



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: AP000000019850

[REDACTED]

[REDACTED]

[REDACTED],

On September 18, 2017, you and your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's March 2, 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.

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).

## **Legal Authority**

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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**Decision**

Decision Date: September 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019850

[REDACTED]

[REDACTED]

**Issue**

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

Did NY State of Health (NYSOH) properly end your Medicaid Managed Care (MMC) plan coverage effective March 31, 2017?

**Procedural History**

On September 20, 2016, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective September 1, 2016.

Also on September 20, 2016, NYSOH issued a plan enrollment notice confirming that, as of September 19, 2016, you were enrolled in a MMC plan with an enrollment start date of November 1, 2016.

On March 1, 2017, your NYSOH account was systematically updated.

On March 2, 2017, NYSOH issued an eligibility determination notice stating in relevant part that you remained eligible for Medicaid, effective April 1, 2017.

Also on March 2, 2017, NYSOH issued a disenrollment notice stating that your MMC coverage would end March 31, 2017, because records showed that you were enrolled in other health insurance coverage or Medicare.

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On June 19, 2017, additional documentation was uploaded to your NYSOH account ([REDACTED]; uploaded 6/19/2017).

Also on June 19, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as coverage in your MMC plan was discontinued.

On June 23, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective August 1, 2017.

On June 24, 2017, NYSOH issued a plan enrollment notice confirming that, as of June 23, 2017, you were enrolled in a MMC plan with an enrollment start date of August 1, 2017.

On September 18, 2017, you and your authorized representative, [REDACTED] 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 September 1, 2016.
- 2) According to your NYSOH account, you were enrolled in a MMC plan through UnitedHealthcare with an enrollment start date of November 1, 2016.
- 3) According to your NYSOH account, on March 31, 2017, your MMC coverage was discontinued because it was determined that you were enrolled in third-party health insurance.
- 4) On June 19, 2017, a summary of your medical coverage with Cigna was uploaded to your account. The summary states that your health insurance ended January 31, 2016 ([REDACTED]; uploaded 6/19/2017).
- 5) Your authorized representative testified that the health insurance coverage that was discontinued on January 31, 2016, was the last health insurance plan you were enrolled in before applying for coverage through NYSOH.
- 6) According to your NYSOH account, you were re-enrolled in a MMC plan on June 23, 2017 with an enrollment start date of August 1, 2017.

- 7) Your authorized representative testified that they want your MMC plan to cover all medical expenses that were incurred in the month of June 2017.

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 ended your MMC plan, effective March 31, 2017, on the basis that you had third party health insurance.

In the September 20, 2016 notices issued by NYSOH, you were found eligible for Medicaid, effective September 1, 2016, and were enrolled in a MMC plan with an enrollment start date of November 1, 2016. These facts are not in dispute.

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

On March 1, 2017, your eligibility for financial assistance and enrollment in health insurance through NYSOH was redetermined. On March 2, 2017, NYSOH issued a disenrollment notice stating that your MMC plan coverage would be terminated as of March 31, 2017, because you were enrolled in other health insurance or Medicare.

On June 19, 2017, a summary of your medical coverage with Cigna was submitted to NYSOH. The summary states that your health insurance ended January 31, 2016 ( [REDACTED] ). Further, your representative credibly testified that the health insurance coverage that was discontinued on January 31, 2016, was the last health insurance plan you were enrolled in before applying for coverage through NYSOH.

Based on the foregoing, the credible record supports that you were no longer enrolled in third party health insurance when NYSOH ended your MMC health plan on March 31, 2017. Therefore, your MMC plan was improperly terminated.

Accordingly, the March 2, 2017, disenrollment notice ending your MMC plan effective March 31, 2017 is RESCINDED.

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

## **Decision**

The March 2, 2017 disenrollment notice ending your MMC plan, effective March 31, 2017, is RESCINDED.

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

This Decision does not affect the June 24, 2017 eligibility determination or plan enrollment notices issued by NYSOH.

**Effective Date of this Decision:** September 21, 2017

## **How this Decision Affects Your Eligibility**

NYSOH improperly ended your MMC plan coverage, effective March 31, 2017.

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

Your eligibility for Medicaid and enrollment in an MMC plan as of August 1, 2017 is not disturbed by this Decision.

## **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

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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 2, 2017 disenrollment notice ending your MMC plan, effective March 31, 2017, is **RESCINDED**.

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

This Decision does not affect the June 24, 2017 eligibility determination or plan enrollment notices issued by NYSOH.

NYSOH improperly ended your MMC plan coverage, effective March 31, 2017.

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

Your eligibility for Medicaid and enrollment in an MMC plan as of August 1, 2017 is not disturbed by this Decision.

### **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

[REDACTED]

[REDACTED]

## **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)**

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).

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)**

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 b etumi ama wo obi a okyer e 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.

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).

**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.