



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: AP000000031037 and AP000000031392

[REDACTED]

[REDACTED]

On April 20, 2018, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's March 31, 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 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000031037 and AP000000031392

[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 your Medicaid Managed Care plan is effective May 1, 2018?

Procedural History

According to your NY State of Health (NYSOH) account, you applied for health insurance through NYSOH and submitted proof of income on February 28, 2018, March 5, 2018 and March 13, 2018 (see Documents [REDACTED]

[REDACTED]. These documents were validated by NYSOH on March 14, 2018.

On March 15, 2018, NYSOH issued an eligibility determination notice which found you eligible for Medicaid effective February 1, 2018. The notice stated that because you were enrolled in third-party health insurance, you could not enroll in a health plan.

On March 30, 2018, you updated your application. That same day, a preliminary eligibility determination was prepared, in pertinent part stating that you were enrolled in a Medicaid Managed Care plan as of May 1, 2018.

Also on March 30, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as it began your Medicaid Managed Care plan on May 1, 2018, and not April 1, 2018.

On March 31, 2018, NYSOH issued an eligibility determination notice, based on your March 30, 2018 updated application, stating that you were conditionally eligible for Medicaid, effective March 1, 2018. You were directed to provide proof of income before April 14, 2018.

Also on March 31, 2018, a plan enrollment notice was issued, consistent with your preliminary eligibility determination, confirming that your enrollment in a Medicaid Managed Care plan was effective May 1, 2018.

On April 20, 2018, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open until April 23, 2018 for submittal of proof of the termination date of your third-party health insurance.

As of April 23, 2018, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. However, on April 24, 2018, you submitted a letter to request that your coverage be terminated dated March 1, 2018 and two emails dated March 1, 2018 and April 20, 2018. Therefore, in the interest of justice, these documents were added to the record and marked "Appellant's Exhibit A." The record was closed on April 24, 2018.

Findings of Fact

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

- 1) According to your NYSOH account, your account was systematically updated on March 14, 2018 based on the income documentation you provided. That day you were found Medicaid eligible as of February 1, 2018, but you were ineligible to enroll in a Medicaid Managed Care Plan Medicaid due being covered by third-party health insurance.
- 2) Your application dated March 14, 2018 indicates that you had third-party health insurance until March 15, 2018.
- 3) You testified that you had coverage outside of NYSOH until March 31, 2018 through you mother's health insurance plan. The health plan gave you the option of selecting a termination date of coverage of either February 28, 2018 or March 31, 2018 because they cannot end coverage in the middle of the month. You selected March 31, 2018 as your end date.

- 4) You did not submit a certificate of termination of your third-party health insurance to prove your end date of coverage. You did submit a letter to request that your coverage be terminated, dated March 1, 2018, and two emails dated March 1, 2018 and April 20, 2018, which indicate that your enrollment in your third-party health insurance ended effective March 31, 2018 (see Appellant's Exhibit A, pp. 1 – 3).
- 5) You testified that you attempted to enroll in a health plan online but were unable to do so because you received an error message stating to call NYSOH for further information.
- 6) According to your NYSOH account, you updated your application on March 30, 2018 and you selected a Medicaid Managed Care plan that day, with an effective start date of May 1, 2018.
- 7) You testified you are seeking your Medicaid Managed Care plan to begin effective April 1, 2018 because you have urgent medical and prescription needs that are not covered by Medicaid Fee-For Service.

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)).

A Medicaid recipient who has primary medical or health care coverage available from a Third-Party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost-effective, as determined by the local social services district (NY Soc. Serv. Law § 364-j(3)(e)(xx)).

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 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 for review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan is effective May 1, 2018.

In the March 15, 2018 eligibility determination notice, you were found eligible for Medicaid, effective February 1, 2018, which is not in dispute. On March 30, 2018, you selected a Medicaid Managed Care plan, effective May 1, 2018, as is documented by the March 31, 2018 plan enrollment notice.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number.

On March 14, 2018, NYSOH redetermined your eligibility for financial assistance with health insurance based on the income information you provided. On March 15, 2018, NYSOH issued an eligibility determination notice which found you eligible for Medicaid effective February 1, 2018.

When NYSOH determines that a person has active coverage in a health insurance plan outside of NYSOH, that person is not eligible to enroll or remain enrolled in a Medicaid Managed Care plan. Because you were enrolled in third-party health insurance, you could not enroll in a Medicaid Managed Care plan.

Although you failed to submit a copy of your proof of termination of third-party health coverage, you credibly testified, and submitted documentation, that indicates you were enrolled in third-party health insurance until March 31, 2018 (see Appellant's Exhibit A, pp. 1 -3).

Because your testimony, submitted documentation, and the record indicates that you were enrolled in third-party health insurance as of the March 14, 2018

systematic update, NYSOH properly determined that you could not select a health plan for enrollment that day.

The record reflects that you were able to select and enroll in a Medicaid Managed Care plan on March 30, 2018, with a May 1, 2018 effective start date. You testified that you are looking for coverage in the Medicaid Managed Care plan you selected to begin as of April 1, 2018, to cover medically-related expenses.

Therefore, the issue is further refined as to whether your Medicaid Managed Care plan properly begins as of May 1, 2018.

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 goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Medicaid Managed Care plan on March 30, 2018, it properly takes effect on the first day of the second month following March 2018; that is, on May 1, 2018.

Therefore, NYSOH's March 31, 2018 plan enrollment notice is correct and must be AFFIRMED.

Decision

The March 31, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 24, 2018

How this Decision Affects Your Eligibility

This decision does not change your eligibility for Medicaid or enrollment start date in your Medicaid Managed Care plan.

You were eligible for Medicaid as of February 1, 2018 and had coverage under Medicaid Fee-For-Service as of that date.

The effective date of your Medicaid Managed Care plan is May 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 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 March 31, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your eligibility for Medicaid or enrollment start date in your Medicaid Managed Care plan.

You were eligible for Medicaid as of February 1, 2018 and had coverage under Medicaid Fee-For-Service as of that date.

The effective date of your Medicaid Managed Care plan is May 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)

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).

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&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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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