



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

Notice of Decision

Decision Date: February 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025577 & AP000000028577

[REDACTED]

[REDACTED]

On February 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 8, 2017 eligibility determination and January 6, 2018 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025577 & AP000000028577

[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 enrollment in a Medicaid Managed Care (MMC) plan terminated effective January 31, 2018?

Procedural History

On November 30, 2017, you faxed documentation regarding third-party health insurance (TPHI) to NYSOH.

On December 5 and December 8, 2017, NYSOH issued notices of eligibility determination stating that you remained eligible for Medicaid, and that you would continue to receive services through your health plan. The notice also stated that your two children were eligible for Medicaid, but that they could not enroll in an MMC plan because NYSOH had information showing that they were enrolled in other health insurance or Medicare.

On December 11, 2017, you spoke with NYSOH's Account Review Unit and appealed, insofar as your children were unable to enroll in an MMC plan.

On December 12, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MMC plan, effective January 1, 2018, and stating that the type of Medicaid your children were eligible for did not require or allow them to enroll in a health plan.

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On January 5, 2018, NYSOH redetermined your eligibility.

On January 6, 2018, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, but that you could not enroll in an MMC plan because NYSOH had information showing that you were enrolled in other health insurance or Medicare. That same notice stated that your children remained eligible for Medicaid, and that they should select an MMC plan for enrollment.

Also on January 6, 2018, NYSOH issued a disenrollment notice, stating that your enrollment in your MMC plan was ending, effective January 31, 2018, because NYSOH had information showing that you had other health insurance or Medicare.

On January 9, 2018, NYSOH issued a notice of enrollment confirmation, confirming your two children's enrollment in an MMC plan, beginning February 1, 2018.

On January 17, 2018, NYSOH redetermined your eligibility.

On January 18, 2018, NYSOH issued a notice of eligibility determination stating that you and your children remained eligible for Medicaid. The notice also stated that you should select an MMC plan for enrollment.

Also on January 18, 2018, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in their MMC coverage as of February 1, 2018, and confirming your enrollment in an MMC plan, as of March 1, 2018.

On February 7, 2018, you again spoke to NYSOH's Account Review Unit and requested an appeal, insofar as your MMC coverage was discontinued on January 31, 2018, and you had no MMC plan coverage in the month of February 2018.

On February 14, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you withdrew your appeal regarding your children's inability to enroll in an MMC plan (AP000000025577). The Hearing Officer amended the appeal to include AP000000028577, as both appeals were related to the same TPHI information, and a hearing was held solely on the issue of the gap in your MMC plan enrollment for the month of February 2018. 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 appealing the gap in your MMC plan enrollment for the month of February 2018 only.
- 2) You testified that you and your children previously had coverage through an Oxford health insurance plan that you purchased privately.
- 3) You testified that you and your children's coverage in this plan ended as of December 31, 2017, and that you and your children have had no other coverage outside of NYSOH since that time.
- 4) On November 30, 2017, you faxed a letter to NYSOH from United Healthcare Oxford dated November 23, 2017 stating that you and your two children had coverage that was ending on December 31, 2017. This document was verified by NYSOH on December 1, 2017 [REDACTED]
[REDACTED]
- 5) You testified that, when you found out that your MMC plan enrollment was ending as of January 31, 2018, you called NYSOH to find out why and were told that it had to do with TPHI.
- 6) You testified that you informed the person you spoke with that you submitted a letter showing that your TPHI had ended, and that the NYSOH agent acknowledged the letter and stated that you would be reinstated into your MMC plan coverage as of February 1, 2018.
- 7) You testified that your coverage was not reinstated until March 1, 2018, and your NYSOH account confirms this.
- 8) You testified that you called NYSOH and were told that this was because the reenrollment was put through by the NYSOH agent after the 15th of January, and that you would have to file an appeal to have your enrollment backdated.
- 9) You testified that you need your MMC coverage to be put back on for February 2018 because you have been unable to fill a prescription that you need.

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 (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 (ACA) of 2010,13 ADM-03(III)(F)).

Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through MMC, even if they lose Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of any subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; NY Social Services Law (NY SSL) § 366(4)(c)).

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 an MMC 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 regarding your children’s inability to enroll in an MMC plan is **DISMISSED**, as you withdrew this appeal request during your hearing.

The only issue under review is whether NYSOH properly disenrolled you from your MMC plan, as of January 31, 2018.

You were originally found eligible for Medicaid as of November 1, 2017. At that time, you were able to enroll in an MMC plan, which went into effect as of January 1, 2018.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in an MMC plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan for a twelve-month period, 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.

It appears that NYSOH's system detected that you had TPHI, and on January 6, 2018, NYSOH issued a notice disenrolling you from your MMC plan, effective January 31, 2018, because you allegedly had other full benefit 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, you faxed documentation to NYSOH, which was verified by NYSOH on December 1, 2017, that confirmed your TPHI coverage ended on December 31, 2017.

Therefore, when NYSOH cancelled your MMC plan coverage at the end of January 2018 due to your allegedly having TPHI, the information relied upon by NYSOH in making the determination to terminate your coverage under your MMC plan was incorrect and out of date.

For this reason, the January 6, 2018 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to immediately reinstate you in your MMC plan for the month of February 2018

Decision

Your appeal regarding the December 8, 2017 eligibility determination notice is **DISMISSED**, as you withdrew your appeal on the record (AP000000025577).

The January 6, 2018 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your MMC plan for the month of February 2018.

Effective Date of this Decision: February 16, 2018

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).

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you from your MMC plan.

Your case is being sent back to reinstate your MMC plan coverage for the month of February 2018.

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 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 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 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

Your appeal with regard to the December 8, 2017 eligibility determination notice is **DISMISSED**, as you withdrew your appeal on the record (AP000000025577).

The January 6, 2018 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your MMC plan for the month of February 2018.

NYSOH improperly disenrolled you from your MMC plan.

Your case is being sent back to reinstate your MMC plan coverage for the month of February 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 مجانًا.

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&btumi 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.