



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020559

[REDACTED]

[REDACTED],

On October 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 15, 2017 eligibility determination 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).

This page intentionally left blank.



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

Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020559



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 spouse's enrollment in a Medicaid Managed Care plan terminated effective June 30, 2017?

Did NY State of Health properly determine that your and your spouse's re-enrollment in your Medicaid Managed Care plan was effective September 1, 2017?

Procedural History

On February 15, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid, effective February 1, 2017.

On February 17, 2017, NYSOH issued a plan enrollment notice confirming, your and your spouse's enrollment in a Medicaid Managed Care (MMC) plan with an enrollment start date of April 1, 2017.

On June 14, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On June 15, 2017, NYSOH issued an eligibility determination notice stating, that you and your spouse would remain eligible for Medicaid, effective July 1, 2017. This notice further stated that the type of Medicaid you and your spouse were

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).

eligible for did not require or allow you to enroll in a health plan because you had other full benefit health insurance or Medicare.

On July 17, 2017, you uploaded a letter from Cigna showing that your and your spouse's health insurance coverage through them was cancelled as of May 31, 2017. That day, a preliminary eligibility determination was prepared finding you and your spouse eligible for Medicaid, effective July 1, 2017.

On July 17, 2017, you selected an MMC plan for enrollment for yourself only.

Also on July 17, 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 July 1, 2017.

On July 18, 2017, NYSOH issued a plan enrollment notice confirming that your enrollment in an MMC plan would begin September 1, 2017. The notice stated that your spouse needed to select a health plan.

On July 29, 2017, NYSOH issued a plan enrollment notice confirming your July 28, 2017 plan selection for your spouse, stating that your and your spouse's enrollment in an MMC plan would begin September 1, 2017.

On October 3, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account and your testimony, you and your spouse were determined eligible for Medicaid effective February 1, 2017.
- 2) According to your NYSOH account and your testimony, you selected an MMC plan for you and your spouse on February 16, 2017, with an enrollment start date of April 1, 2017.
- 3) According to your NYSOH account, on June 14, 2017, NYSOH re-ran your family's eligibility and data sources reflected that you and your spouse were enrolled in a third-party health insurance plan.
- 4) As a result of this information, NYSOH determined that you and your spouse were no longer eligible to remain enrolled in your MMC plan effective June 30, 2017.

- 5) NYSOH did not issue a disenrollment notice stating that your and your spouse's coverage in your MMC plan ended June 30, 2017.
- 6) According to your NYSOH account, NYSOH did terminate your and your spouse's MMC plan on June 30, 2017.
- 7) On July 17, 2017, you uploaded a letter from Cigna stating that you and your spouse had coverage through them from October 1, 2015 through May 31, 2017 [REDACTED]).
- 8) On July 17, 2017, NYSOH verified this document and the record indicates that the third-party health insurance was removed from the system on July 17, 2017 [REDACTED]).
- 9) On July 20, 2017, you uploaded to your account a corrected letter from Cigna indicating that you and your spouse had health insurance with them from October 1, 2015 through October 31, 2016.
- 10) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in third party health insurance.
- 11) According to your NYSOH account, on July 17, 2017, you selected an MMC plan for yourself, which began effective September 1, 2017.
- 12) According to your NYSOH account, on July 28, 2017, you selected an MMC plan for your spouse, which began effective September 1, 2017.
- 13) You testified that you were pregnant and that your doctor does not accept Medicaid fee-for-service and that you have medical bills for the months of [REDACTED].
- 14) You testified that you want your and your spouse's MMC plan to start July 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 first issue under review is whether NYSOH properly determined that your and your spouse’s enrollment in your MMC plan ended effective June 30, 2017.

In the February 15, 2017, eligibility determination notice, you and your spouse were found eligible for Medicaid, effective February 1, 2017. On February 16, 2017, you selected a MMC plan for you and your spouse, effective April 1, 2017, as is documented by the February 17, 2017 plan enrollment 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).

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 June 14, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance. On June 15, 2017, NYSOH issued an eligibility determination notice stating that the type of Medicaid you and your spouse were eligible for did not require or allow you to enroll in a health plan because you had other full benefit health insurance or Medicare. The record reflects that NYSOH did not issue a disenrollment notice stating that your and your spouse's coverage with your MMC plan ended June 30, 2017. However, the record does reflect that you and your spouse were terminated from coverage with your MMC plan effective June 30, 2017.

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 credibly testified that your and your spouse's coverage under your employer-sponsored health insurance ended on October 31, 2016. On July 17, 2017, you uploaded documentation from Cigna, your employer-sponsored health insurance, confirming that your coverage ended May 31, 2017. On July 20, 2017, you uploaded a letter from Cigna with the end date of coverage corrected to October 31, 2016. Upon receipt of your July 17, 2017 submission, NYSOH removed the third-party health insurance information from your account and redetermined your eligibility. As such, you were then able to re-select an MMC plan.

Therefore, when NYSOH cancelled your and your spouse's coverage in a MMC plan effective June 30, 2017, due to your having third party health insurance, you and your spouse did not, in fact, have third party health insurance and the information relied upon by NYSOH in making the determination to terminate your coverage under your MMC plan was incorrect.

Therefore, the June 15, 2017 eligibility determination notice was issued in error and must be RESCINDED.

The second issue under review is whether NYSOH properly determined that your and your spouse's re-enrollment in your MMC plan was effective September 1, 2017.

Generally, the date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment.

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 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.

According to your NYSOH account, you selected your MMC plan on July 17, 2017 and you selected your spouse's MMC plan on July 28, 2017, so it properly took effect for both of you on the first day of the second month following after July 2017; that is, on September 1, 2017.

However, as decided herein, you and your spouse should have never been disenrolled from your MMC plan. Therefore, the July 18, 2017 and July 19, 2017 plan enrollment notices stating that you were enrolled in a MMC plan would be effective September 1, 2017, are MODIFIED to state that your enrollment in your MMC was effective July 1, 2017. The July 29, 2017 plan enrollment notice stating that you and your spouse was enrolled in an MMC plan effective September 1, 2017, is MODIFIED to state that your and your spouse's enrollment in a MMC plan would be effective July 1, 2017.

Your case is being RETURNED to NYSOH to re-enroll you and your spouse back into your MMC plan as of July 1, 2017, and to notify you accordingly.

Decision

The June 15, 2017 eligibility determination notice is RESCINDED.

The July 18, 2017, July 19, 2017 and July 28, 2017 plan enrollment notices are MODIFIED to stated that your and your spouse's enrollment in your MMC plan was effective July 1, 2017.

Your case is RETURNED to NYSOH to re-enroll you and your spouse back into your MMC plan as of July 1, 2017, and to notify you accordingly.

Effective Date of this Decision: November 10, 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 and your spouse's MMC plan as of July 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).

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 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The June 15, 2017 eligibility determination notice is RESCINDED.

The July 18, 2017, July 19, 2017 and July 28, 2017 plan enrollment notices are MODIFIED to stated that your and your spouse's enrollment in your MMC plan was effective July 1, 2017.

Your case is RETURNED to NYSOH to re-enroll you and your spouse back into your MMC plan as of July 1, 2017, and to notify you accordingly.

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

Your case is being sent back to reinstate your and your spouse's MMC plan as of July 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:



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).

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 مجانًا.

বাংলা (Bengali)

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).

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער 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).

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).