



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

Notice of Decision

Decision Date: August 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001804

[REDACTED]

Dear [REDACTED],

On April 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 14, 2015 eligibility determination 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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: August 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001804

[REDACTED]

Issue

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

Did the Marketplace properly determine that you are not eligible to enroll in a Medicaid Managed Care plan?

Procedural History

On February 14, 2015, the Marketplace issued a notice of eligibility determination that stated you were eligible for Medicaid effective February 1, 2015. The notice further stated that you could not be enrolled in a Medicaid managed care plan because you had comprehensive Third Party Health Insurance to assist in meeting your healthcare needs.

On February 17, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it did not allow you to enroll in a Medicaid Managed Care plan.

On April 9, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace'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) Your Medicaid eligibility began February 1, 2015.
- 2) You testified that you are currently enrolled in a Third Party Health Insurance (TPHI) plan with CDPHP HMO through your father's employer.
- 3) You testified that your TPHI plan's network only includes doctors located in the Hudson region. You further testified that you currently reside in the [REDACTED] area and do not have any doctors available who are in-network.
- 4) You testified that you do not wish to cancel your TPHI plan because it offers reliable coverage, albeit in the Hudson region.
- 5) You testified that you cannot see any doctors in the [REDACTED] area without having a Medicaid Managed Care plan.

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

Applicable Law and Regulations

Medicaid Managed Care Plans

Generally, with regard to enrollment in a Medicaid managed care plan (MMC), Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in an MMC (18 NYCRR § 360-10.4(a)).

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)).

Legal Analysis

The only issue is whether the Marketplace properly determined that you are not eligible to enroll in a Medicaid managed care (MMC) plan.

On February 14, 2015, the Marketplace issued a notice of eligibility determination that stated you were eligible for Medicaid effective February 1, 2015. The notice further stated that you could not be enrolled in an MMC plan because you had comprehensive Third Party Health Insurance (TPHI) to assist in meeting your healthcare needs.

You testified that you are currently enrolled in a TPHI plan with CDPHP HMO through your father's employer. You further testified that you do not wish to discontinue your TPHI plan because you are satisfied with the coverage. However, you testified that this plan covers a network in the Hudson region and does not extend to your current residence in the [REDACTED] area.

Since you do have TPHI coverage, the Marketplace properly determined that you are not eligible to enroll in a Medicaid Managed Care plan because you have comprehensive insurance to assist in meeting your healthcare needs. Therefore, the Marketplace's February 14, 2015 eligibility determination is AFFIRMED.

Decision

The February 14, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: August 14, 2015

How this Decision Affects Your Eligibility

You remain eligible for Medicaid Fee-For-Service.

You remain ineligible to enroll in a Medicaid Managed Care plan while enrolled in a Third Party Health Insurance plan.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date of the Decision Date, which appears on the first page of this Decision.

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).

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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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:
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- By fax: 1-855-900-5557

Summary

The February 14, 2015 eligibility determination is **AFFIRMED**

You remain eligible for Medicaid Fee-For-Service.

You remain ineligible to enroll in a Medicaid Managed Care plan while enrolled in a Third Party Health Insurance plan.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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).

A Copy of this Decision Has Been Provided To:

