



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

Notice of Decision

Decision Date: June 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016426

[REDACTED]

Dear [REDACTED],

On June 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2017 discontinuance and disenrollment notices.

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: June 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016426

[REDACTED]

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 your Medicaid Managed Care (MMC) plan ended effective February 28, 2017?

Procedural History

On February 8, 2016, NYSOH issued a notice of renewal stating that it was time to renew your NYSOH coverage. The notice stated that you were still qualified to receive coverage through Medicaid, effective April 1, 2016, because state and federal data sources showed that your income was within the allowable range. The notice also stated that you were being re-enrolled into your EmblemHealth MMC plan, effective April 1, 2016.

On February 18, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in you EmblemHealth MMC plan, effective October 1, 2015.

On February 3, 2017, your NYSOH application was updated, and you were marked as not needing health insurance.

On February 4, 2017, NYSOH issued a discontinuance notice stating that you were no longer qualified to enroll in coverage through NYSOH, effective March 2, 2017, because you no longer wanted to receive coverage.

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Also on February 4, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your EmblemHealth MMC plan would end on February 28, 2017 because you were no longer eligible to enroll in health coverage through NYSOH.

On March 1, 2017, you spoke with NYSOH's Account Review unit, and appealed the February 4, 2017 discontinuance and disenrollment notices, insofar as your eligibility and enrollment did not end effective January 1, 2017.

On June 13, 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 support the following findings of fact:

- 1) According to your NYSOH account, you first became eligible for Medicaid effective April 1, 2015, and you enrolled into an MMC with EmblemHealth as of October 1, 2015.
- 2) Your Medicaid coverage and your MMC enrollment were automatically renewed for another year, beginning April 1, 2016.
- 3) You testified that you were working as a [REDACTED] and were offered a part-time position as of January 3, 2017. You testified that you became eligible for your employer's insurance when your status changed to part-time.
- 4) You testified that you found out from your employer that you can have health insurance coverage through the end of August 2017, but, to do so, you had to have your employer-sponsored coverage backdated to January 1, 2017.
- 5) You testified that if you cannot backdate your employer-sponsored coverage to January 1, 2017, you will lose that coverage as of the end of June 2017.
- 6) You testified that your employer requested something in writing to show that your other coverage has been retroactively cancelled.
- 7) You testified that you first contacted NYSOH in January 2017 to request the cancellation of your coverage.
- 8) You testified that you were given the runaround, and were told different things by different people.

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- 9) You testified that you told NYSOH that you needed your coverage terminated as of January 1, 2017 so that you could get insurance through your employer, but that they only terminated it as of February 1, 2017.
- 10) You testified that you could not recall exactly what you said when you spoke to NYSOH on February 3, 2017 and changed your application to “not applying,” but that you know you were very up front, and that you are sure you informed them that you were going to be able to get other coverage.
- 11) Notes entered into NYSOH’s system on February 6, 2017 in Incident # [REDACTED] state, “Coverage retro-term 1/31/17 due to [REDACTED]”
- 12) After the hearing, the Hearing Officer requested recordings of any phone calls that you had with NYSOH in the months of January and February 2017. Only one call was found, for February 3, 2017, the date on which you changed your application to reflect that you were not applying for health insurance. The following findings of fact are taken from this recording:
 - a. You informed the NYSOH agent that you wanted to be able to enroll in your employer’s health insurance, and you needed to disenroll from your Medicaid coverage to do so;
 - b. You informed the agent that you first contacted EmblemHealth, but then spoke to an agency that told you to contact Medicaid;
 - c. You told the agent that you wrote a letter to Medicaid, but received a letter back dated January 26, 2017 from the Human Resources Administration stating that you did not have a Medicaid case;
 - d. You initially told the agent that you thought NYSOH was the agency that told you to write the letter; however, when the NYSOH agent stated that she did not see any record of any calls from you in January 2017, you stated that you may not have called NYSOH, but some other agency with a similar phone number;
 - e. The NYSOH agent informed you that she could change your application to state that you were not applying for insurance, but that your coverage would not end until the end of February 2017;
 - f. You informed the agent that your employer-sponsored coverage would only run through the end of June, so you wanted to be able to have it start as of February 1, 2017;
 - g. You informed the agent that you did not have any medical visits or bills from January 2017, so you did not care about getting coverage from your employer from that month;
 - h. The NYSOH agent informed you that she would process your disenrollment, and put in a request to have your coverage disenrolled retroactively to February 1, 2017;

