



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

Notice of Decision

Decision Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016324

[REDACTED]

Dear [REDACTED]

On June 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2017 plan enrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016324



Issue

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

Did NY State of Health properly determine that your youngest child's enrollment in a Medicaid Managed Care plan terminated effective July 1, 2016, and then terminated again on March 1, 2017?

Procedural History

On August 13, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that your youngest child (child) was eligible for Medicaid, effective July 1, 2016.

Also on August 13, 2016, NYSOH issued a plan enrollment notice confirming in relevant part your child's enrollment in a Medicaid Managed Care (MMC) plan, with a plan enrollment start date of July 1, 2016.

On November 15, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On November 16, 2016, NYSOH issued an eligibility determination notice stating in part that your child would remain eligible for Medicaid, effective July 1, 2016, and that your child's current coverage would continue until July 31, 2017.

Also, on November 16, 2016, NYSOH issued a plan enrollment notice stating that the type of Medicaid coverage your child was eligible for did not require or allow you to enroll him in a health plan.

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On November 22, 2016, NYSOH issued a disenrollment notice stating your child's coverage in his MMC plan would ended effective July 1, 2016. The notice stated the system was showing that your child had other full benefit health insurance or Medicare and, therefore, could not be enrolled in a MMC plan.

On February 2, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On February 3, 2017, NYSOH issued an eligibility determination notice stating in part that your child was eligible for Medicaid, effective July 1, 2016. The notice also stated that you needed to pick a health plan for your child.

On February 4, 2017, NYSOH issued a plan enrollment notice stating in part that your child was enrolled in a MMC plan with a plan enrollment start date of March 1, 2017.

On February 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his MMC plan insofar as his enrollment did not begin July 1, 2016.

On April 1, 2017 and May 10, 2017, NYSOH issued eligibility redetermination notices stating in part, that your child remained eligible for Medicaid, effective July 1, 2016.

Also on April 1, 2017, NYSOH issued a disenrollment notice stating your child's coverage in his MMC plan ended effective March 1, 2017. The notice stated the system was showing that your child had other full benefit health insurance or Medicare and, therefore, could not be enrolled in an MMC plan.

Also on April 1, 2017 and again on May 10, 2017, NYSOH issued plan enrollment notices stating that the type of Medicaid coverage your child was eligible for did not require or allow you to enroll him in a health plan.

On April 26, 2017, you uploaded a letter from [REDACTED] stating that you child never had a policy or policy affiliations with the plan.

On May 12, 2017, NYSOH issued an eligibility determination notice based on a system update of May 11, 2017, stating in part that your child remained eligible for Medicaid, effective July 1, 2016, and that you needed to pick a plan for [REDACTED].

On May 13, 2017, NYSOH issued a plan enrollment notice confirming in part your child's May 12, 2017 enrollment in an MMC plan, with a plan enrollment start date of June 1, 2017.

On June 16, 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) According to your NYSOH account and your testimony, on August 12, 2016, your child, who was under the age of one at all relevant times, was determined eligible for Medicaid and enrolled in a MMC plan with a plan enrollment start date of July 1, 2016.
- 2) According to your NYSOH account and your testimony, on November 15, 2016, your child was disenrolled from his MMC plan because the system determined that he had active third-party health insurance.
- 3) You testified that your child has never had access to or been enrolled in a third-party health insurance plan.
- 4) According to your NYSOH account, on January 31, 2017, you contacted NYSOH and a complaint was filed on your behalf regarding your child's disenrollment from his MMC plan.
- 5) According to your NYSOH account, on February 1, 2017, the third-party health insurance showing for your child was removed from eMedNY, NYSOH's insurance reporting system, and you were allowed to re-enroll him into his MMC plan with a plan enrollment start date of March 1, 2017.
- 6) According to your NYSOH account, as a result of a system update on March 31, 2017, your child was again showing that [REDACTED] was enrolled in third-party health insurance and as a result was removed from coverage with his MMC plan effective March 1, 2017.
- 7) According to your NYSOH account and your testimony, on April 26, 2017, you uploaded to your account a letter from [REDACTED] stating that your child never had a policy or policy affiliations with the plan.
- 8) The record indicates that the third-party health insurance was again removed from the system on May 10, 2017, and you were allowed to select an MMC plan for your child.
- 9) According to your NYSOH account and your testimony, on May 12, 2017, you selected a MMC plan for your child, with a plan enrollment start date of June 1, 2017.

10) You testified that your child was without a MMC plan from July 1, 2016 to May 31, 2017 and incurred medical bills.

11) The record does not contain any information from NYSOH regarding where they obtained the information that your child was enrolled in third party health insurance.

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

Applicable Law and Regulations

Medicaid

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

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 plan (18 NYCRR § 360-10.4(a)).

