



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

Notice of Decision

Decision Date: November 08, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP0000000011432

[REDACTED]

Dear [REDACTED],

On September 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 11, 2016 disenrollment notice, June 11, 2016 eligibility determination notice and August 13, 2016 notice of enrollment.

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.

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

Decision

Decision Date: October 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP0000000011432



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 you were no longer eligible to remain enrolled in your Medicaid Managed Care plan as of June 30, 2016, and were disenrolled as of that date?

Did NYSOH properly determine that you were eligible for Medicaid effective July 1, 2016, and had coverage under Medicaid Fee-For-Service as of that date?

Did NYSOH properly determine that you were next enrolled in a Medicaid Managed Care plan, effective September 1, 2016?

Procedural History

On April 15, 2016, NYSOH issued an eligibility determination notice based on your April 14, 2016 application, stating that you remained eligible for Medicaid, effective May 1, 2016.

Also on April 15, 2016, NYSOH issued a notice of enrollment confirming your Medicaid Managed Care (MMC) plan selection as of April 14, 2016. The notice stated that you were enrolled in this MMC plan beginning July 1, 2015.

On June 10, 2016, NYSOH redetermined your eligibility based on the information contained in the revised application submitted on April 14, 2016.

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On June 11, 2016, NYSOH issued an eligibility determination notice based on the information contained in your June 10, 2016 application. The notice stated that you remained eligible for Medicaid, effective July 1, 2016.

On June 11, 2016, NYSOH issued a disenrollment notice confirming that your MMC plan coverage would end effective June 30, 2016. This was because you were no longer eligible to remain enrolled in your current health plan.

On August 2, 2016, NYSOH received a letter issued by [REDACTED], dated July 13, 2016, confirming that your health insurance coverage under [REDACTED] would be terminated as of July 8, 2016.

On August 12, 2016, NYSOH received a revised application for health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you were eligible for Medicaid, effective August 1, 2016.

Also on August 12, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it began September 1, 2016, and not August 1, 2016.

On August 13, 2016, NYSOH issued an eligibility determination notice based on the information contained in your August 12, 2016 application. The notice stated that you remained eligible for Medicaid, effective August 1, 2016. The notice also advised you to select a health plan.

Also on August 13, 2016, NYSOH issued a notice of enrollment confirming your selection of an MMC plan as of August 12, 2016. The notice stated that coverage under this MMC plan would begin effective September 1, 2016.

On September 9, 2016 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 support the following findings of fact:

- 1) You submitted an application on April 14, 2016, in which you stated that you could obtain health insurance coverage through your job.
- 2) You were found eligible for Medicaid and enrolled in an MMC plan, with coverage beginning on May 1, 2016.

- 3) You were disenrolled from your MMC plan effective June 30, 2016.
- 4) You testified that you contacted NYSOH and were told you needed to provide proof that you did not have active third party health insurance.
- 5) You testified that you provided NYSOH with a letter issued by [REDACTED], dated July 13, 2016, stating that your health insurance coverage through that entity would terminate effective July 8, 2016 (see Document [REDACTED]). You were listed as a covered dependent under that insurance plan that was issued to the father of your children, [REDACTED].
- 6) You testified that you were not aware that you were a covered dependent under [REDACTED].
- 7) NYSOH received a revised application for health insurance on August 12, 2016.
- 8) You testified, and the record reflects, that you selected your MMC plan on August 12, 2016, and that your enrollment was effective on September 1, 2016.
- 9) You testified that you want your MMC plan to begin on August 1, 2016 because you believe you incurred out-of-pocket medical expenses associated with provider appointments during the month of August 2016.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); NY Social Services Law § 366(1)(b)).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even

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if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-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 determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(e)).

Medicaid Eligibility: Third Party Health Insurance:

As a condition of eligibility, the agency must require legally able applicants and beneficiaries to assign rights to the Medicaid agency to medical support and to payment for medical care from any third party. The applicant or beneficiary must cooperate in identifying and providing information to assist the Medicaid agency in pursuing third parties who may be liable to pay for care and services under the plan, unless the individual establishes good cause for not cooperating (42 CFR § 435.610(a)(3)).

