



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

Notice of Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020531

[REDACTED]

Dear [REDACTED],

On October 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's decision to disenroll you and your spouse from your Medicaid Managed Care plan in June and July 2017.

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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Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020531



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 you and your spouse's enrollment in a Medicaid Managed Care (MMC) plan terminated effective June 1, 2017?

Procedural History

On March 13, 2017, you applied for financial assistance with health insurance on behalf of yourself and your spouse. You also uploaded documentation to your NYSOH account.

On March 14, 2017, NYSOH issued a notice stating that the income information in your application did not match what was obtained from state and federal data sources. The notice directed you to submit documentation of your income by March 28, 2017.

On March 22, 2017, NYSOH determined your eligibility.

On March 23, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective March 1, 2017. The notice further stated that you and your spouse could not enroll in an MMC plan because you had other full benefit health insurance or Medicare.

On April 6, 2017, you uploaded a letter from your employer showing that your employer-sponsored insurance coverage through them was cancelled as of March 31, 2017.

On May 8, 2017, you updated your NYSOH application.

On May 9, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were no longer eligible for Medicaid, but that your Medicaid coverage would continue through February 28, 2017. The notice gave no reason for this finding. The notice further directed you and your spouse to select an MMC plan for enrollment.

Also on May 9, 2017, NYSOH issued a notice of enrollment confirming you and your spouse's enrollment in an MMC plan, with a plan enrollment start date of June 1, 2017.

On May 9, 17, 23, and June 14, 2017, NYSOH's system redetermined your eligibility. Each time, you and your spouse were found eligible for Medicaid.

On June 15, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective July 1, 2017. The notice stated that you and your spouse could not enroll in an MMC plan because you had other full benefit health insurance or Medicare.

On June 26, 2017, NYSOH's system determined your eligibility again.

On June 27, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective July 1, 2017. The notice also directed you and your spouse to select an MMC plan for enrollment.

On July 7, 2017, NYSOH's system determined your eligibility again.

On July 8, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective August 1, 2017. The notice also stated that you and your spouse could not enroll in an MMC plan because you had other full benefit health insurance or Medicare.

Also on July 8, 2017, NYSOH issued a disenrollment notice, stating that you and your spouse's enrollment in your MMC plan was ending, effective August 1, 2017, because NYSOH's records showed that you had other health insurance or Medicare.

On July 11 and 12, 2017, NYSOH's system determined your eligibility again.

On July 12 and 13, 2017, NYSOH issued notices of eligibility determination, stating that you and your spouse were eligible for Medicaid, effective July 1,

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2017. The notice also directed you and your spouse to select an MMC plan for enrollment.

On July 14, 2017, you selected an MMC plan on behalf of yourself and your spouse. That same day, you spoke to NYSOH's Account Review Unit and appealed the fact that you and your spouse had been disenrolled from your MMC coverage for the months of June and July 2017.

On July 15, 2017, NYSOH issued an enrollment confirmation notice stating that you and your spouse's enrollment in an MMC plan would begin August 1, 2017.

On October 12, 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) You testified, and your account confirms, that you were determined eligible for Medicaid effective March 1, 2017.
- 2) You testified that you had COBRA coverage through your former employer that you and your spouse were enrolled in until March 31, 2017.
- 3) You testified, and your NYSOH account confirms, that you uploaded a letter on April 6, 2017 from your former employer confirming that your group health insurance through COBRA ended as of March 31, 2017 (Document [REDACTED]).
- 4) You testified that you were able to select an MMC plan in the second or third week of May 2017, and your NYSOH account confirms that you and your spouse were enrolled into a UnitedHealthcare MMC plan on May 8, 2017.
- 5) You testified that you received insurance cards and a confirmation email from UnitedHealthcare. You provided a copy of the confirmation email, dated May 11, 2017, welcoming you to the UnitedHealthcare Community Plan, which states that your "benefits start date" is 6/1/2017 (See [REDACTED]).
- 6) You testified that you used the MMC coverage in the beginning of June 2017. You also provided letters from UnitedHealthcare dated June 8 and 9, 2017 indicating that your spouse's requests to have certain medications covered by your MMC plan were approved (See [REDACTED]).

