



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

Notice of Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003853

[REDACTED]

Dear [REDACTED],

On September 24, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 7, 2015 disenrollment 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 45 Code of Federal Regulations (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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Issue

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

Did the Marketplace properly determine that your spouse's enrollment in her Medicaid Managed Care plan should end, effective July 31, 2015?

Procedural History

On December 27, 2014 the Marketplace issued a notice stating that your spouse's coverage through Medicaid began December 1, 2014, and that her enrollment in her Medicaid Managed Care plan began February 1, 2015.

On June 7, 2015 the Marketplace issued a disenrollment notice stating that your spouse's coverage through her Medicaid Managed Care plan would end effective July 31, 2015 because she was no longer eligible to remain enrolled in her current health plan.

On July 9, 2015, you spoke to the Marketplace's Account Review Unit and appealed the disenrollment notice insofar as it terminated your spouse's coverage through her Medicaid Managed Care plan.

On September 24, 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 spouse was disenrolled from her Medicaid Managed Care plan effective July 31, 2015.
- 2) You testified that as of May 1, 2015 your spouse was eligible for and enrolled in Medicare Parts A and D but declined to enroll in Part B because she had coverage under her Medicaid Managed Care plan.
- 3) You testified that you realized it was a mistake for your spouse to decline Medicare Part B because her Medicaid Managed Care plan through the Marketplace would not continue because she was Medicare eligible.
- 4) You testified that your spouse was later permitted to enroll into Medicare Part B but that her Part B coverage would not be effective until October 1, 2015.
- 5) You testified that your spouse is seeking coverage through her Medicaid Managed Care plan for the months of August and September 2015.

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, Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in an Medicaid Managed Care plan (18 NYCRR § 360-10.4(a)).

An individual dually eligible for Medicaid and benefits under the federal Medicare program may be required to enroll into a Medicaid Managed Care plan (NY Soc. Serv. Law § 364-j(3)(e)(i)).

The Medicaid Managed Care program excludes from enrollment consumers who receive Medicare benefits. Once Medicare coverage is gained the recipient must be disenrolled from their Medicaid Managed Care plan as soon as possible (GIS 11 MA/025).

Legal Analysis

The issue is whether the Marketplace properly determined that your spouse's enrollment in her Medicaid Managed Care plan ended effective July 31, 2015.

On June 7, 2015 the Marketplace issued a disenrollment notice stating that your spouse's coverage through her Medicaid Managed Care plan would end effective July 31, 2015. You testified that your spouse is seeking her Medicaid Managed Care plan to be effective for August and September 2015.

A person who is Medicaid eligible generally must enroll in a Medicaid Managed Care plan. However, the Medicaid Managed Care program excludes from enrollment consumers who receive Medicare benefits. Once Medicare coverage is gained the recipient must be disenrolled from their Medicaid Managed Care plan as soon as possible

You testified that as of May 1, 2015 your spouse was eligible for and enrolled in Medicare Parts A and D but declined Part B coverage because she had coverage under her Medicaid Managed Care plan. You testified that your spouse was later permitted to enroll into Medicare Part B but that her Part B coverage would not be effective until October 1, 2015.

Since since your spouse was eligible for Medicare benefits as of May 1, 2015 the Marketplace properly disenrolled her from her Medicaid Managed Care plan effective July 31, 2015.

Therefore, the June 7, 2015 disenrollment notice is AFFIRMED.

Decision

The June 7, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: November 25, 2015

How this Decision Affects Your Eligibility

This decision does not change your spouse's eligibility.

Your spouse was disenrolled from her Medicaid Managed Care plan effective July 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 7, 2015 disenrollment notice is AFFIRMED.

This decision does not change your spouse's eligibility.

Your spouse was disenrolled from her Medicaid Managed Care plan effective July 31, 2015.

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Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

