



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

## Notice of Decision

Decision Date: March 26, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025699

[REDACTED]

Dear [REDACTED]

On February 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 6, 2017 eligibility redetermination and disenrollment notices.

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 26, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025699

[REDACTED]

## Issue

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

Did NY State of Health properly determine that your child's enrollment in a Medicaid Managed Care plan ended effective November 30, 2017?

## Procedural History

According to your NYSOH account, your child was found newly eligible to purchase a qualified health plan at full cost and was terminated from his Medicaid Managed Care (MMC) plan as of October 1, 2017. This was because state data sources showed that your child is enrolled in coverage through the New York State Health Insurance Plan (NYSHIP). Subsequently, you updated your child's account and he was redetermined eligible for Medicaid effective November 1, 2017 and was re-enrolled in a MMC plan starting November 1, 2017.

On December 6, 2017, NYSOH issued an eligibility determination notice, based on a December 5, 2017 systematic update, stating that your child remained eligible for Medicaid, effective November 1, 2017. The notice stated that type of Medicaid coverage your child is eligible for did not require nor allow him to enroll in a health plan.

Also on December 6, 2017, a disenrollment notice was issued stating your child's MMC plan coverage would end on November 30, 2017.

On December 13, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your child was disenrolled from his MMC plan and is unable to re-enroll in a plan due to information that he was eligible for NYSHIP or was enrolled in a third-party health insurance.

On March 6, 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, your child was disenrolled from his MMC plan as of October 1, 2017, because state data sources showed that your child was eligible for or enrolled in NYSHIP. Upon updating your child's application on October 4, 2017 and October 10, 2017, respectively, he was found eligible for Medicaid and enrolled in a MMC plan as of November 1, 2017.
- 2) According to your NYSOH account, on December 5, 2017, NYSOH systematically redetermined your child's eligibility based on information received from data sources indicating your child was enrolled in NYSHIP or a third-party health insurance plan. NYSOH redetermined that your child was not eligible to remain enrolled in a MMC plan.
- 3) According to your NYSOH account and your testimony, your child was disenrolled from his MMC plan on November 30, 2017, because data sources showed he had access to NYSHIP.
- 4) You testified that your child's biological father is employed by [REDACTED] and that he is eligible to enroll in NYSHIP. You further testified that you have always been your child's provider, having both physical and legal custody. You further testified that your child has never been enrolled in his father's health insurance.
- 5) According to your NYSOH account and testimony, you expect to file your 2017 income tax return with a tax filing status of head of household and will claim your child as your dependent on that tax return.
- 6) You testified that you believe your child's disenrollment from his MMC plan to be an error of NYSOH and you would like to prevent your child from being disenrolled from his health plan in the future.

- 7) According to an eMedNY report, NYS reporting system, which was dated March 21, 2018, your child was enrolled in NYSHIP from October 1, 2017 through October 2, 2017.
- 8) You testified you are seeking to have your child reinstated into a MMC plan for the months of December 2017 and January 2018.

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 (MMC 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)).

### 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 MMC plan (NY Social Services Law (NY SSL) § 364-j(3)(e)(xx); MMC 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 November 30, 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 November 1, 2017 and was enrolled in a MMC plan starting November 1, 2017.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in an MMC plan. However, when a person has active coverage in a health insurance plan outside of NYSOH, such as NYSHIP, they are not eligible to enroll in an MMC plan.

On December 5, 2017, NYSOH systematically redetermined your child's eligibility based on information received from data sources indicating he was enrolled in NYSHIP or a third-party health insurance. As a result, NYSOH issued a disenrollment notice on December 6, 2017 stating your child's MMC plan coverage would end on November 30, 2017, because records showed he had other health insurance.

You testified that, although your child's father has access to NYSHIP, you have always been your child's provider, having both physical and legal custody, and that your child has never been enrolled in his father's health insurance.

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, an eMedNY report, dated March 21, 2018, confirms that your child was enrolled in NYSHIP from October 1, 2017 through October 2, 2017.

Since there is no evidence on the record that your child was enrolled in coverage outside of NYSOH as of the December 5, 2017 updated application, it is concluded that your child's eligibility redetermination and disenrollment could be attributable to error in eMedNY.

As such, the December 6, 2017 eligibility determination notice is **RESCINDED** insofar as your child was unable to enroll in a MMC plan as of December 1, 2017.

Likewise, the December 6, 2017 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child in his MMC plan as of December 1, 2017, and to notify you accordingly.

## **Decision**

The December 6, 2017 eligibility redetermination notice is **RESCINDED** insofar as your child was unable to enroll in a MMC plan as of December 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).

The December 6, 2017 disenrollment notice is RESCINDED.

**Effective Date of this Decision:** March 26, 2018

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

NYSOH improperly determined your child to be ineligible to enroll in a MMC plan due to being eligible for or enrolled in NYSHIP or other third-party health coverage.

Your child's case is being sent back to NYSOH to reinstate your child in his MMC plan as of December 1, 2017. NYSOH will notify you once this has been completed.

This Decision has no effect on your child's subsequent eligibility determinations.

### **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.

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 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 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

### **Summary**

The December 6, 2017 eligibility redetermination notice is **RESCINDED** insofar as your child was unable to enroll in a MMC plan as of December 1, 2017.

The December 6, 2017 disenrollment notice is **RESCINDED**.

NYSOH improperly determined your child to be ineligible to enroll in a MMC plan due to being eligible for or enrolled in NYSHIP or other third-party health coverage.

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 child's case is being sent back to NYSOH to reinstate your child in his MMC plan as of December 1, 2017. NYSOH will notify you once this has been completed.

This Decision has no effect on your child's subsequent eligibility determinations.

### **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&etumi 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.

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).