Third Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY SSL § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid social security number (NY SSL § 366(4)(c)).

Legal Analysis

The issue for review is whether NYSOH properly determine that your child's enrollment in his MMC plan terminated effective July 1, 2016, and then terminated again on March 1, 2017.

In the August 13, 2016 eligibility determination notice, your child was found eligible for Medicaid, effective July 1, 2016, and enrolled in a MMC plan with a plan enrollment start date of July 1, 2016.

Generally, when a child is eligible for Medicaid through NYSOH they are required to enroll in a MMC plan and will have 12 months of continuous coverage in that plan with limited exception, none of which apply here.

On November 15, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance. On November 16, 2016, NYSOH issued a disenrollment notice advising in part that your child's coverage in his MMC plan terminated as of July 1, 2016, because NYSOH's records showed your child had other health insurance or Medicare.

When NYSOH determines that a person has active coverage in a health insurance plan outside of NYSOH, that person is not eligible to enroll or remain enrolled in a MMC plan.

According to your NYSOH account, a complaint was filed on January 31, 2017, regarding your child's disenrollment from his MMC plan. That complaint was resolved when the third-party health insurance that was showing for your child was removed on February 1, 2017, from eMedNY, NYSOH insurance reporting system, and you were allowed to re-enroll him into [REDACTED] MMC plan with a plan enrollment start date of March 1, 2017.

According to your NYSOH account, due to a system update on March 31, 2017, your child was again showing that he was enrolled in third-party health insurance and was again removed from coverage with his MMC plan effective March 1, 2017.

However, you credibly testified that your child has never had coverage under any third-party health insurance plan. On April 26, 2017, you submitted documentation from [REDACTED] confirming that your child never had a policy or policy affiliations with the plan.

Per your NYSOH account, the third-party health insurance showing in eMedNY for your child was removed on May 10, 2017, and you were allowed to make a MMC selection for your child. According to your NYSOH account and your testimony, on May 12, 2017, you selected a MMC plan for your child, with a plan enrollment start date of June 1, 2017.

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Therefore, when NYSOH cancelled your child's coverage in his MMC plan on November 22, 2016 and effective July 1, 2016, on the basis that [REDACTED] had third party health insurance, and again on April 1, 2017, effective March 1, 2017, the credible evidence of record demonstrates that your child did not, in fact, have third party health insurance. Therefore, the record supports that the information relied upon by NYSOH in making the determinations to terminate [REDACTED] coverage under [REDACTED] MMC plan was incorrect.

Accordingly, the November 22, 2016 disenrollment notice terminating your child's coverage under [REDACTED] MMC plan effective July 1, 2016 and the April 1, 2017 disenrollment notice terminating your child's coverage under [REDACTED] MMC plan, effective March 1, 2017 are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into [REDACTED] MMC plan effective July 1, 2016 to May 31, 2017 when you subsequently switch [REDACTED] MMC plans, effective June 1, 2017 and to notify you accordingly.

Decision

The November 22, 2016 disenrollment notice terminating your child's coverage under his MMC plan, effective July 1, 2016, is RESCINDED.

The April 1, 2017 disenrollment notice terminating your child's coverage under [REDACTED] MMC plan, effective March 1, 2017, is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into [REDACTED] MMC plan effective July 1, 2016 to May 31, 2017, when you subsequently switch [REDACTED] MMC plans, effective June 1, 2017, and to notify you accordingly.

Effective Date of this Decision: July 17, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled your child from [REDACTED] MMC plan effective July 1, 2016.

NYSOH improperly disenrolled your child from [REDACTED] MMC plan effective March 1, 2017.

Your case is being sent back to reinstate your child in [REDACTED] MMC plan as of July 1, 2016 to May 31, 2017, when you subsequently switch [REDACTED] MMC plans, effective June 1, 2017. NYSOH will notify you once this has been done.

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).

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The November 22, 2016 disenrollment notice terminating your child's coverage under ■■■ MMC plan, effective July 1, 2016, is RESCINDED.

The April 1, 2017 disenrollment notice terminating your child's coverage under ■■■ MMC plan, effective March 1, 2017, is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into ■■■ MMC plan effective July 1, 2016 to May 31, 2017, when you subsequently switch his MMC plans, effective June 1, 2017, and to notify you accordingly.

NYSOH improperly disenrolled your child from ■■■ MMC plan effective July 1, 2016.

NYSOH improperly disenrolled your child from ■■■ MMC plan effective March 1, 2017.

Your case is being sent back to reinstate your child in ■■■ MMC plan as of July 1, 2016 to May 31, 2017, when you subsequently switch his MMC plans, effective June 1, 2017. NYSOH will notify you once this has been done.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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