrolled in health insurance outside of NYSOH as of December 31, 2017. Further, on January 10, 2018, you uploaded a letter from UnitedHealthcare stating that your youngest child's coverage had ended December 31, 2017 (see Document [REDACTED]).

As a result, the credible evidence of the record supports that your youngest child was no longer enrolled in third-party health insurance on January 13, 2018. Therefore, you should have been able to enroll your youngest child into a Medicaid Managed Care plan on January 13, 2018.

Generally, 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.

Therefore, it is reasonable to conclude that, had you been able to select a Medicaid Managed Care plan for your youngest child's enrollment on January 13, 2018, his enrollment would have begun the first day of the first month following January 2018, that is, on February 1, 2018.

Accordingly, the January 24, 2018 plan enrollment notice is MODIFIED to state that your youngest child's enrollment in his Medicaid Managed Care plan began as of February 1, 2018, and not March 1, 2018.

Your case is RETURNED to NYSOH to enroll your youngest child into his Medicaid Managed Care plan as of February 1, 2018, and to notify you accordingly.

Decision

The January 24, 2018 plan enrollment notice is MODIFIED to state that your youngest child's enrollment in his Medicaid Managed Care plan began as of February 1, 2018, and not March 1, 2018.

Your case is RETURNED to NYSOH to enroll your youngest child into his Medicaid Managed Care plan as of February 1, 2018, and to notify you accordingly.

Effective Date of this Decision: March 30, 2018

How this Decision Affects Your Eligibility

This decision does not change your youngest child's current eligibility.

Your youngest child's Medicaid Managed Care plan should have been effective February 1, 2018.

Your case is being sent back to NYSOH to enroll your youngest child into his Medicaid Managed Care plan as of February 1, 2018. NYSOH will notify you once this has been completed.

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):

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The January 24, 2018 plan enrollment notice is MODIFIED to state that your youngest child's enrollment in his Medicaid Managed Care plan began as of February 1, 2018, and not March 1, 2018.

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Your case is RETURNED to NYSOH to enroll your youngest child into his Medicaid Managed Care plan as of February 1, 2018, and to notify you accordingly.

This decision does not change your youngest child's current eligibility.

Your youngest child's Medicaid Managed Care plan should have been effective February 1, 2018.

Your case is being sent back to NYSOH to enroll your youngest child into his Medicaid Managed Care plan as of February 1, 2018. NYSOH will notify you once this has been completed.

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&etumi 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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