

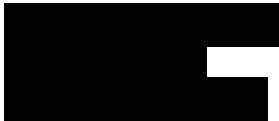


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: October 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018944



Dear [REDACTED],

On September 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 12, 2017 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: October 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018944



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 enrollment in a Medicaid Managed Care plan terminated effective May 1, 2017?

Procedural History

On April 15, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for the Essential Plan, effective May 1, 2016. You were subsequently enrolled in Essential Plan 2 with a plan start date of May 1, 2016.

On March 3, 2017, NYSOH issued a renewal notice, which included an eligibility determination stating that you were eligible for Medicaid effective May 1, 2017. This was because state and federal data sources showed that your income was within the allowable range for Medicaid based on your household size. The notice advised you to pick a health plan between March 16, 2017 and April 15, 2017 to continue your coverage.

On March 17, 2017, NYSOH issued a disenrollment notice stating that coverage in Essential Plan 2 would end on April 30, 2017. This was because you were no longer eligible to enroll in an Essential Plan.

On March 28, 2017, April 1, 2017, and April 4, 2017, NYSOH issued eligibility determination notices stating that you remained eligible for Medicaid, effective May 1, 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).

Also on March 28, 2017, April 1, 2017 and April 4, 2017, NYSOH issued plan enrollment notices confirming your enrollment in a Medicaid Managed Care (MMC) plan, with a plan enrollment start date of May 1, 2017.

On April 12, 2017, the NYSOH issued an eligibility determination notice, based on a system update of April 11, 2017, stating that you remained eligible for Medicaid, effective April 1, 2017. The notice stated that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a plan.

Also on April 12, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an MMC plan, with a plan enrollment start date of May 1, 2017.

Also on April 12, 2017, NYSOH issued a disenrollment notice stating that your MMC coverage would end May 1, 2017. This was because the type of Medicaid coverage you are eligible for does not require or allow you to enroll in a plan.

On April 13, 2017, NYSOH received your updated application for financial assistance.

On April 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective May 1, 2017.

Also, on April 14, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a MMC plan, with a plan enrollment start date of May 1, 2017.

On April 21, 2017, NYSOH issued an eligibility determination notice based on a system update of April 20, 2017, stating that you remained eligible for Medicaid, effective May 1, 2017. The notice stated that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a plan.

On May 2, 2017, NYSOH issued an eligibility determination renewal notice, based on a system update of May 1, 2017, stating that you were eligible for Medicaid effective May 1, 2017. The notice advised you to pick a health plan.

On May 11, 2017, NYSOH issued a plan enrollment notice confirming your May 10, 2017 enrollment in a MMC plan, with a plan enrollment start date of June 1, 2017.

On May 15, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan insofar as your enrollment did not begin May 1, 2017.

On August 10, 2017, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At that time, the Hearing Officer was unable to reach you and your case was returned to NYSOH to reschedule your hearing.

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On September 8, 2017, you had the rescheduled hearing with the Hearing Officer. The record was developed during the hearing and held open to September 25, 2017, to allow you to submit supporting documents.

On September 11, 2017, the Appeals Unit received a two-page document that was a typed statement signed by you on September 8, 2017. This document was made part of the record as Appellant's Exhibit # 1. The record is now closed.

Findings of Fact

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

- 1) According to your NYSOH account, on March 3, 2017, you were determined eligible for Medicaid effective May 1, 2017.
- 2) According to your NYSOH account, on March 27, 2017 you were enrolled in a MMC plan, through Fidelis Care, with a plan enrollment start date of May 1, 2017.
- 3) According to your NYSOH account, on April 12, 2017, your coverage through the MMC plan you had selected was discontinued by NYSOH because it was determined that you were enrolled in third-party health insurance
- 4) According to your NYSOH account, you had coverage in Essential Plan 2 through April 30, 2017.
- 5) According to your NYSOH account, you were eligible for Medicaid effective May 1, 2017 and you were enrolled in a MMC plan with coverage starting on May 1, 2017.
- 6) According to your NYSOH account and your testimony, you were without MMC coverage for the month of May 2017 and incurred medical bills that month.
- 7) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in third-party health insurance.
- 8) The record indicates that you were reenrolled into a MMC plan on May 10, 2017, with an enrollment start date of June 1, 2017.

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

Applicable Law and Regulations

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if that individual was eligible at any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Medicaid Managed Care 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 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even 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 any subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; NY Social Services Law (NY SSL) § 366(4)(c)).

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 under review is whether NYSOH properly determined that your enrollment in your MMC plan was terminated effective May 1, 2017.

In the March 3, 2017 eligibility determination renewal notice, you were found eligible for Medicaid, effective May 1, 2017. On March 27, 2017, you selected a MMC plan, effective May 1, 2017, as is documented by the March 28, 2017 plan enrollment confirmation notice.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a MMC plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number.

On April 11, 2017, your eligibility for financial assistance and enrollment in health insurance through NYSOH was redetermined by a system update. On April 12, 2017, NYSOH issued a disenrollment notice advising that your MMC coverage would be terminated as of May 1, 2017, because you were enrolled in 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 an MMC plan.

However, the credible evidence of record indicates that, on April 11, 2017 when NYSOH redetermined your eligibility, you were still enrolled in Essential Plan 2 until April 30, 2017, at which time you would have been transitioned to Medicaid with a plan enrollment in Fidelis Care MMC starting May 1, 2017. Based on your credible testimony and the record, you did not otherwise have third-party or employer-sponsored insurance in May 2017, such that cancellation of your enrollment in your MMC plan as of May 1, 2017, was incorrect.

Accordingly, the April 12, 2017 disenrollment notice terminating your coverage under your MMC plan, effective May 1, 2017 is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your MMC plan from May 1, 2017 through May 31, 2017, and to notify you accordingly.

Decision

The April 12, 2017 disenrollment notice ending your MMC plan effective May 1, 2017 is **RESCINDED**.

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 case is RETURNED to NYSOH to reinstate your MMC plan from May 1, 2017 through May 31, 2017, and to notify you accordingly.

Any eligibility determinations issued or enrollments effectuated subsequently by NYSOH are not affected by this Decisions.

Effective Date of this Decision: October 18, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you from your MMC plan effective May 1, 2017.

Your case is being sent back to reinstate your MMC plan from May 1, 2017 through May 31, 2017. NYSOH will notify you once this has been done.

Thereafter, your MMC plan remains in effect as of June 1, 2017.

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

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).

- 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 April 12, 2017 disenrollment notice ending your MMC plan effective May 1, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan from May 1, 2017 through May 31, 2017, and to notify you accordingly.

Any eligibility determinations issued or enrollments effectuated subsequently by NYSOH are not affected by this Decisions.

NYSOH improperly disenrolled you from your MMC plan effective May 1, 2017.

Your case is being sent back to reinstate your MMC plan from May 1, 2017 through May 31, 2017. NYSOH will notify you once this has been done.

Thereafter, your MMC plan remains in effect as of June 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 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).

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。我们可以为您免费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.

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).

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।

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.

Twí (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.