



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

Notice of Decision

Decision Date: September 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019667

[REDACTED]

Dear [REDACTED],

On September 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 10, 2017 plan disenrollment notice, and April 7, 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: September 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019667

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your and your children's enrollment in your Medicaid Managed Care plans ended effective February 28, 2017?

Did NY State of Health properly determine that your and your children's enrollment in your Medicaid Managed Care plans were effective May 1, 2017?

Procedural History

On July 1, 2016, NY State of Health (NYSOH) received your application for financial assistance with your family's health insurance.

On July 2, 2016, NYSOH issued an eligibility determination stating that you and your children were eligible for Medicaid, effective August 1, 2016.

Also on July 2, 2017, NYSOH issued a plan enrollment notice confirming your and your children's enrollment in your Medicaid Managed Care plans.

On February 15, 2017, NYSOH issued an eligibility determination notice stating that you and your children were eligible for Medicaid, effective March 1, 2017. This notice further stated that the type of Medicaid you and your children were eligible for did not require or allow you to enroll in a health plan because you and your children had other full benefit health insurance or Medicare.

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On March 10, 2017, NYSOH issued a plan disenrollment notice stating that you and your children were disenrolled from your Medicaid Managed Care plans, effective February 28, 2017.

On April 3, 2017, you uploaded three documents to your NYSOH account.

On April 4, 2017, NYSOH issued an eligibility determination notice stating that you and your children were eligible for Medicaid, effective April 1, 2017. This notice further stated that the type of Medicaid you and your children were eligible for did not require or allow you to enroll in a health plan because you and your children had other full benefit health insurance or Medicare.

On April 5, 2017, NYSOH issued an eligibility determination notice stating that you and your children were eligible for Medicaid, effective April 1, 2017. This notice directed you and your children to enroll into a health plan.

On April 7, 2017, NYSOH issued an eligibility determination notice stating that you and your children were eligible for Medicaid, effective April 1, 2017. This notice directed you and your children to enroll into a health plan.

Also on April 7, 2017, NYSOH issued a plan enrollment notice confirming your and your children's enrollment in Medicaid Managed Care plans, effective May 1, 2017.

On June 9, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your children's Medicaid Managed Care plans, insofar as they did not start on March 1, 2017.

On September 8, 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) The record indicates that you and your children were enrolled in a Medicaid Managed Care plan, effective May 1, 2015.
- 2) On February 14, 2017, NYSOH reran your family's eligibility and NYSOH data sources reflected that you and your children were enrolled in third-party health insurance.

- 3) On April 3, 2017, you uploaded three letters from [REDACTED] [REDACTED] dated March 23, 2017, confirming that your and your children's coverage through TRICARE had ended effective March 31, 2014.
- 4) On April 3, 2017, NYSOH validated and verified this document, and the third-party health insurance information was removed from your NYSOH account.
- 5) You testified that you and your children have not had any other coverage except Medicaid coverage through NYSOH since your and your children's enrollment ended with TRICARE on March 31, 2014.
- 6) You testified that you would like your and your children's Medicaid Managed Care plan to begin on March 1, 2017 in order to avoid a gap in coverage, and because you and your children have unpaid medical bills from the months you were without coverage.

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

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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 first issue is whether NYSOH properly determined that your and your children’s enrollment in your Medicaid Managed Care plans ended effective February 28, 2017.

The record reflects that you and your children were determined eligible for Medicaid, effective August 1, 2016, and you enrolled you and your children into a Medicaid Managed Care plan, effective May 1, 2015.

On March 10, 2017, NYSOH issued a plan disenrollment notice stating that you and your children were disenrolled from your Medicaid Managed Care plans, effective February 28, 2017. This notice stated that this was because you and your children had other full benefit health insurance or Medicare.

On April 3, 2017, you uploaded three letters from [REDACTED], dated March 23, 2017, confirming that your and your children’s coverage through TRICARE had ended effective March 31, 2014.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. However, when a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a Medicaid Managed Care plan.

You testified, and submitted supporting documentation, that you and your children have had no other health insurance coverage, except for Medicaid coverage through NYSOH, since your and your children’s insurance with TRICARE ended in 2014.

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As noted above, you and your children were disenrolled from your Medicaid Managed Care plans, effective February 28, 2017 due to there being third-party health information on your account. However, the record reflects that this was in error, and you and your children should have never been disenrolled from you Medicaid Managed Care plans.

Therefore, the March 10, 2017 plan disenrollment notice was issued in error and must be RESCINDED.

The second issue is whether NYSOH properly determined that your and your children's enrollment in your Medicaid Managed Care plans were effective May 1, 2017.

You testified that you contacted NYSOH on April 6, 2017 and reenrolled you and your children into Medicaid Managed Care plans.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

On April 6, 2017, you selected a Medicaid Managed Care plan for you and your children's reenrollment, so it properly took effect on the first day of the month following after April 2017; that is, on May 1, 2017.

However, you and your children should have never been disenrolled from your Medicaid Managed Care plans; therefore, the April 7, 2017 plan enrollment notice stating that you and your children's Medicaid Managed Care plans would be effective May 1, 2017, is MODIFIED to state that your and your children's enrollment in your Medicaid Managed Care plans were effective March 1, 2017.

Your case is being RETURNED to NYSOH to enroll you and your children back into your Medicaid Managed Care plans as of March 1, 2017, and to notify you accordingly.

Decision

The March 10, 2017 plan disenrollment notice is RESCINDED.

The April 7, 2017 plan enrollment notice is MODIFIED to stated that you and your child's enrollment in your Medicaid Managed Care plans were effective March 1, 2017.

Your case is being RETURNED to NYSOH to enroll you and your children back into your Medicaid Managed Care plans as of March 1, 2017, and to notify you accordingly.

Effective Date of this Decision: September 21, 2017

How this Decision Affects Your Eligibility

You and your children are reenrolled in your Medicaid Managed Care plans as of March 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 March 10, 2017 plan disenrollment notice is RESCINDED.

The April 7, 2017 plan enrollment notice is MODIFIED to stated that you and your child's enrollment in your Medicaid Managed Care plans were effective March 1, 2017.

Your case is being RETURNED to NYSOH to enroll you and your children back into your Medicaid Managed Care plans as of March 1, 2017, and to notify you accordingly.

You and your children are reenrolled in your Medicaid Managed Care plans as of March 1, 2017.

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.

বাংলা (Bengali)

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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. y&b&tumi 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.

שׂוֹדֵשׁ (Yiddish)

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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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