



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

## Notice of Decision

Decision Date: March 26, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027241

[REDACTED]

Dear [REDACTED],

On March 13, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 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.

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 26, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027241



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

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

Did NY State of Health properly determine that you and your spouse's enrollment in your Medicaid Managed Care plans was effective March 1, 2018?

## Procedural History

On January 8, 2018, you submitted an application for financial assistance for your household.

On January 9, 2018, you uploaded a certificate of group health plan coverage dated January 8, 2018 stating that you, your spouse's, and your child's third-party health insurance would end on January 18, 2018.

Also on January 9, 2018, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your January 8, 2018 application, stating that you, your spouse, and your child were eligible for Medicaid, effective January 1, 2018. This notice directed you to pick a health plan for yourself and your spouse.

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On January 16, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you, your spouse, and your child could not enroll in a Medicaid Managed Care plan.

On January 19, 2018, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of March 1, 2018, and that you had been enrolled into this Medicaid Managed Care plan because you did not select a health plan. This notice directed your spouse to select a Medicaid Managed Care plan for enrollment. The notice also stated that the type of Medicaid coverage your child was eligible for did not require him to enroll in a health plan.

On January 24, 2018, NYSOH issued an eligibility determination notice stating that your child would remain eligible for Medicaid, effective March 1, 2018. The notice advised you to pick a health plan for your child.

Also on January 24, 2018, NYSOH issued a notice of enrollment confirmation stating that you, your spouse, and your child were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of March 1, 2018.

On March 13, 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 that you first submitted an application for financial assistance for your household in early January 2018.
- 2) Your NYSOH account indicates that you submitted an application for your household on January 8, 2018. You, your spouse, and your child were determined eligible for Medicaid, effective January 1, 2018.
- 3) You testified that you were prevented from selecting a Medicaid Managed Care plan for your child because the system was showing that he still had active coverage outside of NYSOH.
- 4) You testified that you tried to select a Medicaid Managed Care plan for yourself and your spouse prior to January 15, 2018, however, you received an error message and your plan selection did not go through.
- 5) On January 8, 2018, you uploaded a certificate of group health plan coverage through the New York State Health Insurance Program for

yourself, your spouse, and your child stating that your household was enrolled in coverage from August 27, 2012 until January 18, 2018.

- 6) The record indicates that on January 16, 2018 a complaint was filed ( [REDACTED] ) stating that your account was showing active third-party health insurance for your child, but that you provided documentation that any such coverage had ended.
- 7) The record indicates that the third-party health insurance was removed from the system on January 23, 2018.
- 8) You testified that your household has outstanding medical bills for February 2018 which were not covered by Medicaid Fee-For Service.
- 9) Your NYSOH account reflects that you accessed your account on January 15, 2018 at 8:09 pm.
- 10) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 11) On January 16, 2018, you placed a phone call to NYSOH. A review of the phone call reveals that you were requesting to be able to enroll your child in a Medicaid Managed Care plan. You were then transferred to an Account Review Unit representative. During the conversation with the Account Review Unit representative, you informed the representative that you had selected a plan for enrollment for yourself and your spouse the previous evening. The representative advised you that the system was not showing that you had selected a plan for yourself and your spouse. While on the phone with the NYSOH representative, you accessed your on-line account and attempted to enroll yourself and your spouse into a Medicaid Managed Care plan. However, you reported to the NYSOH representative that you had received a "We Are Sorry" error message. You advised the representative that you had received the same error message the night before.

The NYSOH representative then accessed your account and attempted to select a plan for yourself and your spouse. The NYSOH representative received the same error message and submitted a technical error ticket on your behalf.

- 12) The record indicates that you were enrolled into a Medicaid Managed Care plan on January 18, 2018 by the NYSOH system and that you enrolled your spouse and your child into Medicaid Managed Care plans on January 23, 2018.
- 13) You testified that your child has never been incarcerated.

- 14) The record reflects that your child is a resident of New York State.
- 15) You testified that since January 18, 2018, your child has not had any other coverage outside of NYSOH.
- 16) You testified that you want you, your spouse's, and your child's Medicaid Managed Care plans to begin on February 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); 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 first issue for review is whether NYSOH properly determined that your child's enrollment in his Medicaid Managed Care plan was effective March 1, 2018.

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).

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 January 9, 2018, you uploaded a letter from the New York State Health Insurance Program dated January 8, 2018 indicating a cancellation date of your employer-sponsored health insurance as of January 18, 2018.

The reference to the third-party health insurance was subsequently removed from NYSOH's system on January 23, 2018 and you were able to select a Medicaid Managed Care plan for your child as of that date.

Generally, 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 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.

As noted above, you were unable to enroll your child into a plan prior to January 23, 2018 due to there being third party health insurance information on your account.

However, the record reflects that when you applied for health insurance for your household on January 8, 2018, your third-party health insurance was set to end as of January 18, 2018. Therefore, the information relied upon by NYSOH in making the determination that your child was ineligible to enroll in a Medicaid Managed Care plan was incorrect.

Had you been able to select a Medicaid Managed Care plan for enrollment for your child on January 8, 2018, his enrollment would have been effective the first day of the first month following January 8, 2018; that is, on February 1, 2018.

Therefore, the January 24, 2018 enrollment confirmation notice is MODIFIED to reflect that your child's enrollment in his Medicaid Managed Care plan was effective as of February 1, 2018.

The second issue is whether NYSOH properly determined that your and your spouse's enrollment in your Medicaid Managed Care plans was effective March 1, 2018.

The credible evidence in the record indicates that you attempted to select a Medicaid Managed Care plan for yourself and your spouse on January 15, 2018, but were prevented from doing so based on a technical error.

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 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.

Had you been able to select a Medicaid Managed Care plan for enrollment for yourself and your spouse on January 15, 2018, it would have gone into effect on the first day of the first month following after January 15, 2018; that is, on February 1, 2018.

Therefore, the January 24, 2018 enrollment confirmation notice is MODIFIED to state that your and your spouse's enrollment in your Medicaid Managed Care plans was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your, your spouse's, and your child's enrollment in your Medicaid Managed Care plans as of February 1, 2018.

## **Decision**

The January 24, 2018 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your child's enrollment in your Medicaid Managed Care plans was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your, your spouse's, and your child's enrollment in your Medicaid Managed Care plans as of February 1, 2018.

**Effective Date of this Decision:** March 26, 2018

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

The effective date of your, your spouse's, and your child's Medicaid Managed Care plans is February 1, 2018.

Your case is being sent back to NYSOH to begin your, your spouse's, and your child's enrollment as of February 1, 2018.

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).

## **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
- 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

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P.O. Box 11729  
Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The January 24, 2018 enrollment confirmation notice is MODIFIED to state that your, your spouse's, and your child's enrollment in your Medicaid Managed Care plans was effective as of February 1, 2018.

Your case is RETURNED to NYSOH to begin your, your spouse's, and your child's enrollment in your Medicaid Managed Care plans as of February 1, 2018.

The effective date of you, your spouse's, and your child's Medicaid Managed Care plans is February 1, 2018.

Your case is being sent back to NYSOH to begin your, your spouse's, and your child's enrollment as 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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