



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

Notice of Decision

Decision Date: January 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010416

[REDACTED]

[REDACTED]

On January 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 5, 2016 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 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: January 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010416



Issue

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

Did NY State of Health (NYSOH) properly determine that your enrollment in a Medicaid Managed Care plan was cancelled effective April 30, 2016?

Procedural History

On October 25, 2015, NYSOH issued a renewal notice stating that you were eligible for Medicaid, effective January 1, 2016, however the type of Medicaid coverage for which you were eligible did not require you to enroll in a health plan.

On January 8, 2016, NYSOH redetermined your eligibility for financial assistance with health insurance.

On January 9, 2016, NYSOH issued a notice of eligibility redetermination notice stating that you were eligible for Medicaid, effective January 1, 2016, and directing you to pick a health plan.

On January 13, 2016, NYSOH issued an enrollment notice confirming your plan selection on January 12, 2016, stating that your enrollment in your Medicaid Managed Care plan would start on February 1, 2016.

On April 4, 2016, NYSOH redetermined your eligibility for financial assistance with health insurance.

On April 5, 2016, NYSOH issued a notice of eligibility redetermination notice stating that you were eligible for Medicaid, effective May 1, 2016.

Also on April 5, 2016, NYSOH issued a disenrollment notice advising that your coverage in your Medicaid Managed Care plan would end, effective April 30, 2016, as you were no longer eligible to remain enrolled in your current health insurance.

Finally on April 5, 2016, NYSOH issued an enrollment confirmation notice which indicated that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On May 27, 2016, a letter from your former employer regarding the end date of your employer sponsored health insurance was uploaded to your NYSOH account.

On June 1, 2016, NYSOH redetermined your eligibility for financial assistance with health insurance.

On June 2, 2016, NYSOH issued a notice of eligibility redetermination notice stating that you were eligible for Medicaid, effective June 1, 2016, and directing you to pick a health plan.

On June 4, 2016, NYSOH issued an enrollment notice confirming your plan selection on June 2, 2016, stating that your enrollment in your Medicaid Managed Care plan would start on July 1, 2016.

On June 21, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your Medicaid Managed Care plan, insofar as it did not start on May 1, 2016, and this resulted in a gap in your Medicaid Managed Care plan coverage.

On January 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH'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) The record reflects that you were determined eligible for Medicaid, effective January 1, 2016.
- 2) The record indicates that on December 31, 2015, a complaint ([REDACTED]) was filed stating that your account was showing active Third

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Party Health Insurance through eMedNY. This complaint was resolved on January 4, 2016 with an indication that you did not have active Third Party Health Insurance, and you were permitted to enroll into a Medicaid Managed Care plan.

- 3) The record reflects that you were able to enroll in a Medicaid Managed Care plan on January 12, 2016, which plan began on February 1, 2016.
- 4) On April 5, 2016, a disenrollment notice was issued terminating your coverage in your Medicaid Managed Care plan, effective April 30, 2016.
- 5) You testified that you last had health insurance coverage outside of NYSOH October 1, 2014, through your former employer.
- 6) On May 27, 2016, a letter dated May 10, 2016 from your former employer indicates that you had not been enrolled in medical, dental, or vision insurance through your former employer since October 1, 2014.
- 7) You testified that you found out in the first half of May 2016 that your Medicaid Managed Care plan had been terminated and that your former employer sponsored health insurance was showing as active. You further testified that your pharmacist advised you of this when you went to fill a prescription.
- 8) You testified that following finding out that your former employer sponsored health insurance was showing as active, you contacted your former employer to obtain a letter to demonstrate that your employer sponsored health insurance had terminated.
- 9) You testified that you received no written notice from NYSOH advising that your enrollment in your Medicaid Managed Care plan was terminated because your employer sponsored health insurance was showing as active in the system.
- 10) You testified that you received no written requests from NYSOH for documentation that your employer sponsored health insurance was terminated. You further testified that you only received verbal requests from NYSOH representatives for documentation that your employer sponsored health insurance had ended.
- 11) The record indicates that on May 31, 2016, a complaint ([REDACTED]) was filed stating that your account was showing active Third Party Health Insurance through eMedNY. This complaint was resolved on June 1, 2016 with an indication that you did not have active Third Party Health Insurance, and you were permitted to reenroll into a Medicaid Managed Care plan.

12) You testified, and the record reflects, that on June 2, 2016, you reenrolled in 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

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)).

Notice of Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial (42 CFR § 435.913). NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid (42 CFR § 435.919(a)).

Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as "continuous coverage," and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility

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determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

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 (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The issue presented for review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was terminated effective April 30, 2016.

In the January 9, 2016 notice of eligibility determination, you were found eligible for Medicaid effective January 1, 2016. On January 12, 2016, you enrolled in a Medicaid Managed Care plan effective February 1, 2016, as is documented by the January 13, 2016 notice of enrollment confirmation.

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.

When a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a Medicaid Managed Care plan.

On April 5, 2016, NYSOH issued a disenrollment notice advising that your coverage in your Medicaid Managed Care plan would end April 30, 2016. The notice indicates this is because you were no longer eligible to enroll in your current health insurance. No further explanation is provided.

NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial. Further, NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid.

The first time that there is any indication in the record that NYSOH noted that there was Third Party Health Insurance on your account is in the December 31, 2015 complaint (██████████) stating that your account was showing active Third Party Health Insurance.

At that time, you provided information to NYSOH that this was in error, and you did not, in fact, have active Third Party Health Insurance. The issue was

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resolved at that time and you were permitted to enroll in a Medicaid Managed Care plan.

Thereafter, the next indication in the record that NYSOH noted that there was Third Party Health Insurance on your account was the May 31, 2016 complaint ([REDACTED]) stating that your account was showing active Third Party Health Insurance.

The information relied upon by NYSOH in making the determination to cancel your coverage under your Medicaid Managed Care plan was erroneous. You credibly testified that as of October 1, 2014, you no longer had Third Party Health Insurance because your employer sponsored health insurance was terminated. You also submitted documentation from your former employer confirming that your employer sponsored health insurance terminated on October 1, 2014. Additionally, you had already informed NYSOH that your employer sponsored health insurance had terminated in the December 31, 2015 complaint ([REDACTED]). Therefore, NYSOH improperly cancelled your coverage in a Medicaid Managed Care plan.

Additionally, NYSOH did not provide you with proper and adequate notice that you were ineligible to enroll into a Medicaid Managed Care plan because there was active Third Party Health Insurance on your account.

Accordingly, the April 5, 2016 disenrollment notice terminating your coverage with your Medicaid Managed Care plan effective April 30, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure you are enrolled in your Medicaid Managed Care plan effective May 1, 2016.

Decision

The March 23, 2016, disenrollment notice terminating your coverage in your Medicaid Managed Care plan effective April 30, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure you are enrolled in your Medicaid Managed Care plan effective May 1, 2016.

Effective Date of this Decision: January 11, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan as of May 1, 2016.

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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 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 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 March 23, 2016, disenrollment notice terminating your coverage in your Medicaid Managed Care plan effective April 30, 2016 is **RESCINDED**.

Your case is **RETURNED** to NYSOH to ensure you are enrolled in your Medicaid Managed Care plan effective May 1, 2016.

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Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan as of May 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

