



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

Notice of Decision

Decision Date: March 01, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024817

[REDACTED]

Dear [REDACTED]

On January 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's June 29, 2017 disenrollment notice and July 29, 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).

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Decision

Decision Date: March 01, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024817



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 July 29, 2015, NYSOH issued an eligibility determination notice stating in part, that your child was eligible for Medicaid effective July 1, 2015. Your child was subsequently enrolled in a Medicaid Managed Care (MMC) plan during 2015, 2016, and 2017.

On May 17, 2017, NYSOH issued an eligibility determination, based on a May 16, 2017 updated application, stating in part, that your child remained eligible for Medicaid, effective July 1, 2017.

Also on May 17, 2017, NYSOH issued an enrollment notice confirming in part, that your child was enrolled in a MMC plan with a plan enrollment start date of February 1, 2017.

On June 29, 2017, NYSOH issued an eligibility determination notice, based on a June 28, 2017 systematic eligibility redetermination stating in part, that 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. This notice was effective August 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).

Also on June 29, 2017, NYSOH issued a disenrollment notice stating your child's MMC 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 MMC plan.

On July 28, 2017 you submitted an updated application for financial assistance for your family.

On July 29, 2017, NYSOH issued an eligibility determination notice, based on your updated July 28, 2017 application, stating in part, that your child remained eligible for Medicaid. The notice stated that records show your child had other health insurance and that individuals who have other health insurance cannot be enrolled in a MMC plan. This notice was effective August 1, 2017.

On November 27, 2017, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from his MMC plan and the determination that he could not enroll in a MMC plan going forward.

On January 23, 2018, 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) According to your NYSOH account and your testimony, your child was eligible for Medicaid as of July 1, 2015 and was enrolled in a MMC plan for 2015, 2016 and several months in 2017.
- 2) According to your NYSOH account, on June 28, 2017 NYSOH systematically redetermined your child's eligibility based information received from data sources indicating your child was enrolled in a third-party health insurance (TPHI) plan.
- 3) Your child was disenrolled from his MMC plan coverage on July 31, 2017, because records showed he had other health insurance.
- 4) You testified that you were not aware that your child had TPHI.
- 5) You testified that as a result of conversations with NYSOH customer service representative, you learned that your child was insured with Empire BlueCross BlueShield (BCBS) and the child's father was the sponsor of that TPHI.

- 6) You testified that you were never married to the child's father and have not had any contact with the father since approximately 2009.
- 7) You testified that there are no child support or other court orders requiring the child's father to provide health insurance coverage for your child.
- 8) You testified that you do not even know how to contact the child's father.
- 9) You testified that you contacted Empire BCBS about this situation but because you are not on their account, they could not discuss the matter with you.
- 10) Notes in your NYSOH account indicate that a representative with the NYS Department of Health contacted Empire BCBS. Empire BCBS confirmed that your child is insured with them and that the child's father is the sponsor of that coverage.
- 11) You testified you are seeking to be able to enroll your child in a MMC plan because you are unable to access the Empire BCBS coverage because you do not have an ID card for your child.

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 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 MMC plan coverage ended, effective July 31, 2017 and that you cannot enroll your child in a MMC plan going forward.

According to your NYSOH account, your child was determined eligible for Medicaid effective July 1, 2015 and was enrolled in a MMC plan for 2015, 2016 and up to July 31, 2017.

On June 28, 2017, NYSOH systematically redetermined your child's eligibility based on information received from data sources indicating he was enrolled in third-party health insurance. As a result, NYSOH issued a disenrollment notice on June 29, 2017 stating your child's MMC plan coverage would end on July 31, 2017, because records showed he had other health insurance.

On July 28, 2017 you updated your NYSOH account and submitted an application for financial assistance for your family's health insurance. On July 29, 2017, NYSOH issued an eligibility determination notice stating that your child remained eligible for Medicaid, effective August 1, 2017. The notice further stated that records showed that your child had other health insurance and that individuals who have health insurance cannot be enrolled in a MMC plan. You appealed your child's disenrollment from his MMC plan and the eligibility determination that your child could not be enrolled in a MMC plan going forward.

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 MMC plan.

At the hearing you testified that you were not aware that your child had TPHI with Empire BCBS. You testified that as a result of conversations with NYSOH customer service representative, you learned that your child was insured with Empire BCBS and the child's father was the sponsor of that TPHI. You were never married to the child's father and have not had any contact with the father since approximately 2009. You testified that there are no child support or other court orders requiring the child's father to provide health insurance coverage and you do not even know how to contact the child's father. Empire BCBS will not discuss the matter with you because you are not on their account. Records indicate that your child has health insurance coverage with Empire BCBS and that the child's father is the sponsor of that coverage.

Therefore, the record establishes that your child is covered by a TPHI plan, Empire BCBS and as such is not eligible to enroll in a MMC plan through NYSOH. The June 29, 2017 disenrollment notice stating your child's MMC plan coverage would end on July 31, 2017, because records showed he had other health insurance, is correct and is AFFIRMED.

That portion of the July 29, 2017 eligibility determination notice that states your child remains eligible for Medicaid effective August 1, 2017 and that records show he has other health insurance and cannot enroll in a MMC plan is correct and 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).

Your case is REFERRED to NYS Department of Health plan management to determine if they can assist you in obtaining the necessary plan ID cards so that your child can access health care through Empire BCBS.

Decision

The June 29, 2017 disenrollment notice is AFFIRMED.

That portion of the July 29, 2017 eligibility determination notice that states your child remains eligible for Medicaid effective August 1, 2017 and cannot enroll in a MMC plan because he has other health insurance is correct and is AFFIRMED.

Your case is REFERRED to NYS Department of Health plan management to determine if they can assist you in obtaining the necessary plan ID cards so that your child can access health care through Empire BCBS.

Effective Date of this Decision: March 01, 2018

How this Decision Affects Your Eligibility

Your child's MMC plan coverage ended on July 31, 2017.

Your case is REFERRED to NYS Department of Health plan management to determine if they can assist you in obtaining the necessary plan ID cards so that your child can access health care through Empire BCBS.

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 case 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.

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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
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The June 29, 2017 disenrollment notice is AFFIRMED.

That portion of the July 29, 2017 eligibility determination notice that states your child remains eligible for Medicaid effective August 1, 2017 and cannot enroll in a MMC plan because he has other health insurance is correct and is AFFIRMED.

Your child's MMC plan coverage ended on July 31, 2017.

Your case is REFERRED to NYS Department of Health plan management to determine if they can assist you in obtaining the necessary plan ID cards so that your child can access health care through Empire BCBS.

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।

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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&etumi ama wo obi a okyer& 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).