



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

Notice of Decision

Decision Date: May 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026616

[REDACTED]

Dear [REDACTED]

On March 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 20, 2017 disenrollment notice and the January 3, 2018 enrollment confirmation 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: May 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026616



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 enrollment in a Medicaid Managed Care plan terminated effective December 31, 2017 and your re-enrollment was effective no earlier than February 1, 2018?

Procedural History

On October 18, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid effective October 1, 2017.

Also on October 18, 2017, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care plan, with a plan enrollment start date of December 1, 2017.

On October 27, 2017, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care plan, with a plan enrollment start date of November 1, 2017.

On December 19, 2017, NYSOH systematically redetermined your eligibility for financial assistance with your health insurance.

On December 20, 2017, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective January 1, 2018; however, information available to NYSOH showed that you have other health insurance or

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).

Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan.

Accordingly, on December 20, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan would end on December 31, 2017. This is because information shows you have other health insurance or Medicare. Individuals who have health insurance or Medicare cannot be enrolled in a Medicaid Managed Care plan.

On December 28, 2017 and December 29, 2017, NYSOH systematically redetermined your eligibility.

On December 29, 2017 and December 30, 2017, NYSOH issued eligibility determination notices, based on the December 28, 2017 and December 29, 2017 system updated applications, stating that you remained eligible for Medicaid, effective January 1, 2018.

On January 2, 2018, you uploaded documentation regarding your third-party health insurance that indicated your coverage outside of NYSOH ended August 31, 2017. That same day, that document was reviewed and verified, and you were allowed to select a Medicaid Managed Care plan.

Also on January 2, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as your enrollment did not begin January 1, 2018.

On January 3, 2018, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan would begin February 1, 2018.

On January 11, 2018, NYSOH issued an enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would begin January 1, 2018.

On March 26, 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) You testified, and your account confirms, that you were determined eligible for Medicaid effective October 1, 2018.

- 2) According to your NYSOH account, on October 17, 2017 you selected a Medicaid Managed Care plan with a December 1, 2017 plan enrollment start date.
- 3) According to your NYSOH account, on October 26, 2017, NYS Department of Health administratively changed the start date of your Medicaid Managed Care plan to November 1, 2017.
- 4) According to your NYSOH account, on December 19, 2017, NYSOH systematically ran your eligibility and information available reflected that you still had third-party health insurance.
- 5) According to your NYSOH account, you were disenrolled from your Medicaid Managed Care plan on December 31, 2017 because the system determined that you had active third-party health insurance.
- 6) According to documents you submitted, you had group health insurance through [REDACTED] until August 31, 2017.
- 7) On January 2, 2018, you uploaded to your NYOSH account a letter regarding the termination of group health insurance with [REDACTED] as of August 31, 2017.
- 8) According to your NYSOH account, on January 10, 2018, your request to backdate the start of your Medicaid Managed Care plan to January 1, 2018 was processed.
- 9) On January 11, 2018, NYSOH issued an enrollment confirmation notice stating that your enrollment in a Medicaid Managed Care plan with UnitedHealthCare of New York, Inc. was effective as of January 1, 2018.
- 10) You testified that you know your Medicaid Managed Care plan was reinstated as of January 1, 2018, however, you wanted it on the record that there was no error on your part and that it was not fair to terminate your coverage when it happened.

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 §

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).

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 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 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 for review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was terminated effective December 31, 2017 and your re-enrollment was effective no earlier than February 1, 2018.

NYSOH determined that you were eligible for Medicaid effective October 1, 2017. You were subsequently enrolled in a Medicaid Managed Care plan with a plan start date of December 1, 2017. This start date was administratively changed by NYSOH to November 1, 2017.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care 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 December 19, 2017, NYSOH systematically updated your account. Information available at that time indicated you were enrolled in a third-party health plan. On December 20, 2017, NYSOH issued a disenrollment notice advising that your coverage in your Medicaid Managed Care plan would be terminated as of December 31, 2017 because you had full benefit health insurance or Medicare.

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).

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 Medicaid Managed Care plan.

However, on January 2, 2018, you uploaded to your account, documentation showing that your third-party health insurance terminated on August 31, 2017. On January 2, 2018, you were allowed to select a Medicaid Managed Care plan, with a February 1, 2018 enrollment start date. On January 10, 2018, NYS Department of Health administratively changed the start date of your Medicaid Managed Care plan to January 1, 2018 as reflected in the eligibility determination notice dated January 11, 2018.

Since the record reflects that your enrollment in your Medicaid Managed Care plan was changed to January 1, 2018, a further discussion of the merits of your case is not necessary.

Accordingly, the December 20, 2017 disenrollment notice terminating your coverage under your Medicaid Managed Care plan, effective December 31, 2017 is RESCINDED.

Decision

The December 20, 2017 disenrollment notice is RESCINDED.

No further action is required by NYSOH as your enrollment in your Medicaid Managed Care plan has already been changed to January 1, 2018.

Effective Date of this Decision: May 21, 2018

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you from your Medicaid Managed Care plan effective December 31, 2017.

NYSOH has changed your enrollment in your Medicaid Managed Care plan to January 1, 2018 and no further action is required.

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

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).

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 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:

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 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 20, 2017 disenrollment notice is RESCINDED.

No further action is required by NYSOH as your enrollment in your Medicaid Managed Care plan has already been changed to January 1, 2018.

NYSOH improperly disenrolled you from your Medicaid Managed Care plan effective December 31, 2017.

NYSOH has changed your enrollment in your Medicaid Managed Care plan to January 1, 2018 and no further action is required.

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. y&b&tumi 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).