



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

Notice of Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]

Appeal Identification Number: AP000000028460

[REDACTED]

On April 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 2018 eligibility determination notice, and the February 6, 2018 eligibility determination and enrollment confirmation notices.

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

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).

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 24, 2018

NY State of Health Account IDs: [REDACTED]

Appeal Identification Number: AP000000028460

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

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

Procedural History

For Account ID [REDACTED]

On October 14, 2014, a NY State of Health (NYSOH) account was created with your spouse as the primary account holder.

On July 10, 2017, the account was updated to indicate that you were pregnant and were enrolled in insurance through your job. An application for coverage was submitted on your behalf.

On July 10, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid as of July 1, 2017. The notice stated that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan. The notice also stated that your child was eligible to purchase a qualified health plan at full cost as of August 1, 2017, and was ineligible for either Medicaid or Child Health Plus because he was qualified for coverage on another NYSOH account.

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On October 1, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse remained eligible for Medicaid, effective September 1, 2017. That notice stated that you have other health insurance and cannot be enrolled in a Medicaid Managed Care plan. The notice also stated that your child was eligible to purchase a qualified health plan at full cost as of November 1, 2017, and was ineligible for either Medicaid or Child Health Plus because he was qualified for coverage on another NYSOH account.

On October 18, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse remained eligible for Medicaid, effective October 1, 2017. That notice stated that you have other health insurance and cannot be enrolled in a Medicaid Managed Care plan. That notice also stated that your child was eligible to enroll in a qualified health plan at full cost as of December 1, 2017, and was ineligible for either Medicaid or Child Health Plus because he was qualified for coverage on another NYSOH account.

On December 20, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse remained eligible for Medicaid, effective December 1, 2017. That notice stated that you have other health insurance and cannot be enrolled in a Medicaid Managed Care plan.

On January 13, 2018, NYSOH issued a notice of account discontinuance stating that you and your spouse were no longer seeking coverage.

On January 17, 2018, an NYSOH representative marked this account as inactive.

For Account ID [REDACTED] (active)

On October 16, 2014, a NYSOH account was created with you as the primary account holder. At the time the account was created, you were marked as not needing health insurance.

On October 24, 2017, the account was updated to indicate that you were seeking insurance and that you were pregnant. An application was submitted on your behalf.

On October 25, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost as of December 1, 2017. That notice also stated that your child was eligible for Medicaid as of November 1, 2017. You and your spouse were found ineligible for Medicaid because you were both qualified for coverage on another NY State of Health account. Additionally, you and your spouse were found ineligible for the Essential Plan or Advance Premium Tax Credits because you reported that you were either enrolled in or were eligible to enroll in employer-sponsored health insurance.

On December 28, 2017, you uploaded a letter from your employer stating that your employment would end as of [REDACTED].

Also on December 28, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost as of February 1, 2018. The notice also stated that your child remained eligible for Medicaid effective December 1, 2017. You and your spouse were found ineligible for Medicaid because you were both qualified for coverage on another NY State of Health account.

On January 12, 2018, you uploaded a letter from Aetna showing that your employer-sponsored coverage ended as of December 19, 2017.

On January 12, 2018, NYSOH again issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost as of February 1, 2018. The notice also stated that your child remained eligible for Medicaid, effective December 1, 2017. You and your spouse were found ineligible for Medicaid because you were both qualified for coverage on another NY State of Health account.

On January 13, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost as of February 1, 2018. The notice also stated that your child remained eligible for Medicaid, effective January 1, 2018. You and your spouse were found ineligible for Medicaid because you were both qualified for coverage on another NY State of Health account.

On January 17, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost as of March 1, 2018. The notice also stated that your child remained eligible for Medicaid, effective January 1, 2018. You and your spouse were found ineligible for Medicaid because you were both qualified for coverage on another NY State of Health account.

On January 18, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost as of March 1, 2018. The notice also stated that your child remained eligible for Medicaid, effective January 1, 2018. You and your spouse were found ineligible for Medicaid because you were both qualified for coverage on another NY State of Health account.

On January 19, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost as of March 1, 2018. The notice also stated that your child remained eligible for Medicaid, effective January 1, 2018. You and your spouse were found

ineligible for Medicaid because you were both qualified for coverage on another NY State of Health account.

On January 24, 2018, NYSOH issued a notice finding you and your spouse eligible for Medicaid as of February 1, 2018. That notice stated that the type of Medicaid coverage you are eligible for does not require or allow you to enroll in a health plan.

Also on January 24, NYSOH issued an enrollment confirmation notice stating that your spouse's enrollment in a Medicaid Managed care plan would begin March 1, 2018; that your child's enrollment in a Medicaid Managed Care plan had begun effective December 1, 2017; and that the type of Medicaid for which you were eligible did not require or allow you to enroll in a plan.

On February 5, 2018, you applied for health insurance and financial assistance through NYSOH.

That day, a preliminary eligibility determination was prepared stating that you were eligible for Medicaid effective March 1, 2018, and that your spouse and two children were eligible for Medicaid as of February 1, 2018.

Also on February 5, 2018 you selected a Medicaid Managed Care plan for enrollment.

Finally, on February 5, 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 February 1, 2018.

On February 6, 2018, NYSOH issued a notice, based on your February 5, 2018 application, stating that you were eligible for Medicaid as of March 1, 2018. That notice also stated that your spouse and your two children were eligible for Medicaid as of February 1, 2018.

