



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

Notice of Decision

Decision Date: April 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028059

[REDACTED]

[REDACTED]

On March 29, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 16, 2017 eligibility determination notice and the January 30, 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 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028059

[REDACTED]

Issues

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

Did NY State of Health properly determine that you were ineligible to enroll in a Medicaid Managed Care plan, effective December 1, 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 8, 2017, you submitted an application for financial assistance to NYSOH.

On December 9, 2017, NY State of Health (NYSOH) issued a notice stating that the information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to confirm the information in your application. This notice directed you to produce proof of your household income as well as proof of employer sponsored health insurance by December 23, 2017 in order for your eligibility for financial assistance to be determined.

On December 15, 2017, you uploaded income documentation and a copy of the front and back of your health insurance card to your NYSOH account.

Also on December 15, 2017, NYSOH verified the documentation you submitted and submitted an application on your behalf.

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On December 16, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective December 1, 2017. This notice also stated that NYSOH had received information that you have other health insurance or Medicare and that individuals who have other health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan.

On January 27, 2018, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective January 1, 2018. This notice directed you to submit proof of income by February 10, 2018. This notice also directed you to select a plan for enrollment.

On January 29, 2018, you uploaded income documentation and your third party health insurance certificate of coverage to your NYSOH account.

Also on January 29, 2018, NYSOH verified the documentation you submitted and submitted an application on your behalf.

On January 30, 2018, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective January 1, 2018.

Also on January 30, 2018, NYSOH issued a notice of enrollment confirmation, based on your January 29, 2018 plan selection, stating that you were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of March 1, 2018.

Additionally, on January 30, 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 February 1, 2018.

On March 29, 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 applied for health insurance through NYSOH in mid-December 2017.
- 2) Your NYSOH account reflects that you first applied for financial assistance through NYSOH on December 8, 2017. In that application, you indicated that you had other health insurance. As a result of this application, you were required to submit income documentation and documentation of your employer sponsored health insurance.

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- 3) On December 15, 2017 you uploaded income documentation to your NYSOH account.
- 4) Also on December 15, 2017 you uploaded copies of the front and back of your insurance card showing the effective date of your coverage was May 1, 2017.
- 5) Additionally, on December 15, 2017, NYSOH verified the documentation you submitted and submitted an application on your behalf that day. As a result, you were found eligible for Medicaid, effective December 1, 2017, however, you were unable to enroll in a Medicaid Managed Care plan because you had other coverage.
- 6) You testified that after learning that you were eligible for Medicaid, you contacted NYSOH and were advised that you could not select a Medicaid Managed Care plan for enrollment because you had third party health insurance.
- 7) You testified that you had COBRA coverage which ended on December 31, 2017. You explained that you could have continued this coverage into 2018, but the premiums were increasing for 2018 and were too expensive for you.
- 8) You testified that at the end of December 2017 you contacted your COBRA plan in order to cancel your coverage.
- 9) You testified that you received your certificate of coverage from your COBRA plan on January 25, 2018.
- 10) On January 26, 2018, you updated your application for financial assistance with health insurance. In this application, you removed your other health insurance.
- 11) On January 29, 2018, you uploaded a copy of your third party health insurance certificate of coverage to your NYSOH account which indicates that your coverage began on May 1, 2017 and ended on December 31, 2017.
- 12) Your NYSOH account reflects that on January 29, 2018 you selected a Medicaid Managed Care plan for enrollment.
- 13) You testified that you want your Medicaid Managed Care plan to begin on February 1, 2018.

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

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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 is whether NYSOH properly determined that you were ineligible to enroll in a Medicaid Managed Care plan, effective December 1, 2017.

On December 8, 2017, you submitted an application for financial assistance to NYSOH. In that application, you indicated that you had health insurance outside of NYSOH. As a result, NYSOH requested that you submit documentation of your household income and your employer sponsored health insurance.

On December 15, 2017, you submitted documentation of your household income as well as a copy of the front and back of your health insurance card showing that you had coverage effective May 1, 2017.

Your account indicates that you were determined eligible for Medicaid as of December 1, 2017, however, you were unable to select a Medicaid Managed Care plan as you were enrolled in third party health insurance.

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.

The record reflects that at the time of the December 15, 2017 application, you were enrolled in third party health insurance. Furthermore, you testified that it was not until the end of December 2017 that you cancelled your third party health insurance and that your third party health insurance would have otherwise continued into 2018.

As you did, in fact, have third party health insurance, which health insurance was to continue into 2018, at the time of the December 15, 2017 application, NYSOH properly determined that you were ineligible to enroll in a Medicaid Managed Care plan, as individuals with active coverage in a health insurance plan outside of NYSOH are not eligible to enroll in a Medicaid Managed Care plan.

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

On January 26, 2018, you updated your application for financial assistance. In that application, you removed the indication that you had coverage outside of NYSOH. Furthermore, the credible evidence in the record indicates that your third party health insurance had terminated prior to the submission of this application.

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.

On January 29, 2018 you selected a Medicaid Managed Care plan for enrollment, so it properly took effect on the first day of the second month following after January 2018; that is, on March 1, 2018.

Therefore, the January 30, 2018 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective March 1, 2018, was correct and must be AFFIRMED.

Decision

The December 16, 2017 eligibility determination notice is AFFIRMED.

The January 30, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 5, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is March 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

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).

- 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 16, 2017 eligibility determination notice is AFFIRMED.

The January 30, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is March 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 مجانًا.

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 okyerE 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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