



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

Notice of Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030432



Dear [REDACTED],

On May 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 3, 2018 eligibility determination and March 20, 2018 enrollment 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

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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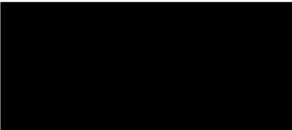


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Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030432



Issues

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

Did NY State of Health (NYSOH) properly determine that your child was ineligible to enroll in a Medicaid Managed Care (MMC) plan as of February 3, 2018?

Did NYSOH properly determine that your child was enrolled in a MMC plan with an enrollment start date of May 1, 2018?

Procedural History

On January 11, 2018, NYSOH issued an eligibility determination notice stating, in relevant parts, that your child was conditionally eligible for Medicaid, effective January 1, 2018. The notice stated that information showed that your child had other insurance or Medicare, and individuals who have other health insurance or Medicare cannot be enrolled in a MMC plan.

On January 18, 2018, your NYSOH account was updated.

On January 19, 2018, NYSOH issued an eligibility determination notice stating, in relevant part, that your child remained conditionally eligible for Medicaid, effective January 1, 2018. The notice stated that information showed that your child had other insurance or Medicare, and individuals who have other health insurance or Medicare cannot be enrolled in a MMC plan.

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On February 2, 2018, documentation was uploaded to your NYSOH account (see Document [REDACTED]).

Also on February 2, 2018, your NYSOH account was updated.

On February 3, 2018, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Medicaid, effective February 1, 2018. The notice stated that information showed that your child had other insurance or Medicare, and individuals who have other health insurance or Medicare cannot be enrolled in a MMC plan.

On March 14, 2018, your NYSOH account was updated.

On March 15, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid, effective March 1, 2018. Further, the notice instructed you to select a MMC plan for your child or a plan would be chosen for them.

On March 20, 2018, NYSOH issued a plan enrollment notice confirming that as of March 19, 2018, your child was enrolled in a MMC plan with an enrollment start date of May 1, 2018.

Also on March 20, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your child's MMC plan.

On May 16, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account, your child was born on [REDACTED].
- 2) According to the January 10, 2018 application, your child would be enrolled in your spouse's employer-sponsored health plan, through BlueCross BlueShield of Western New York (BCBS), through July 1, 2018.
- 3) According to your NYSOH account, it was updated on January 18, 2018, to reflect that your child would no longer be enrolled in your spouse's employer-sponsored health plan as of February 28, 2018.

- 4) On February 2, 2018, a termination letter, dated January 27, 2018, from BCBS was submitted to NYSOH. The letter states that your child's health coverage would terminate as of March 1, 2018 (see Document [REDACTED]).
- 5) You testified that during February 2018, you contacted a navigator from [REDACTED] and were informed that your child was unable to select a MMC plan.
- 6) According to your NYSOH account, on March 14, 2018, NYSOH verified the termination letter that was submitted on February 2, 2018. NYSOH verified that the letter was valid proof that your child's TPHI had been terminated.
- 7) According to your NYSOH account, on March 19, 2018, your child was enrolled in a MMC, with a May 1, 2018 enrollment start date.
- 8) You testified that you want your child's MMC plan to be made effective March 1, 2018, to cover any medical expenses that may have been incurred.

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

Applicable Law and Regulations

Enrollment in MMC

The United States Department of Health and Human Services has granted the State of New York a waiver pursuant to Section 1115 of the Social Security Act to permit the operation of a demonstration waiver program for Managed Care Programs in which certain eligible Medicaid recipients are subject to mandatory enrollment.

A "Managed Care Program" is a statewide program in which Medicaid recipients enroll on a voluntary or mandatory basis to receive Medicaid Services, including from a managed care provider (N.Y. Soc. Serv. Law § 364-j(1)(c)).

Third-Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider which may be maintained by payment or part payment, and such payment would be cost-effective, may not enroll in a MMC plan (NY SSL § 364-j(3)(e)(xx); GIS 15 MA/012: Medicaid Managed Care Exemptions and Exclusions).