- 7) You testified that, at some point, bills that were submitted for payment were denied by your MMC plan. You further testified that your MMC plan has since rescinded payments that were made, and you are being asked for payment by the providers.
- 8) Your NYSOH account indicates that, on June 15, 2017, NYSOH disenrolled you and your spouse from your MMC plan, retroactive to June 1, 2017, because NYSOH's system showed that you had third-party health insurance.
- 9) NYSOH did not issue any disenrollment notice after removing you and your spouse from your MMC plan.
- 10) The only disenrollment notice issued by NYSOH was issued on July 8, 2017, and indicated that you and your spouse's MMC coverage was ending effective August 1, 2017.
- 11) Notes in NYSOH's system indicate that the third-party health insurance was removed by NYSOH on June 23, 2017 (see Incident [REDACTED]).
- 12) You testified that, when you realized that you and your spouse had been disenrolled from your MMC plan, you began to call NYSOH and spoke with several representatives. You testified that you were informed that there was a known "glitch" in the system in that it was not recognizing that you had submitted proof that your third-party health insurance coverage had ended.
- 13) You testified that the NYSOH representatives tried to address the problem and reinstate you and your spouse in your MMC plan, but were unable to do so.
- 14) The record indicates that you were reenrolled into an MMC plan on July 14, 2017.
- 15) You testified that you are looking for you and your spouse to be reenrolled into your MMC plan for the months of June and July 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)).

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 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 MMC, 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 an MMC 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 disenrolled you and your spouse from your MMC plan, retroactive to June 1, 2017.

In the March 23, 2017 notice of eligibility determination, you and your spouse were found eligible for Medicaid, effective March 1, 2017. On May 8, 2017, you selected an MMC plan, effective June 1, 2017, as is documented by the May 9, 2017 notice of enrollment confirmation.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in an MMC plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan for a twelve-month period, 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.

Between May 9, 2017 and June 14, 2017, NYSOH's system redetermined your eligibility several times, for reasons that are unclear. Information in your NYSOH account indicates that, on June 15, 2017, you and your spouse were disenrolled from your MMC plan, effective June 1, 2017, because NYSOH determined that you had other full benefit health insurance or Medicare. NYSOH issued no notice to this effect, but your testimony confirms that you and your spouse were disenrolled from your MMC coverage. NYSOH continued to redetermine your eligibility and, on July 8, 2017, issued a disenrollment notice stating that you and your spouse would be disenrolled from your MMC plan, effective August 1, 2017. However, by the time this notice was issued, your MMC coverage had already been terminated.

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. However, you uploaded documentation to your NYSOH account on April 6, 2017 which showed that you and your spouse's coverage under your employer-sponsored health insurance ended on March 31, 2017. After you submitted this documentation, you were initially permitted to enroll in an MMC plan on behalf of yourself and your spouse, and you did so, with coverage going into effect on June 1, 2017.

Subsequently, NYSOH's system, for unknown reasons, repeatedly redetermined your eligibility and found you and your spouse ineligible to enroll in an MMC plan. You testified that you contacted NYSOH about the issue, and were told that there was a "glitch" in the system that was causing it to detect that you had other health insurance when, in fact, you did not. Nevertheless, NYSOH chose not to correct the situation.

Therefore, when NYSOH cancelled you and your spouse's coverage in an MMC plan due to your having third party health insurance, the information relied upon by NYSOH in making the determination to terminate your coverage under your MMC plan was incorrect.

Accordingly, your case is RETURNED to NYSOH to reinstate you and your spouse in your MMC plan for the months of June and July 2017, and to assist you in submitting any bills you incurred during those months for payment.

Decision

Your case is RETURNED to NYSOH to reinstate you and your spouse in your MMC plan for the months of June and July 2017, and to assist you in submitting any bills you incurred during that period for payment.

Effective Date of this Decision: October 17, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you and your spouse from your MMC plan.

Your case is being sent back to reinstate your MMC plan coverage, for both you and your spouse, for the months of June and July 2017.

NYSOH will assist you with submitting bills you incurred during that time to your MMC plan for payment.

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:

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 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

Your case is RETURNED to NYSOH to reinstate you and your spouse in your MMC plan for the months of June and July 2017, and to assist you in submitting any bills you incurred during that period for payment.

NYSOH improperly disenrolled you and your spouse from your MMC plan.

Your case is being sent back to reinstate your MMC plan coverage, for both you and your spouse, for the months of June and July 2017.

NYSOH will assist you with submitting bills you incurred during that time to your MMC plan for payment.

Legal Authority

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

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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&btumi ama wo obi a okyerε 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.

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).