Medicaid Managed Care (MMC)

The United States Department of Health and Human Services has granted the State of New York a waiver pursuant to Section 1115 of the Social Security Act to permit the operation of a demonstration waiver program for Managed Care Programs in which certain eligible Medicaid recipients are subject to mandatory enrollment (see, e.g., https://www.health.ny.gov/health_care/medicaid/redesign/2016/2016-10-13_temp_ext_amend_cms_approval.htm .)

A “Managed Care Program” is a program in a social services district in which Medicaid recipients enroll on a voluntary or mandatory basis to receive Medicaid Services, including from a managed care provider (NY Social Services Law § 364-j(1)(c)).

The Partnership Plan Medicaid Section 1115 Demonstration, awarded to the New York State Department of Health by Centers for Medicare and Medicaid Services (CMS), contains Special Terms and Conditions, setting forth the state’s obligations to CMS during the term of the demonstration.

The Partnership Plan provides that certain individuals cannot receive benefits through an MMC. Table 6 sets forth the individuals excluded from MMC, including individuals with access to comprehensive private health insurance if cost-effective.

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Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible to remain enrolled in your MMC plan as of June 30, 2016.

Your eligibility for Medicaid and enrollment in an MMC plan as of May 1, 2016 are not in dispute. However, NYSOH's system detected from a data source that you had third party health insurance (TPHI), which triggered your disenrollment from your MMC plan and enrollment in Medicaid Fee-For-Services as of July 1, 2016.

The record reflects in your case that you were enrolled in a TPHI plan when you were originally allowed to select and enroll in an MMC plan as of May 1, 2016. The record further reflects that you submitted documentation that demonstrated that you were enrolled in a TPHI plan through your children's father, [REDACTED], which did not end until July 8, 2016.

The credible evidence of record confirms that your TPHI did not terminate until July 8, 2016; therefore, your enrollment was properly terminated under the rules listed above.

Therefore, the June 11, 2016 disenrollment notice issued by NYSOH was correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were eligible for Medicaid effective July 1, 2016, and had coverage under Medicaid Fee-For-Service as of that date.

Once your disenrollment from your MMC was completed, effective June 30, 2016, you were reenrolled in Medicaid Fee-For-Service coverage, effective July 1, 2016.

The record reflects that as of June 10, 2016, you were found eligible for Medicaid Fee-For-Service coverage only, and were not permitted to enroll in an MMC at that time due to your enrollment in THPI. Since you were properly enrolled in Medicaid Fee-For-Service effective July 1, 2016, the June 11, 2016 eligibility determination notice was correct and is AFFIRMED.

The final issue under review is whether NYSOH properly determined that your reenrollment in the MMC plan was effective as of September 1, 2016, rather than August 1, 2016.

You testified that you contacted NYSOH on August 12, 2016 and reenrolled into your MMC plan.

The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

On August 12, 2016, you selected a MMC plan, so it properly took effect on the first day of the month following August 2016; that is, on September 1, 2016.

Therefore, the August 13, 2016 notice of enrollment stating that your enrollment in your MMC plan would be effective September 1, 2016, was correct and must be AFFIRMED.

Decision

The June 11, 2016 disenrollment notice is AFFIRMED.

The June 11, 2016 eligibility determination notice is AFFIRMED.

The August 13, 2016 notice of enrollment is AFFIRMED.

Effective Date of this Decision: October 20, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were disenrolled from your MMC plan effective June 30, 2016.

You were eligible for Medicaid Fee-For-Service between July 1, 2016 and August 31, 2016.

The effective date of your reenrollment in your MMC plan is September 1, 2016.

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.

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).

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
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- By fax: 1-855-900-5557

Summary

The June 11, 2016 disenrollment notice is AFFIRMED.

The June 11, 2016 eligibility determination notice is AFFIRMED.

The August 13, 2016 notice of enrollment is AFFIRMED.

This decision does not change your eligibility.

You were disenrolled from your MMC plan effective June 30, 2016.

You were eligible for Medicaid Fee-For-Service between July 1, 2016 and August 31, 2016.

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The effective date of your reenrollment in your MMC plan is September 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:

