



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

Notice of Decision

Decision Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013183



Dear [REDACTED],

On February 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 10, 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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NY State of Health Account ID: [REDACTED]
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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 November 30, 2016?

Procedural History

On March 10, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective as of March 1, 2016.

Also on March 10, 2016, NYSOH issued an enrollment notice confirming that as of March 9, 2016, the type of Medicaid coverage you were eligible for does not require/allow you to enroll in a health plan.

On August 3, 2016, additional third-party health insurance documentation was uploaded to your NYSOH account (see Document [REDACTED]).

On August 10, 2016, your NYSOH account was updated.

On August 13, 2016, NYSOH issued an enrollment notice confirming that you and your child were enrolled in an MMC plan with an enrollment start date of September 1, 2016.

On November 9, 2016, your NYSOH account was updated.

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Also on November 9, 2016, an appeal was requested on your behalf relative to the disenrollment of your MMC plan effective November 30, 2016.

On November 10, 2016, NYSOH issued three notices:

- (1) An eligibility determination notice stating, in relevant part, that you were eligible for Medicaid. Further, you have other (full benefit) health insurance or Medicare and cannot enroll in a MMC plan;
- (2) An enrollment notice confirming, in relevant part, that the type of Medicaid coverage you were eligible for did not require/allow you to enroll in a health plan;
- (3) A disenrollment notice stating that your coverage with your MMC plan would end effective November 30, 2016.

On February 15, 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 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 March 1, 2016.
- 2) A letter, dated July 26, 2016, from Aetna was sent to NYSOH. The letter stated that you had coverage "for New York Disability on 7/26/2015 until it terminated on 2/20/2016" through your employer [REDACTED] (see Document [REDACTED]).
- 3) According to your NYSOH account, you were enrolled in a MMC plan through Fidelis Care, with an enrollment start date of September 1, 2016.
- 4) Your NYSOH account was updated on November 9, 2016 to reflect that you were enrolled in HORIZON HLTHCARE of NJ INC-NJ (Policy No. [REDACTED]) with a coverage start date of January 1, 2016.
- 5) You testified that you are currently enrolled in private health insurance, through your father's employer, and have been enrolled in the same plan since you were two or three years old.
- 6) You testified that your private health insurance paid approximately \$7,000.00 for the delivery of your child in August 2016.

- 7) You testified that you are seeking to have Medicaid pay the remaining \$500.00 to \$600.00 in medical expenses from your child's delivery.

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 plan effective November 30, 2016.

In the March 10, 2016 notices, you were found eligible for Medicaid; however, the type of Medicaid coverage you were eligible for did not allow you to enroll in a health plan.

A letter, dated July 26, 2016, from Aetna was sent to NYSOH. The letter stated that you were had coverage for New York Disability on 7/26/2015 until it termed on 2/20/2016. Based on that documentation, you were able to select a MMC plan on August 12, 2016 with an enrollment start date of September 1, 2016.

Generally, when an individual is eligible for Medicaid through NYSOH, they are required to enroll in an 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 an MMC plan.

On November 9, 2016, your NYSOH account was updated to reflect that you were enrolled in private health insurance through your father's employer since January 1, 2016. Based on that update, you were disenrolled from your MMC plan effective November 30, 2016.

You testified that you are currently enrolled in private health insurance through your father's employer and have been enrolled in the same plan since you were two or three years old. The credible record supports that you are currently enrolled in third-party health insurance. Therefore, NYSOH correctly disenrolled you from your MMC plan, effective November 30, 2016.

Therefore, the November 10, 2016 disenrollment notice is AFFIRMED.

During the hearing, you testified that your private health insurance paid approximately \$7,000.00 for the delivery of your child in August 2016. However, you are seeking to have Medicaid pay for the remaining \$500.00 to \$600.00 in medical expenses that remain from your child's delivery.

Therefore, your case is RETURNED to NYSDOH's Stakeholder Relations and Exchange Support to investigate whether the Medicaid program properly covered the medical expenses that were incurred in August 2016.

Decision

The November 10, 2016, disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSDOH's Stakeholder Relations and Exchange Support to investigate whether the Medicaid program properly covered the medical expenses that were incurred in August 2016.

Effective Date of this Decision: March 10, 2017

How this Decision Affects Your Eligibility

NYSOH properly disenrolled you from your MMC plan effective November 30, 2016.

Your case has been referred to NYSDOH's Stakeholder Relations and Exchange Support to investigate whether the Medicaid program properly covered the medical expenses that were incurred in August 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.

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:

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- By fax: 1-855-900-5557

Summary

The November 10, 2016, disenrollment notice is AFFIRMED.

NYSOH properly disenrolled you from your MMC plan effective November 30, 2016.

Your case has been referred to NYSDOH's Stakeholder Relations and Exchange Support to investigate whether the Medicaid program properly covered the medical expenses that were incurred in August 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

