



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

## Notice of Decision

Decision Date: April 16, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026909

[REDACTED]

[REDACTED]

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 9, 2018 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.

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## Decision

Decision Date: April 16, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026909

[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 child's enrollment in a Medicaid Managed Care plan was effective February 1, 2018?

## Procedural History

On November 15, 2017, NYSOH received your initial application for financial assistance for your family's health insurance.

On November 16, 2017 and November 18, 2017 NYSOH issued notices that more information was needed to confirm your family's eligibility for financial assistance with health insurance. Those notices requested you provide proof of benefit information for third-party health insurance by November 30, 2017.

On November 23, 2017, NYSOH issued an eligibility determination notice stating that you and your family members were conditionally eligible for Medicaid effective November 1, 2017. The notice requested that you submit proof of benefit information for third-party health insurance for your family by November 30, 2017.

On November 25, 2017, NYSOH issued a notice stating that you and your family members remained eligible for Medicaid, effective November 1, 2017; however, you and your family members were unable to select a Medicaid Managed Care

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plan because the system was showing that you had other full benefit health insurance or Medicare.

On December 1, 2017, you uploaded a letter from Empire BlueCross BlueShield, dated November 27, 2017, showing that your family's coverage through them would end on December 14, 2017.

On December 9, 2017, NYSOH issued an eligibility determination notice stating that you and your family remained eligible for Medicaid, effective December 1, 2017; however, you and your family members were unable to select a Medicaid Managed Care plan as the system was showing that you had other full benefit health insurance or Medicare.

On December 15, 2017 you submitted an updated application for health insurance for your family.

On December 16, 2017, NYSOH issued an eligibility determination notice stating that you and your family remain eligible for Medicaid, effective December 1, 2017. The notice stated that you and your spouse could pick a health plan. The notice further stated your child remained eligible for Medicaid effective December 1, 2017; however, you were unable to select a Medicaid Managed Care plan for your child as the system was showing that he had other full benefit health insurance or Medicare.

Also on December 16, 2017, NYSOH issued an enrollment confirmation notice stating that you and your spouse's enrollment in a Medicaid Managed Care plan would begin January 1, 2018. That notice also stated that your child could not pick a plan as the type of Medicaid coverage he was eligible for did not allow him to enroll in a plan.

On December 27, 2017, NYSOH ran a system updated application for financial assistance for health insurance for your family based on recently received information.

On December 28, 2017, NYSOH issued an eligibility determination notice, based on the system updated application on December 27, 2017 stating that you and your family members remained eligible for Medicaid, effective December 1, 2017. The notice stated that you and your spouse would continue to receive services through your Medicaid Managed Care plan. The notice stated that your child could not pick a plan because the type of Medicaid coverage he was eligible for does not require or allow him to enroll in a health plan.

On January 8, 2018, NYSOH ran a system updated application for financial assistance for health insurance for your family based on recently updated information.

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Also on January 8, 2018, you selected a Medicaid Managed Care plan for your child.

Also on January 8, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his Medicaid Managed Care plan, insofar as his enrollment did not begin January 1, 2018.

On January 9, 2018, NYSOH issued an eligibility determination notice, based on the system updated application on January 8, 2018, stating that you and your family members remained eligible for Medicaid, effective January 1, 2018. The notice stated that you and your spouse would continue to receive services through your Medicaid Managed Care plan. The notice stated that your child could pick a Medicaid Managed Care plan.

Also on January 9, 2018, NYSOH issued an enrollment confirmation notice stating in part, that your child's enrollment in a Medicaid Managed Care plan would begin February 1, 2018.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. 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) You testified, and your account confirms, that you and your family members were determined eligible for Medicaid effective November 1, 2017.
- 2) You testified that you were unable to select a Medicaid Managed Care plan as of the date you were found eligible for Medicaid.
- 3) On December 1, 2017 you uploaded a letter dated November 27, 2017 from Empire BlueCross BlueShield stating that you and your family members coverage would end on December 14, 2017 (see Document [REDACTED])
- 4) Notes related to your NYSOH account indicate that on December 7, 2017 you were advised to wait until December 15, 2017 to update your application so that the system would have a chance to catch the December 14, 2017 termination of your family's third-party health insurance.

- 5) According to your NYSOH account, on December 15, 2017, you updated your account, and you and your spouse were able to select a health plan as the system was no longer showing third-party health insurance. However, you could not select a Medicaid Managed Care plan for your child as the system was still showing he had third-party health insurance.
- 6) According to your NYSOH account, the third-party health insurance for your child was not removed from the system until January 8, 2018.
- 7) According to your NYSOH account, you selected a Medicaid Managed Care plan for your child on January 8, 2018 with a plan enrollment start date of February 1, 2018.
- 8) You testified that your child had to go to [REDACTED] in January 2018 for [REDACTED]. You testified that the doctor does not take Medicaid fee-for-service.
- 9) You testified that you want your child's Medicaid Managed Care plan to start January 1, 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 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);

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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 for review is whether NYSOH properly determined that your child's enrollment in a Medicaid Managed Care plan was effective February 1, 2018.

You testified, and your account confirms, that you and your family were determined conditionally eligible for Medicaid as of November 1, 2017. A notice was issued on November 25, 2017 stating that you and your family members were unable to select a Medicaid Managed Care plan as the system was showing that you had other full benefit health insurance or Medicare.

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 active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a Medicaid Managed Care plan.

On December 1, 2017 you uploaded a letter dated November 27, 2017 from Empire BlueCross BlueShield stating that you and your family members coverage would end on December 14, 2017.

Notes related to your NYSOH account indicate that on December 7, 2017 you were advised to wait until December 15, 2017 to update your application so that the system would have a chance to catch the December 14, 2017 termination of your family's third-party health insurance. On December 15, 2017 you updated your application and you and your spouse were able to select a Medicaid Managed Care plan as the system was no longer showing third-party health insurance for you and your spouse. The record reflects that you were not able to select a Medicaid Managed Care plan for your child as the system was still showing he had active third-party health insurance. The record reflects that the third-party health insurance for your child was not removed from the system until January 8, 2018.

Generally, the date on which an 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 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.

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The record reflects that your family's third-party health insurance coverage terminated on December 14, 2017. You updated your family's application on December 15, 2017 and you should have been able to select a Medicaid Managed Care plan for your child on that date, which would have resulted in a January 1, 2018 start date for your child's Medicaid Managed Care plan.

The Appeals Unit finds that system errors improperly delayed your selection of your child's Medicaid Managed Care plan.

Therefore, the January 9, 2018 enrollment notice is MODIFIED to state that your child's enrollment in his Medicaid Managed Care plan is effective as of January 1, 2018.

## **Decision**

The January 9, 2018 enrollment notice is MODIFIED to state that your child's enrollment in his Medicaid Managed Care plan is effective as of January 1, 2018.

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

**Effective Date of this Decision:** April 16, 2018

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

Your child's Medicaid Managed Care plan should have started January 1, 2018.

Your case is being sent back to NYSOH to backdate your child's coverage through his Medicaid Managed Care plan as of January 1, 2018.

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

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.



Insofar as your case was decided, the 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 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:  
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- By fax: 1-855-900-5557

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## **Summary**

The January 9, 2018 enrollment notice is MODIFIED to state that your child's enrollment in his Medicaid Managed Care plan is effective as of January 1, 2018.

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

Your child's Medicaid Managed Care plan should have started January 1, 2018.

Your case is being sent back to NYSOH to backdate your child's coverage through his Medicaid Managed Care plan as of January 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&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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