



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

Notice of Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027611

[REDACTED]

Dear [REDACTED],

On March 8, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's October 26, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027611

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your youngest child's enrollment in her Medicaid Managed Care plan ended effective November 30, 2017, and did not resume until February 1, 2018?

Procedural History

On March 1, 2017, NYSOH issued an eligibility determination notice stating that your youngest child (child) was eligible for Medicaid, effective February 1, 2017.

Also on March 1, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Medicaid Managed Care plan beginning April 1, 2017.

On October 25, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On October 26, 2017, NYSOH issued three notices:

- 1) An eligibility redetermination notice stating that your child would remain eligible for Medicaid, effective December 1, 2017; however, the NYSOH system showed she had other full benefit health insurance or Medicare;
- 2) A plan enrollment notice stating that the type of Medicaid coverage your child was eligible for does not require or allow her to enroll in a health plan; and,

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- 3) A plan disenrollment notice stating that your child was disenrolled from her Medicaid Managed Care plan as of November 30, 2017.

On November 7, 2017, you uploaded a letter from Empire BlueCross BlueShield showing that your child's coverage was cancelled as of July 1, 2017.

On November 11, 2017, NYSOH issued an eligibility determination notice stating that your child remained eligible for Medicaid effective December 1, 2017. The notice advised you to pick a health plan for enrollment.

On January 8, 2018, you updated an application for health insurance.

On January 9, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid, effective January 1, 2018.

Also on January 9, 2018, NYSOH issued a notice of plan enrollment confirming your child's enrollment in a Medicaid Managed Care plan beginning February 1, 2018.

On January 22, 2018, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from her Medicaid Managed Care plan insofar as she did not have coverage in her plan during the months of December 2017 and January 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 supports the following findings of fact:

- 1) You testified that you are seeking to have your youngest child's re-enrollment in her Medicaid managed Care plan begin on December 1, 2017.
- 2) According to your NYSOH account and your testimony, your child was determined eligible for Medicaid effective February 1, 2017, and enrolled into a Medicaid Managed Care plan on April 1, 2017.
- 3) According to your NYSOH account and your testimony, on November 30, 2017, your child was disenrolled from her Medicaid Managed Care plan because the system determined that she had active third-party health insurance outside of NYSOH.

- 4) You testified that your child's enrollment in Excellus BlueCross BlueShield through your spouse's employment based-insurance ended July 1, 2017.
- 5) On November 7, 2017, you uploaded a "Certificate of Individual Health Insurance Coverage" from Excellus BlueCross BlueShield on its letterhead, dated November 6, 2017, stating that your child had coverage through their health insurance company beginning January 1, 2014, through July 1, 2017 (see Document [REDACTED]).
- 6) According to your NYSOH account, on November 11, 2017, NYSOH issued a notice advising you to select a health plan for your child's enrollment.
- 7) According to your NYSOH account and your testimony, due to an account defect registered with NYSOH, you were unable to re-enroll your child into her Medicaid Managed Care plan as of December 1, 2017.
- 8) According to your NYSOH account, the known defect was not resolve by NYSOH until on or about January 8, 2018, at which time you were able to enroll your child in a Medicaid Managed Care plan with a February 1, 2018 start date.
- 9) You testified that, as a result of this defect, your child was without a Medicaid Managed Care plan during the months of December 2017 and January 2018, and you incurred medical bills for services and treatment she received.

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)).

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),;

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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 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 first issue under review is whether NYSOH properly determined that your child's enrollment in her Medicaid Managed Care plan was terminated effective November 30, 2017.

On March 1, 2017, your child was found eligible for Medicaid, effective February 1, 2018, and enrolled into a Medicaid Managed Care plan beginning April 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 Managed Care plan with limited exceptions, including having active coverage in a health plan outside of NYSOH. 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.

On October 25, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance. At that time, NYSOH received information that your child had other health insurance outside NYSOH, resulting in her being ineligible to remain in her Medicaid Managed Care plan. On October 26, 2017, NYSOH issued a disenrollment notice advising that your child's coverage in her Medicaid Managed Care plan would be terminated as of November 30, 2017, because she had full benefit health insurance or Medicare.

However, you credibly testified and provided supporting documentation to show that your child's coverage under employer-sponsored health insurance through Excellus BlueCross BlueShield ended on July 1, 2017.

Based on the credible testimony and evidence of record, it is reasonable to conclude that the information NYSOH relied upon in determining your child was no longer eligible to remain enrolled in a Medicaid Managed Care plan was incorrect, and that your child did not have other health insurance outside NYSOH as of July 1, 2017.

Accordingly, the October 26, 2017 disenrollment notice terminating your child's enrollment in her Medicaid Managed Care plan on November 30, 2017, is **RESCINDED**.

Additionally, the credible testimony and evidence of record reflect that, due to an account defect that was registered with NYSOH, you were unable to re-enroll your child into her Medicaid Managed Care plan as of November 11, 2017, when she was redetermined eligible to remain in Medicaid as of December 1, 2017. This known defect further contributed to your child not having Medicaid Managed Care coverage for the months of December 2017 and January 2018. But for the unresolved defect, you would have been able to select a plan on November 11, 2017, and your child would have been re-enrolled in a Medicaid Managed Care plan as of December 1, 2017. However, it was not until the defect was resolved on or about January 8, 2018, that you were able to select a Medicaid Managed Care plan for your child with a February 1, 2018 enrollment start date.

Therefore, the January 9, 2018 plan enrollment notice is **MODIFIED** to state that enrollment for your child is effective December 1, 2017.

Your case is **RETURNED** to NYSOH to effectuate these changes and to notify you accordingly.

Decision

The October 26, 2017 disenrollment notice is **RESCINDED**.

The January 9, 2018 plan enrollment notice is **MODIFIED** to state that enrollment for your child in her Medicaid Managed Care plan is effective December 1, 2017.

Your case is **RETURNED** to NYSOH to effectuate these changes and to notify you accordingly.

Effective Date of this Decision: March 22, 2018

How this Decision Affects Your Eligibility

The information that your child had health insurance outside of NYSOH was incorrect such that she was improperly disenrolled from her Medicaid Managed Care plan as of November 30, 2017.

Your child's case is being sent back to reinstate your child into her Medicaid Managed Care plan, effective December 1, 2017 through January 31, 2017, and continuing as of February 1, 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 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 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 October 26, 2017 disenrollment notice is RESCINDED.

The January 9, 2018 plan enrollment notice is MODIFIED to state that enrollment for your child in her Medicaid Managed Care plan is effective December 1, 2017.

Your case is RETURNED to NYSOH to effectuate these changes and to notify you accordingly.

The information that your child had health insurance outside of NYSOH was incorrect such that she was improperly disenrolled from her Medicaid Managed Care plan as of November 30, 2017.

Your child's case is being sent back to reinstate your child into her Medicaid Managed Care plan, effective December 1, 2017 through January 31, 2017, and continuing as of 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।

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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 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.

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