



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

## Notice of Decision

Decision Date: April 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027375

[REDACTED]

[REDACTED]

On March 22, 2018, your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health's January 18, 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: April 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027375



## Issues

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

Did NY State of Health provide you proper and adequate notice that they had determined that you were enrolled in third party health insurance as of December 6, 2017?

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

## Procedural History

On December 6, 2017, you updated your NY State of Health (NYSOH) account indicate that you were pregnant and expecting one child.

On December 7, 2017, NYSOH issued an eligibility determination notice stating you were given Medicaid coverage because you met certain guidelines.

Also on December 7, 2017, NYSOH issued an enrollment confirmation notice stating that the type of Medicaid coverage you were eligible for does not require you to enroll in a health plan.

On January 12, 2018 you uploaded a letter from Hudson River Healthcare showing that your coverage through them was cancelled as of December 31, 2017.

On January 17, 2018, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible for Medicaid effective January 1, 2018. You also enrolled into a Medicaid Managed Care plan.

Also on January 17, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as your enrollment did not begin on January 1, 2018.

On January 18, 2018, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan would begin March 1, 2018.

On March 22, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] acted as your Authorized Representative and provided testimony on your behalf. 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 submitted an application to NYSOH for financial assistance on December 6, 2017.
- 2) Your Authorized Representative testified, and your account confirms, that you were determined eligible for Medicaid, effective December 1, 2017
- 3) Your Authorized Representative testified, and your account reflects, that you were unable to select a Medicaid Managed Care plan as of the date you were found eligible for Medicaid.
- 4) On December 7, 2017, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, because you were pregnant and met certain guidelines.
- 5) Also on December 7, 2017, NYSOH issued a notice of enrollment, stating that no action was required on your part because the type of Medicaid coverage you were eligible for did not require or allow you to enroll in a health plan.
- 6) Your Authorized Representative testified that in December 2017, you obtained a letter from Hudson River Healthcare stating that you had coverage beginning on May 1, 2016 and terminating on December 31, 2017.

- 7) On January 12, 2017 a complaint was opened with NYSOH ( [REDACTED] ). The description of that complaint states that you had fee for service Medicaid starting December 1, 2017 and that you want to enroll in a Medicaid Managed Care plan.
- 8) On January 16, 2018 complaint [REDACTED] was updated to state that your account had been updated.
- 9) Your Authorized Representative testified, and the record reflects, that on January 17, 2018, you selected a Medicaid Managed Care plan.
- 10) You Authorized Representative testified that you were without a Medicaid Managed Care plan during January and February of 2018 and incurred medical bills during that time period.

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)).

### Notice of Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial (42 CFR § 435.913). NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid (42 CFR § 435.919(a)).

## **Legal Analysis**

The first issue for review is whether NYSOH provided you proper and adequate notice that it had determined that you were enrolled in third party health insurance as of December 6, 2017.

You Authorized Representative testified, and your account confirms, that you were determined eligible for Medicaid on December 6, 2017. An enrollment confirmation notice was issued on December 7, 2017 stating that you did not need to pick a health 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 active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a Medicaid Managed Care plan.

NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial.

The eligibility determination notice that was issued on December 7, 2017 states that you were given Medicaid coverage because you met certain guidelines. The notice does not state what those guidelines were, or whether there was any additional information needed to make a determination about your eligibility.

Therefore, the record does not contain any eligibility determination notices explaining why you were found ineligible to enroll in a Medicaid Managed Care plan as of your December 6, 2017 application.

Accordingly, NYSOH did not provide you with proper and adequate notice that you were ineligible to enroll into a Medicaid Managed Care plan because there was active third-party health insurance on your account at the time of your December 6, 2017 application.

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).

The second issue for review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was effective March 1, 2018.

Your Authorized Representative testified that in December 2017, you obtained a letter from Hudson River Healthcare (your third-party health insurance provider) stating that you had coverage beginning on May 1, 2016 and terminating on December 31, 2017.

The record reflects that reference to the third-party health insurance was subsequently removed from NYSOH's system on January 16, 2018 and you were able to select a Medicaid Managed Care plan 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 into a plan prior to January 16, 2018 due to there being third party health insurance information on your account. However, you were not properly notified of the inconsistency. Had NYSOH given you proper and adequate notice, you would have been able to provide the documentation showing your third-party health insurance cancellation date and select a health plan for enrollment that would have been effective January 1, 2018.

Therefore, the January 18, 2018 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of January 1, 2018.

## **Decision**

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

The January 18, 2018 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of January 1, 2018.

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

**Effective Date of this Decision:** April 12, 2018

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

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

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

### **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

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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**

NYSOH did not provide you with proper and adequate notice of your eligibility for and enrollment in a Medicaid Managed Care plan.

The January 18, 2018 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of January 1, 2018.

Your case is being sent back to NYSOH to backdate your coverage through your 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 b&etumi ama wo obi a okyer& 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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