



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

## Notice of Decision

Decision Date: February 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012903



Dear [REDACTED]

On January 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 25, 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: February 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012903



## Issue

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

Did NY State of Health (NYSOH) properly disenroll you from your Medicaid Managed Care (MMC) plan effective July 31, 2016?

## Procedural History

On December 11, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective December 1, 2015.

On December 19, 2015, NYSOH issued an enrollment notice confirming that as of December 18, 2015, you were enrolled in a MMC plan with an enrollment start date of January 1, 2016.

On June 24, 2016, NYSOH redetermined your eligibility for financial assistance through NYSOH.

On June 25, 2016, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid.

Also on June 25, 2016, NYSOH issued a disenrollment notice stating that your coverage in your MMC plan would end July 31, 2016. The notice stated, in relevant part, that you were not eligible to enroll in a MMC plan because you have other health insurance or Medicare.

On August 1, 2016, you faxed a letter from Cigna HealthCare to NYSOH ([REDACTED]).

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On September 25, 2016, NYSOH issued an enrollment notice confirming that as of September 24, 2016, you were enrolled in a MMC plan with an enrollment start date of November 1, 2016.

On October 28, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the disenrollment of your MMC plan.

On January 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was closed at the end of the proceeding.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, you were determined eligible for Medicaid effective December 1, 2015.
- 2) According to your NYSOH account, you enrolled in the MMC plan, Independent Health Association Inc., on December 18, 2015 with an enrollment start date of January 1, 2016.
- 3) You testified and your account reflects, that on July 31, 2016, you were disenrolled from your MMC plan because it was determined that you were enrolled in other third-party health insurance.
- 4) You testified that you did not have any third-party health insurance in 2016.
- 5) On August 1, 2016, you uploaded a letter from Cigna HealthCare that you were enrolled in a health plan from November 1, 2003 through October 31, 2004 (██████████).
- 6) Your NYSOH account reflects that the Third Party Health Insurance was removed from the system on September 22, 2016.
- 7) You testified that you were without a MMC plan from August 1, 2016 through October 31, 2016, and incurred out-of-pocket medical expenses because you were not enrolled in a MMC plan.
- 8) The record indicates that you were reenrolled into a MMC plan on September 24, 2016, with an enrollment start date of November 1, 2016.

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

## **Applicable Law and Regulations**

### Enrollment in 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.

A “Managed Care Program” is a statewide program in which Medicaid recipients enroll on a voluntary or mandatory basis to receive Medicaid Services, including from a managed care provider (N.Y. Soc. Serv. Law § 364-j(1)(c)).

### Third-Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider which may be maintained by payment, or part payment, and such payment would be cost-effective may not enroll in a MMC plan (NY SSL § 364-j(3)(e)(xx)).

### MMC Start Date

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 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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly disenrolled you from your MMC effective July 31, 2016.

In the December 11, 2015 eligibility determination notice, you were found eligible for Medicaid, effective December 1, 2015. On December 18, 2015, you selected a MMC plan, with an enrollment start date of January 1, 2016.

Generally, when an individual is eligible for Medicaid through NYSOH, they are required to enroll in a MMC plan. However, when a person has active comprehensive third-party health coverage in a health insurance plan outside of NYSOH and it is determined to be cost-effective, they are not eligible to enroll in a MMC plan.

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On June 24, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance. On June 25, 2016, NYSOH issued a disenrollment notice advising that your coverage in your MMC plan would be terminated as of July 31, 2016 because you had other health insurance or Medicare.

However, you credibly testified that you were not enrolled in health insurance outside of NYSOH in 2016 and submitted documentation from Cigna HealthCare confirming that you were enrolled from November 1, 2003 through October 31, 2004.

The credible record supports that you were not enrolled in third-party health insurance in 2016. Therefore, you were incorrectly disenrolled you from your MMC plan.

Accordingly, the June 25, 2016 disenrollment notice terminating your MMC plan effective July 31, 2016 is RESCINDED.

The record reflects that you were re-enrolled in a MMC plan with an enrollment start date of November 1, 2016. Therefore, your case is RETURNED to NYSOH to reinstate your MMC plan from August 1, 2016 through October 31, 2016.

## **Decision**

The June 25, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan effective August 1, 2016 through October 31, 2016.

**Effective Date of this Decision:** February 27, 2017

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

NYSOH improperly disenrolled you from your MMC plan.

Your case is being sent back to reinstate your MMC plan from August 1, 2016 through October 31, 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  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The June 25, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan effective August 1, 2016 through October 31, 2016.

NYSOH improperly disenrolled you from your MMC plan.

Your case is being sent back to reinstate your Medicaid Managed Care plan from August 1, 2016 through October 31, 2016.

### **Legal Authority**

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

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



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