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

Applicable Law and Regulations

Medicaid Managed Care Disenrollment Effective Dates

Individuals who are enrolled in an MMC plan may request disenrollment from their plan directly through NYSOH. A disenrollment will take effect on the first day of the month following the disenrollment request, if the request is made before the fifteenth of the month. (Medicaid Managed Care Model Contract Appendix H(7)(a)(iii), effective 3/1/2014 – 2/28/2019; 42 CFR § 438.56).

Legal Analysis

The only issue under review is whether NYSOH properly determined that you were disenrolled from your Medicaid and MMC coverage as of February 28, 2017.

You were enrolled into Medicaid and your MMC plan as of April 1, 2016. On February 3, 2017, NYSOH assisted you in processing a request to cancel your Medicaid and MMC coverage through NYSOH because you now had access to employer-sponsored health coverage. Although you testified that you began trying to disenroll from coverage on January 3, 2017 when you found out that you would have access to coverage through your employer, the record does not contain any indication that you contacted NYSOH to disenroll from coverage prior to your February 3, 2017 application update.

Moreover, a review of the recording of your February 3, 2017 phone conversation with NYSOH revealed that you admitted to the agent that you may not have called NYSOH previously, but rather a different agency with a similar phone number. Finally, although you testified that you asked to be disenrolled as of January 1, 2017, a review of your phone conversation with NYSOH on February 3, 2017 shows that you stated that you did not care about January 2017 coverage, and that you wanted your coverage disenrolled as of February 1, 2017.

The date on which an MMC disenrollment request takes effect depends on the date the request is made. A request made prior to the fifteenth of the month will be effective the first day of the following month. Therefore, NYSOH correctly determined that your February 3, 2017 disenrollment request resulted in a February 28, 2017 disenrollment date.

Of note, although not required to do so, NYSOH backdated your MMC disenrollment to January 31, 2017, pursuant to your request.

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The February 4, 2017 disenrollment notice is therefore MODIFIED to state that your enrollment in your EmblemHealth MMC plan ended effective January 31, 2017.

With regard to your Fee-For-Service Medicaid, there is no basis in the law for retroactively disenrolling you from this coverage, absent evidence that your enrollment was a mistake or done without your knowledge. Since no such evidence is present, the February 4, 2017 discontinuance notice, stating that your eligibility for coverage ended as of February 28, 2017, is AFFIRMED.

Decision

The February 4, 2017 discontinuance notice is AFFIRMED.

The February 4, 2017 disenrollment notice is MODIFIED to state that your enrollment in your MMC plan ended effective January 31, 2017, in accordance with NYSOH's action of retroactively disenrolling you from this coverage.

Effective Date of this Decision: June 27, 2017

How this Decision Affects Your Eligibility

Your eligibility for Fee-For-Service Medicaid ended on February 28, 2017.

Your enrollment in your MMC plan ended on January 31, 2017, as a result of NYSOH's decision to backdate the original February 28, 2017 disenrollment effective date.

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

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 4 ,2017 discontinuance notice is AFFIRMED.

The February 4, 2017 disenrollment notice is MODIFIED to state that your enrollment in your MMC plan ended effective January 31, 2017, in accordance with NYSOH's action of retroactively disenrolling you from this coverage.

Your eligibility for Fee-For-Service Medicaid ended on February 28, 2017.

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).

Your enrollment in your MMC plan ended on January 31, 2017, as a result of NYSOH's decision to backdate the original February 28, 2017 disenrollment effective date.

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 مجانًا.

বাংলা (Bengali)

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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।

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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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