



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

Notice of Decision

Decision Date: December 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004752

[REDACTED]

Dear [REDACTED],

On December 14, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's disenrollment of your child from her Medicaid Managed Care plan, effective July 31, 2015.

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 Date: December 21, 2015

NY State of Health Number: [REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly determine that your child was disenrolled from her Medicaid Managed Care plan, effective July 31, 2015?

Procedural History

On April 25, 2015, the Marketplace issued a notice of eligibility determination that you and your then 11 year-old child remained eligible for Medicaid, effective April 1, 2015, and needed to pick a plan.

On April 30, 2015, the Marketplace issued a notice of eligibility redetermination that you and your child were no longer eligible for Medicaid, but your Medicaid coverage would continue until March 31, 2016. The notice also instructed you to submit documentation before May 14, 2015 to confirm your household income.

On April 30, 2015, the Marketplace issued an enrollment notice confirming that you had selected Health Insurance Plan of Greater New York, an Emblem Health Medicaid Managed Care plan. The notice further stated that you and your child's insurance coverage through Medicaid would begin April 1, 2015 and enrollment with Health Insurance Plan of Greater New York would begin June 1, 2015.

On July 16, 2015, the Marketplace issued a notice of eligibility redetermination that stated, based on your updated Marketplace application, your child was no longer eligible for Medicaid but her Medicaid coverage would continue until March 31, 2016, with July 1, 2015 as the effective date of her eligibility. The notice stated this was

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because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible. The notice also stated that your child may “continue to access her benefits through fee-for-service Medicaid” and information about her benefits could be found in the Additional Information for Medicaid section of the notice under Additional information regarding Fee-For-Service Medicaid.

That same day, the Marketplace issued a disenrollment notice that stated your and your child’s coverage through the MMC plan you had coverage under would end effective July 31, 2015, because neither of you were eligible to remain enrolled in your current MMC plan.

On July 22, 2015 and August 21, 2015, the Marketplace issued notices of eligibility redetermination regarding your child with the same findings as the July 16, 2015 notice of eligibility redetermination, but with an effective date of August 1, 2015.

On September 22, 2015, you spoke to the Marketplace’s Account Review Unit and appealed your child’s disenrollment from her MMC plan as of July 31, 2015.

On September 25, 2015, the Marketplace issued a notice of eligibility redetermination regarding your child with the same findings and the previous notices, dated July 16, 2015, July 22, 2015, and August 21, 2015, but with an effective date of September 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming your child’s enrollment in Health Insurance Plan of Greater New York, an Emblem Health MMC plan, effective November 1, 2015.

On December 14, 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

- 1) You and your child were found eligible for Medicaid effective April 1, 2015 based on the information contained in your Marketplace application as of April 29, 2015.
- 2) According to your Marketplace account, on April 29, 2015, you selected an MMC plan through Emblem Health for you and your child, with coverage to begin on June 1, 2015. Your selection and enrollment start date was confirmed in the April 30, 2015 enrollment notice issued by the Marketplace.
- 3) According to your updated Marketplace application of July 15, 2015, you reported getting a new job with an expected yearly income of \$84,871.55.

- 4) On August 28, 2015, a six page fax, dated August 26, 2015, was uploaded to your Marketplace account, which included an August 20, 2015 letter from Aetna verifying that you and your child's medical and prescription insurance coverage through your employer began February 1, 2014 and terminated on June 1, 2015 [REDACTED]
- 5) According to the November 9, 2015 Appeal Summary, which is part of the Evidence Packet prepared by the Marketplace, it stated on September 22, 2015 that you and your broker were appealing the denial of your request to have your child's MMC plan backdated to August 1, 2015. That Appeal Summary also indicated that on July 15, 2015, the "system picked up Third party Health Insurance and terminated child's Medicaid Managed Care coverage effective 07/31/2015" ([REDACTED]).
- 6) You testified that you incurred medical bills of around \$790.00 for your child's sick visits in August 2015, her pediatrician does not accept Medicaid Fee-For-Service, and you want her MMC coverage reinstated to cover the cost of those bills.

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 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)).

Medicaid Managed Care (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, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

The only issue is whether, on July 16, 2015, the Marketplace properly disenrolled your child from her Medicaid Managed Care plan (MMC) with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, effective July 31, 2015.

Your child had Third Party Health Insurance coverage through Aetna beginning on February 1, 2014 and ending on June 1, 2015 (Appellant's Exhibit A).

According to the record, on July 15, 2015, when you updated your employment and income information, the Marketplace system picked up Third Party Health Insurance for your child and disenrolled her from her MMC plan, effective July 31, 2015. Your child's disenrollment was confirmed in the July 16, 2015 disenrollment notice.

However, based on the verification of eligibility letter from Aetna, dated August 20, 2015, your child was not covered under Third Party Health Insurance at the time when her MMC plan with Emblem Health became effective on June 1, 2015. Nor did she have Third Party Health Insurance on July 15, 2015 when the Marketplace determined she was no longer eligible to be enrolled in her MMC plan or on July 16, 2015, when the Marketplace issued a disenrollment notice that stated she was not eligible to remain enrolled in her current MMC plan.

Since your child did not have Third Party Health Insurance coverage as of June 1, 2015, the July 16, 2015 disenrollment notice is **RESCINDED** insofar as it improperly determined that she was not eligible to remain enrolled in her current MMC plan and improperly relied upon the Marketplace's determination that she had Third Party Health Insurance coverage.

Therefore, this case is **REMANDED** to the Marketplace to reinstate her MMC enrollment with Emblem Health effective August 1, 2015.

Decision

The July 16, 2015 disenrollment notice is **RESCINDED**.

The case is **REMANDED** to the Marketplace to reinstate your child's MMC enrollment with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, effective August 1, 2015.

Effective Date of this Decision: December 21, 2015

How this Decision Affects Your Eligibility

Your child's MMC enrollment with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, began on June 1, 2015 and the Marketplace is directed to reinstate that coverage as of August 1, 2015. Her MMC coverage will then continue for the remainder of her Medicaid eligibility year.

Once the Marketplace has confirmed with you that your child's MMC enrollment with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, has been reinstated effective August 1, 2015 and continuing, you can submit the August 2015 medical bills to the health insurance carrier to be processed.

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:

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The July 16, 2015 disenrollment notice is RESCINDED.

The case is REMANDED to the Marketplace to reinstate your child's MMC enrollment with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, effective August 1, 2015.

Your child's MMC enrollment with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, began on June 1, 2015 and the Marketplace is directed to reinstate that coverage as of August 1, 2015. Her MMC coverage will then continue for the remainder of her Medicaid eligibility year.

Once the Marketplace has confirmed with you that your child's MMC enrollment with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, has been reinstated effective August 1, 2015 and continuing, you can submit the August 2015 medical bills to the health insurance carrier to be processed.

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:

