



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

Notice of Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028109

[REDACTED]

[REDACTED]

On March 30, 2018, you and your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's January 4, 2018 eligibility determination notice, and February 1, 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: April 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028109

[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 enrollment in your Medicaid Managed Care plan was effective March 1, 2018?

Procedural History

On August 2, 2017, a renewal notice was issued stating you were determined eligible for the Essential Plan, effective October 1, 2017.

On August 17, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan for a cost of \$47.60 per month, effective October 1, 2017.

On January 2, 2018, NYSOH issued a disenrollment notice stating that your coverage with your Essential Plan would end on December 31, 2017. The notice stated your coverage was ending because you did not pay your insurance bill by the payment deadline.

On January 3, 2018, NYSOH received an updated application for financial assistance with your health insurance.

On January 4, 2018, NYSOH issued an eligibility determination notice, based on your January 3, 2018 application, stating you were eligible for Medicaid, effective January 1, 2018. The notice stated information shows you had other health

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insurance or Medicare and individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan.

On January 30, 2018, NYSOH received your updated application for financial assistance.

On January 31, 2018, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective January 1, 2018.

You enrolled in a Medicaid Managed Care plan on January 31, 2018, with a start date of March 1, 2018.

On January 31, 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 it did not begin February 1, 2018.

On February 1, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective March 1, 2018.

On March 30, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your authorized representative and [REDACTED] [REDACTED] appeared with you at that hearing. 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 updated application to NYSOH for financial assistance on January 30, 2018.
- 2) According to your NYSOH and your testimony, you selected your Medicaid Managed Care Plan on January 31, 2018, and that your enrollment was effective on March 1, 2018.
- 3) You testified that you want your Medicaid Managed Care plan to begin on February 1, 2018, because you incurred medical bills in the month of February 2018 for doctors that do not accept Medicaid Fee-for-Service.
- 4) You testified you attempted to enroll in a Medicaid Managed Care plan earlier than your enrollment date of January 31, 2018.
- 5) The January 4, 2018 determination notice stated you could not enroll in a Medicaid Managed Care plan because information showed you had other health insurance or Medicare. You testified this was not true and your only

insurance was your Essential Plan, which you were disenrolled from for non-payment of premium as of December 31, 2017.

- 6) NYSOH produced four calls prior to the 15th of January 2018, dated January 3, 4, and 9, 2018.
- 7) A review of the telephone recording from January 3, 2018, indicates you completed an application with a representative but the call dropped before the representative came back on the line. You then called a second time that day and were told that your application was in a “resequencing hold,” you could not complete your application for 24 hours, and you would need to call back then.
- 8) A review of the telephone recording from January 9, 2018, indicates you requested to enroll in a health plan, the representative stated to you that you were only eligible for Medicaid Fee-for-Service because you had other insurance through Blue Cross Blue Shield and Caremark and could not pick a plan. You stated you only had coverage with Blue Cross Blue Shield and you had been disenrolled from for non-payment. The representative stated you needed to provide a copy of your termination letter from Blue Cross Blue Shield.
- 9) According to your NYSOH account, the third-party health insurance information was removed from your account on January 31, 2018, allowing you to enroll in a Medicaid Managed Care plan that day (see, [REDACTED]).

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 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 under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective March 1, 2018.

The record shows you were disenrolled from your prior insurance coverage with the Essential Plan for non-payment of premium effective December 31, 2017. On January 2, 2018, NYSOH issued a disenrollment notice confirming your disenrollment. You then submitted an updated application for insurance on January 3, 2018. The result of this application was that you were newly eligible for Medicaid effective January 1, 2018. The determination notice issued on January 4, 2018 stated that, although you were eligible for Medicaid, you could not enroll in a Medicaid Managed Care plan because sources showed you had other insurance or Medicare.

The record shows your third-party health insurance was removed from your account on January 31, 2018 (see [REDACTED]). You were then able to enroll in a Medicaid Managed Care plan that day, with a March 1, 2018 effective start date.

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 31, 2018, you selected a Medicaid Managed Care plan, so it ordinarily would take effect on the first day of the second month following January 2018; that is, on March 1, 2018.

However, you testified that you contacted NYSOH and attempted to enroll in a Medicaid Managed Care plan earlier than the 15th of January 2018. NYSOH produced four telephone recordings during this time, dated January 3, 4, and 9, 2018. A review of the calls made on January 3, 2018 show you completed an application with a representative but the call dropped before the representative came back on the line. You then called a second time that day and were told that your application was in a “resequencing hold,” you could not complete your application for 24 hours, and you would need to call back then.

A review of a follow up call you made to NYSOH on January 9, 2018 shows you requested to enroll in a health plan, the representative communicated that you were only eligible for Medicaid Fee-for-Service because you had other insurance through Blue Cross Blue Shield and Caremark and could not pick a plan. This information was incorrect and what the representative may have meant was exactly what was stated on your determination notice. You were found eligible for Medicaid but could not enroll in a Medicaid Managed Care plan because sources showed you were enrolled in other insurance or Medicare. During the call, you explained to the representative you only had Blue Cross Blue Shield and had been disenrolled from for non-payment as of December 31, 2017. The representative stated you still needed to provide a copy of your termination letter from Blue Cross Blue Shield.

During your hearing, you testified the only insurance you had been enrolled in previously was your Essential Plan which ended December 31, 2017, for non-payment of premium.

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. However, NYSOH already had sufficient information to determine you were not enrolled in a third-party health insurance with the Essential Plan. Therefore, the January 4, 2018 notice is no longer supported by the record and is MODIFIED to reflect you were eligible to pick a Medicaid Managed Care plan as of that date.

Had you not been prevented from selecting a plan on January 3, 2018 and January 9, 2018, your plan would have been effective as of February 1, 2018. Therefore, the February 1, 2018 plan enrollment notice is MODIFIED to state your enrollment in your Medicaid Managed Care plan is effective February 1, 2018.

Your case is RETURNED to NYSOH to backdate your Medicaid Managed Care plan one month to February 1, 2018, and notify you once this has been done.

Decision

The January 4, 2018 eligibility determination notice is MODIFIED to reflect you were eligible to pick a Medicaid Managed Care plan as of that date.

The February 1, 2018 plan enrollment notice is MODIFIED to state your enrollment in your Medicaid Managed Care plan is effective February 1, 2018.

Your case is RETURNED to NYSOH to backdate your Medicaid Managed Care plan one month to February 1, 2018, and notify you once this has been done.

Effective Date of this Decision: April 20, 2018

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan is being changed from March 1, 2018 to February 1, 2018. NYSOH will notify you once this is done.

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 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 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 4, 2018 eligibility determination notice is MODIFIED to reflect you were eligible to pick a Medicaid Managed Care plan as of that date.

The February 1, 2018 plan enrollment notice is MODIFIED to state your enrollment in your Medicaid Managed Care plan is effective February 1, 2018.

Your case is RETURNED to NYSOH to backdate your Medicaid Managed Care plan one month to February 1, 2018, and notify you once this has been done.

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 effective date of your Medicaid Managed Care plan is being changed from March 1, 2018 to February 1, 2018. NYSOH will notify you once this is done.

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。我们可以为您免费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)

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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।

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 bɛtumi ama wo obi a okyerɛ 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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