MMC Start Date

MMC 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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your child was ineligible to enroll in a MMC plan as of February 3, 2018.

Generally, when an individual is eligible for Medicaid through NYSOH, they are required to enroll in a MMC plan. However, when a person has comprehensive third-party health coverage and that coverage is determined to be cost-effective, they are not eligible to enroll in a MMC plan.

On January 10, 2018, you applied for health insurance coverage for your child. In that application you attested that your child would be enrolled in your spouse's employer-sponsored health plan, through BCBS, until July 1, 2018. Based on that attestation, on January 11, 2018, NYSOH issued an eligibility determination notice stating in part that your child was ineligible to enroll in a MMC plan.

On January 18, 2018, your NYSOH account was updated to reflect that your child would no longer be enrolled in your spouse's employer-sponsored health plan as of February 28, 2018. Further, on February 2, 2018, a termination letter from BCBS stating that your child's health coverage would terminate as of March 1, 2018 was submitted to NYSOH (see Document [REDACTED]).

The record reflects that there was sufficient information in your NYSOH account as of February 2, 2018, to support that your child would no longer be enrolled in employer-sponsored insurance as of March 1, 2018. The February 3, 2018 eligibility determination notice, while technically correct as of that date, did not consider nor address that your child's employer-sponsored insurance was ending as of March 1, 2018. Therefore, the notice was deficient in that improperly stated that your child had other insurance and could not enroll in a MMC plan such that the February 3, 2018 eligibility determination notice is RESCINDED.

The second issue under review is whether NYSOH properly enrolled your child in a MMC plan with an enrollment start date of May 1, 2018.

The record reflects that on March 19, 2018, your child was enrolled in a MMC with an enrollment start date of May 1, 2018. You testified that you want your child's MMC plan to be made effective as of March 1, 2018, to cover any medical expenses that may have been incurred.

Generally, the date on which a MMC 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.

Based on the analysis above, you had provided sufficient information to NYSOH on February 2, 2018, that your child would no longer be enrolled in employer-sponsored insurance as of March 1, 2018. If NYSOH had properly verified the documentation when it was initially submitted, your child could have been enrolled in a MMC on the first day of the month following February 2, 2018; that is on March 1, 2018.

Therefore, the March 20, 2018 plan enrollment notice is MODIFIED to state that your child was enrolled in a MMC plan with an enrollment start date of March 1, 2018.

Your case is RETURNED to NYSOH to change your child's MMC plan enrollment start date to March 1, 2018.

Decision

The February 3, 2018 eligibility determination notice is RESCINDED.

The March 20, 2018 plan enrollment notice is MODIFIED to state that your child was enrolled in a MMC plan with an enrollment start date of March 1, 2018.

Your case is RETURNED to NYSOH to change your child's MMC plan enrollment start date to March 1, 2018, and to notify you accordingly.

Effective Date of this Decision: May 22, 2018

How this Decision Affects Your Eligibility

Your child should have been enrolled in in a MMC plan with an enrollment start date of 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).

Your case is being sent back to NYSOH to make your child's MMC plan enrollment start date effective as of May 1, 2018. You will be notified once the change in start date is made.

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:

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 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 February 3, 2018 eligibility determination notice is RESCINDED.

The March 20, 2018 plan enrollment notice is MODIFIED to state that your child was enrolled in a MMC plan with an enrollment start date of March 1, 2018.

Your case is RETURNED to NYSOH to change your child's MMC plan enrollment start date to March 1, 2018, and to notify you accordingly.

Your child should have been enrolled in in a MMC plan with an enrollment start date of March 1, 2018.

Your case is being sent back to NYSOH to make your child's MMC plan enrollment start date effective as of May 1, 2018. You will be notified once the change in start date is made.

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।

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).

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 मदद 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. y&b&tumi 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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