



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

Notice of Decision

Decision Date: January 09, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022597

[REDACTED]

On November 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 5, 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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P.O. Box 11729
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Decision

Decision Date: January 09, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022597



Issue

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

Did NY State of Health (NYSOH) properly determine your child's Medicaid Managed Care plan coverage ended, effective July 31, 2017?

Procedural History

On April 4, 2017, NYSOH issued a notice of eligibility determination stating your child was eligible for Medicaid, effective March 1, 2017. That notice directed you to "pick a health plan" for your child.

On April 11, 2017, NYSOH issued an enrollment notice confirming your child was enrolled in a Medicaid Managed Care plan, effective May 1, 2017.

On July 5, 2017, NYSOH issued an eligibility determination, based on a July 4, 2017 systematic eligibility redetermination, stating your child remained eligible for Medicaid. The notice further stated that the type of Medicaid coverage your child was eligible for did not allow him to enroll in a health plan.

Also on July 5, 2017, NYSOH issued a disenrollment notice stating your child's Medicaid Managed Care plan coverage would end on July 31, 2017, because records showed he had other health insurance outside of NYSOH. The notice indicated that individuals who have other health insurance cannot be enrolled in a Medicaid Managed Care plan.

On September 20, 2017, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from his Medicaid Managed Care plan.

On November 27, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to December 11, 2017 to allow you to submit supporting documentation.

As of December 11, 2017, no documentation was received by the Appeals Unit and none was viewable in your NYSOH account. Thus, the record closed the same day and this decision is based on the record as developed during the hearing.

On December 23, 2017, NYSOH issued an eligibility determination notice, based on a December 22, 2017 systematic eligibility redetermination, stating your child remained eligible for Medicaid. The notice directed you to "pick a health plan" for your child.

Also on December 23, 2017, NYSOH issued an enrollment confirmation notice, based on a December 22, 2017 plan selection, confirming your child was again enrolled in a Medicaid Managed Care plan, effective February 1, 2017.

Findings of Fact

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

- 1) Your account confirms your child was enrolled into a Medicaid Managed Care plan, effective May 1, 2017.
- 2) According to your account, on July 4, 2017, NYSOH systematically redetermined your child's eligibility and received information from data sources indicating he was enrolled in third-party health insurance.
- 3) Your child was disenrolled from his Medicaid Managed Care plan coverage on July 31, 2017, because records showed he had other health insurance.
- 4) You testified that your child was covered under his father's employer sponsored health plan pursuant to a court order, but that your child's father lived in [REDACTED] and the health coverage was only accessible in the state of Illinois.
- 5) You testified that you were unable to get any information about your child's third-party health coverage, because the plan would not provide you with any information as you were not an account holder. You further testified that neither you nor you child have a relationship with the child's father, so he was unwilling to provide you with any information.

- 6) You testified that you recently received notice from the family court that your child's third-party health coverage through his father ended, because his father's job ended. You were directed to submit that notice to the Appeals Unit by December 11, 2017.
- 7) No documentation was received by the due date. However, on December 20, 2017, a copy of an October 19, 2017 notice from the ██████████ County Department of Child Support Services was uploaded to your account. That notice indicated that there had been a "lapse or termination in the court ordered health insurance coverage" for your child. The end date of coverage was listed as October 19, 2017.
- 8) You testified you were seeking Medicaid Managed Care plan coverage for your child going forward.
- 9) You testified you were concerned that if your child was permitted to reenroll into a health plan due to the lapse in third-party coverage through his father that he would be subsequently disenrolled again if his father got another out-of-state job with health coverage.
- 10) According to your account, on December 22, 2017, your child's eligibility was systematically redetermined. He remained eligible for Medicaid and was permitted to enroll in a Medicaid Managed Care plan.
- 11) Your account confirms that a plan was selected for your child on December 22, 2017 and his coverage through his Medicaid Managed Care plan becomes effective on February 1, 2018.

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

Applicable Law and Regulations

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 Social Services Law (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 your child's Medicaid Managed Care plan coverage ended, effective July 31, 2017.

Your child was enrolled into a Medicaid Managed Care plan, effective May 1, 2017. According to your account, on July 4, 2017, NYSOH systematically redetermined your child's eligibility and received information from data sources indicating he was enrolled in third-party health insurance. As a result, NYSOH issued a disenrollment notice on July 5, 2017 stating your child's Medicaid Managed Care plan coverage would end on July 31, 2017, because records showed he had other health insurance. You appealed your child's disenrollment from his Medicaid Managed Care plan.

Pursuant to the regulations, 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.

At the hearing, you testified that at the time of the July 4, 2017 systematic eligibility redetermination, your child was covered under his father's employer sponsored health plan. Thus, the record establishes that your child had health coverage available through a third-party insurance provider. As such, he was not eligible to enroll in a Medicaid Managed Care plan through NYSOH.

Therefore, the July 5, 2017 disenrollment notice stating your child's Medicaid Managed Care plan coverage would end on July 31, 2017, because records showed he had other health insurance, is correct and is AFFIRMED.

It is noted that following the hearing, you uploaded a notice from the [REDACTED] County Department of Child Support Services indicating that your child's third-party health insurance ended on October 19, 2017. Subsequently, your child's eligibility was systematically redetermined and he was found to remain eligible for Medicaid and was permitted to enroll in a Medicaid Managed Care plan, which he did on December 22, 2017. Coverage through your child's Medicaid Managed Care plan is effective February 1, 2018.

Although you expressed concern about your child being disenrolled from his Medicaid Managed Care plan in the future if his father got another out-of-state job with health insurance, it is noted that hypothetical situations occurring at a later date are not within the proper scope of review of the Appeals Unit and, thus, cannot be addressed at this time.

Decision

The July 5, 2017 disenrollment notice is AFFIRMED.

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).

Effective Date of this Decision: January 09, 2018

How this Decision Affects Your Eligibility

Your child's Medicaid Managed Care plan coverage ended on July 31, 2017.

Your child was subsequently permitted to enroll in a Medicaid Managed Care plan. That subsequent enrollment is effective February 1, 2018.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your appeal was decided, the 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.

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).

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

The July 5, 2017 disenrollment notice is AFFIRMED.

Your child's Medicaid Managed Care plan coverage ended on July 31, 2017.

Your child was subsequently permitted to enroll in a Medicaid Managed Care plan. That subsequent enrollment is effective February 1, 2018.

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।

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).

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 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.