



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

Notice of Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027509

[REDACTED]

Dear [REDACTED],

On March 8, 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 20, 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).

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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027509



Issue

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

Did NY State of Health (NYSOH) properly determine the Medicaid Managed Care plan enrollments for you and your spouse ended, effective December 31, 2017, and did not resume until March 1, 2018?

Procedural History

On October 7, 2017, NYSOH issued a notice of eligibility determination stating you and your spouse were eligible for Medicaid, effective October 1, 2017. That notice directed you and your spouse to “pick a health plan.”

On October 18, 2017, NYSOH issued an enrollment notice confirming you and your spouse had been automatically enrolled into a Medicaid Managed Care plan with United Healthcare, effective December 1, 2017, because you had not yet selected health plans yourself.

On November 5, 2017, NYSOH issued an enrollment notice confirming your spouse had switched her Medicaid Managed Care plan to MVP Health Plan, effective December 1, 2017.

On December 20, 2017, NYSOH issued an eligibility determination, based on a December 19, 2017 systematic eligibility redetermination, stating you and your spouse remained eligible for Medicaid, effective January 1, 2018. The notice further stated that “information shows you [and your spouse] have other health insurance or Medicaid.” The notice indicated that “individuals who have health insurance or Medicaid cannot be enrolled in a Medicaid Managed Care plan.”

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 December 20, 2017, NYSOH issued a disenrollment notice stating the coverage through the Medicaid Managed Care plans you and your spouse enrolled in would end on December 31, 2017, because records showed you and your spouse had other health insurance. The notice indicated that individuals who have other health insurance cannot be enrolled in a Medicaid Managed Care plan.

On January 17, 2018, NYSOH systematically redetermined the eligibility of you and your spouse.

On January 18, 2018, NYSOH issued an eligibility determination notice stating you and your spouse remained eligible for Medicaid, effective January 1, 2018. The notice directed you and your spouse to “pick a health plan.”

On January 19, 2018, you contacted NYSOH to reselect Medicaid Managed Care plans for you and your spouse.

Also on January 19, 2018, you spoke to NYSOH’s Account Review Unit and appealed insofar as you and your spouse had a gap in your Medicaid Managed Care plan coverage for the months of January and February 2018.

On January 20, 2018, NYSOH issued an enrollment notice confirming the reenrollment of you and your spouse in Medicaid Managed Care plans, effective March 1, 2018.

On March 8, 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 support the following findings of fact:

- 1) An updated application was submitted on behalf of you and your spouse on October 6, 2017.
- 2) You and your spouse were determined eligible for Medicaid, effective October 1, 2017.
- 3) According to your account, you and your spouse were systematically assigned Medicaid Managed Care plans on October 17, 2017, because you had not yet selected health plans yourselves. Coverage through those plans was effective December 1, 2017.

- 4) According to your account, on November 4, 2017, you contacted NYSOH to switch your spouse's health plan to MVP. Her coverage became effective December 1, 2017, canceling out her prior enrollment.
- 5) On December 19, 2017, NYSOH systematically redetermined the eligibility of you and your spouse.
- 6) According to your account, at that time, NYSOH received information from data sources indicating you and your spouse were enrolled in third party health coverage.
- 7) NYSOH disenrolled you and your spouse from your Medicaid Managed Care plans, effective December 31, 2017.
- 8) You testified that you and your spouse were enrolled in COBRA coverage through your former employer until November 30, 2017.
- 9) On January 10, 2018, NYSOH received a document dated December 7, 2017, addressed to you and stating that "your participation, and that of your eligible qualified dependents in health benefits continuation plans(s)" terminated on November 30, 2017.
- 10) According to your account, NYSOH verified that document and updated the "eMedNY" database on January 16, 2018 with the end date of your prior health coverage.
- 11) On January 17, 2018, the eligibility of you and your spouse was systematically redetermined. You were both found to remain eligible for Medicaid and you were permitted to reenroll in Medicaid Managed Care plans.
- 12) According to your account, on January 19, 2018, Medicaid Managed Care plan reenrollment requests were submitted on behalf of you and your spouse. Coverage through those plans became effective March 1, 2018.
- 13) According to your account, you and your spouse had fee for service Medicaid coverage only for the months of January and February 2018.
- 14) You appealed insofar as you and your spouse had a gap in Medicaid Managed Care coverage.
- 15) You testified you had to pay out of pocket for prescription costs for your spouse in January 2018, because the prescription was not covered by your fee for service Medicaid coverage.

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 the Medicaid Managed Care plan enrollments for you and your spouse ended effective December 31, 2017, and did not resume until March 1, 2018.

You and your spouse were determined eligible for Medicaid, effective October 1, 2017. According to your account, you and your spouse were systematically assigned Medicaid Managed Care plans on October 17, 2017, because you had not yet selected health plans. Coverage through those plans was effective December 1, 2017. Subsequently, your account confirms that on November 4, 2017, you contacted NYSOH to switch your spouse's health plan to MVP.

Despite being previously eligible to enroll in Medicaid Managed Care plans, on December 19, 2017, NYSOH systematically redetermined the eligibility of you and your spouse and found you both ineligible to enroll in Medicaid Managed Care plans based on information from data sources indicating that you and your spouse were enrolled in third party health coverage. As a result, you and your spouse were disenrolled from your Medicaid Managed Care plans, effective December 31, 2017.

You testified that you and your spouse were enrolled in COBRA coverage through your former employer until November 30, 2017, prior to the effective date of your Medicaid Managed Care plan enrollments. This testimony is corroborated by the document posted to your NYSOH account on January 10, 2018 confirming your prior health coverage ended November 30, 2017.

Based on this evidence, it is concluded that NYSOH's December 20, 2017 disenrollment notice indicating the Medicaid Managed Care plan enrollments of you and your spouse ended December 31, 2017, because you were both enrolled in third party health coverage is no longer supported by the record. Therefore, that disenrollment notice is RESCINDED.

Although the record confirms that NYSOH subsequently verified the third-party health insurance termination letter submitted, updated the "eMedNY" data base with the termination date of your prior coverage, and permitted you and your spouse to reenroll in Medicaid Managed Care plan, effective March 1, 2018, the evidence further establishes that you and your spouse experienced a gap in Medicaid Managed Care plan coverage because of the December 31, 2017 disenrollment.

Based on the aforementioned rescission of the December 20, 2017 disenrollment notice, the subsequent January 20, 2018 reenrollment confirmation notice is MODIFIED to reflect the reenrollment of you and your spouse was effective January 1, 2018.

To that end, your case is RETURNED to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plans for the months of January and February 2018.

Decision

The December 20, 2017 disenrollment notice is RESCINDED.

The January 20, 2018 enrollment confirmation notice is MODIFIED to reflect you and your spouse were reenrolled in your Medicaid Managed Care plans effective January 1, 2018.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plans for the months of January and February 2018.

Effective Date of this Decision: March 15, 2018

How this Decision Affects Your Eligibility

You and your spouse should not have been disenrolled from your Medicaid Managed Care plans, effective December 31, 2017.

Your case is being sent back to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plan coverage for the months of January and February 2018.

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:

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:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 20, 2017 disenrollment notice is RESCINDED.

The January 20, 2018 enrollment confirmation notice is MODIFIED to reflect you and your spouse were reenrolled in your Medicaid Managed Care plans effective January 1, 2018.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plans for the months of January and February 2018.

You and your spouse should not have been disenrolled from your Medicaid Managed Care plans, effective December 31, 2017.

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&btumi ama wo obi a okyerε 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.