On February 6, 2018, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan would begin March 1, 2018.

On April 12, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you waived your right to timely written notice of the hearing date and time. The record was developed during the hearing and closed at the conclusion of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that the application you filed through Account ID [REDACTED] on December 27, 2017 was completed with the assistance of a certified application counselor from Fidelis Care NY. That application stated that you did not have access to health insurance through a job. You further testified that you filed your December 27, 2017 application with the expectation of being allowed to enroll in a Medicaid Managed Care plan.
- 2) You testified that you received a preliminary eligibility determination on December 27, 2017 stating that you were ineligible for Medicaid because you were qualified for coverage through another NY State of Health account. As a result, your application counselor contacted NYSOH and requested that Account ID [REDACTED] be closed. A NYSOH representative stated that the account would be closed “in 24 to 48 hours.”
- 3) You testified and the record reflects that you filed updated applications through Account ID [REDACTED] on January 11 and 12, 2018, both of which resulted in your being found ineligible for Medicaid because you were “qualified for coverage on another NY State of Health account.”
- 4) You testified that you became aware of Account ID [REDACTED] being active as a result of those eligibility determinations, the latter of which was issued on January 13, 2018.
- 5) The record reflects that, on January 12, 2018, you uploaded to Account ID [REDACTED] a letter from [REDACTED] stating that your employer-sponsored coverage through [REDACTED] was effective from June 30, 2015 until December 19, 2017.
- 6) Also on January 12, 2018, you opened a complaint [REDACTED] with NYSOH requesting that Account ID [REDACTED] be closed.
- 7) On January 13, 2018, NYSOH deleted your Medicaid Fee-For Service enrollment through Account ID [REDACTED]
- 8) On January 17, 2018, an NYSOH representative marked [REDACTED] as inactive.
- 9) The record reflects that you filed an updated application through Account ID [REDACTED] on February 5, 2018, and were determined eligible to enroll in a Medicaid Managed Care plan effective March 1, 2018.

10) You testified that you were without a Medicaid Managed Care plan during February 2018, and that you had incurred medical bills related to the birth of your child on [REDACTED].

11) You testified that you reside in [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, such as 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.

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

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

On July 10, 2017, an application was submitted under [REDACTED] which stated that you had coverage under an eligible employer-sponsored health plan issued by Aetna. As a result of that application, you were enrolled in fee-for-service Medicaid as of July 1, 2017.

On December 27, 2017, your Certified Application Counselor submitted an application under [REDACTED] on your behalf which accurately indicated that you were no longer eligible to receive health insurance through a job. You testified that you pursued that application with the expectation of being allowed to enroll in a Medicaid Managed Care plan. Instead, you received a preliminary eligibility determination stating that you were ineligible for Medicaid because you were qualified for coverage through another NY State of Health account.

You credibly testified that your application counselor contacted NYSOH on December 27, 2018 to request that [REDACTED] be closed. At that time, you were told that the account would be closed "in 24 to 48 hours."

On January 12, 2018, you filed an updated application through [REDACTED]. That application once again stated that you were not eligible to receive health insurance through a job. The resulting eligibility determination notice, issued January 13, 2018, stated that you were ineligible for Medicaid because you were "qualified for coverage on another NY State of Health account."

On January 12, 2018, you also uploaded to [REDACTED] a letter from [REDACTED] proving that your employer-sponsored coverage had ended as of December 19, 2018.

Additionally, you filed a complaint with NYSOH [REDACTED] on January 12, 2018, reporting that you had two active accounts and that [REDACTED] needed to be made inactive.

On January 13, 2018, a NYSOH representative deleted your Medicaid Fee-For Service enrollment through [REDACTED]. However, the account remained active until January 17, 2018.

Had the [REDACTED] account been properly deactivated following your initial request on December 27, 2017, you would have been found eligible for Medicaid through [REDACTED] as of your January 12, 2018 application and you would have been able to select a Medicaid Managed Care plan on that day.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. Unlike fee-for-service Medicaid, which goes into effect the first day of the month in which an individual is

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determined eligible for Medicaid, a Medicaid Managed Care plan that is selected from the first through the fifteenth day of a month will go into effect on the first day of the following month. A Medicaid Managed Care 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.

Since you should have been able to select a plan as of January 12, 2018 through [REDACTED], that plan would have properly taken effect on the first day of the month following the plan selection date; that is, on February 1, 2018.

Therefore, the January 13, 2018 eligibility determination notice stating that you were ineligible for Medicaid is RESCINDED. The February 6, 2018 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid as of February 1, 2018. The February 6, 2018 enrollment confirmation notice is also MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of February 1, 2018.

Decision

The January 13, 2018 eligibility determination notice is RESCINDED.

The February 6, 2018 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid as of February 1, 2018.

The February 6, 2018 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of February 1, 2018.

Your case is RETURNED to NYSOH to backdate your Medicaid Managed Care plan in [REDACTED] effective February 1, 2018.

Effective Date of this Decision: April 24, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to backdate your coverage through your Medicaid Managed Care plan to reflect a February 1, 2018 start date.

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.

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

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Summary

The January 13, 2018 eligibility determination notice issued through [REDACTED] is RESCINDED.

The February 6, 2018 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid as of February 1, 2018.

The February 6, 2018 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is effective as of February 1, 2018.

Your case is being sent back to NYSOH to backdate your coverage through your Medicaid Managed Care plan in [REDACTED] 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 srε wo, frε 1-855-355-5777. ye&εtumi 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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