



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

## Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001903

[REDACTED]

Dear [REDACTED],

On April 17, 2015, your spouse appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 12, 2015 eligibility determination.

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 Code of Federal Regulation (CFR) 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 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001903

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## Issue

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

Did the Marketplace properly determine that you and your family were not eligible to enroll in a Medicaid Managed Care plan from January 1, 2015 to March 31, 2015?

## Procedural History

You and your family were enrolled in Medicaid fee-for-service effective January 1, 2014, and were enrolled in HealthPlus, an Amerigroup Company as your Medicaid managed care plan effective March 1, 2014.

On September 10, 2014, the Marketplace issued a notice of eligibility redetermination stating that you and your family were no longer eligible for Medicaid, but that your Medicaid coverage would continue until March 31, 2015.

On December 19, 2014, the Marketplace issued a notice of eligibility redetermination stating that you and your family were newly eligible to purchase a qualified health plan (QHP) at full cost through the Marketplace. The notice further stated that you and your family were not eligible for Medicaid because the income you provided of \$47,835.00 was over the allowable income for that program. You were also not eligible to receive advance premium tax credits to help pay for the cost of your insurance because you and your family are already enrolled in or were eligible for affordable employer-sponsored insurance. This eligibility was effective January 1, 2015.

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On December 30, 2014, the Marketplace issued a notice of eligibility redetermination stating that you and your spouse were newly eligible to receive an advance premium tax credit and cost-sharing reductions. The notice further stated that your children were newly eligible to enroll through Child Health Plus. This eligibility was effective February 1, 2015.

On February 11, 2015, the Marketplace issued a notice of eligibility redetermination stating that you and your family were eligible for Medicaid because your “original eligibility” had been “redetermined by an eligibility specialist at NY State of Health.” The notice further stated that you and your family do not need to choose a health plan at this time. This eligibility was effective January 1, 2015.

On February 28, 2015, you spoke with the Marketplace’s Account Review Unit and appealed that determination insofar as it did not reinstate your Medicaid managed care plan enrollment with HealthPlus, an Amerigroup Company from January 1, 2015 to March 31, 2015.

On April 17, 2015, your spouse appeared on your behalf and 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) You and your family’s eligibility for Medicaid began on January 1, 2014. You and your family’s enrollment with HealthPlus, an Amerigroup Company as your Medicaid Managed Care (MMC) plan began on March 1, 2014.
- 2) According to the notice of eligibility redetermination issued on September 10, 2014, you and your family’s eligibility for Medicaid would continue until March 31, 2015.
- 3) The Marketplace’s system reflects that you and your family’s Medicaid fee-for-service and MMC enrollment ended on December 31, 2014.
- 4) The Marketplace’s system reflects that you and your family’s eligibility was overridden on February 10, 2015. This eligibility override resulted in Medicaid fee-for-service eligibility for you and your family beginning January 1, 2015 and ending March 31, 2015.

- 5) According to the notice of eligibility redetermination issued on February 11, 2015, you and your family did not need to choose a health plan at this time.
- 6) You testified that you and your family are currently enrolled in a third party health insurance (TPHI) plan under Aetna. You further testified that you and your family have been covered under this TPHI plan as of November 2014.
- 7) You testified that you did not understand the difference between Medicaid fee-for-service and MMC plan coverage.
- 8) You testified that you were not informed that you and your family were no longer covered under your original MMC plan until February 2015. You further testified that you and your family made several visits to the doctor between January and February 2015 with the understanding that you were still covered by the MMC plan. You testified that you have not received clarification as to whether Medicaid fee-for-service will cover the costs of these visits, and would like to obtain the claims information for these visits.
- 9) Your spouse appeared on your behalf at the April 17, 2015 telephone hearing.

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); 13 OHIP/ADM-03, Section III, Subsection 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)).

## Legal Analysis

The only issue is whether you and your family were properly determined eligible for Medicaid fee-for-service without a Medicaid managed care (MMC) plan from January 1, 2015 to March 31, 2015.

On September 10, 2014, the Marketplace determined that you and your family were determined eligible for Medicaid fee-for-service until March 31, 2015.

You testified that you and your family were enrolled in a third party health insurance (TPHI) plan as of November 2014.

On December 31, 2014, you and your family's Medicaid Fee-For-Service and MMC plan enrollment with HealthFirst, an Amerigroup Company ended.

On February 11, 2015, the Marketplace determined that you and your family are eligible for Medicaid effective January 1, 2015, but do not need to pick a health plan.

Generally, Medicaid recipients must enroll in a MMC plan unless otherwise excluded. A Medicaid recipient who is enrolled in TPHI is required to enroll in a MMC only the payment of the TPHI premium would be cost effective.

You and your family were enrolled in TPHI during the months in which you were redetermined eligible for Medicaid, from January 1, 2015 to March 31, 2015. Since you and your family were enrolled in TPHI, and there is insufficient evidence that the payment of your TPHI premium would be cost effective, you and your family were not required to enroll in a MMC plan during those months.

Therefore, the February 12, 2015 notice of eligibility determination is AFFIRMED insofar as it properly determined that you and your family were Medicaid eligible but did not need to pick a health plan.

For MMC billing concerns, you can contact the NYS Department of Health Bureau of Managed Care Certification and Surveillance at 1-800-206-8125.

For other health care coverage questions, or to file a complaint against any insurance company, you can contact the Consumer Assistance Unit with the NYS Department of Financial Services at 1-212-480-6400.

## **Decision**

The Marketplace's February 12, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** August 21, 2015

## **How this Decision Affects Your Eligibility**

You and your family were enrolled in Medicaid Fee-For-Service from January 1, 2015 to March 31, 2015.

## **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.

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:

NY State of Health Appeals

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- By fax: 1-855-900-5557

## **Summary**

The Marketplace's February 12, 2015 eligibility determination is AFFIRMED.

You and your family were enrolled in Medicaid Fee-For-Service from January 1, 2015 to March 31, 2015.

## **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**

[REDACTED]

[REDACTED]