

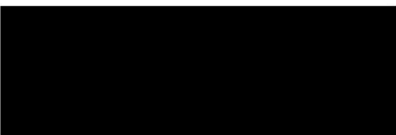


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028876



Dear [REDACTED]

On April 18, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2018 discontinuance and plan 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028876



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 January 31, 2018?

Procedural History

On June 28, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid, effective August 1, 2017.

Also on June 28, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a Medicaid Managed Care (MMC) plan, effective February 1, 2016.

On January 6, 2018, NYSOH issued a plan discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective February 1, 2018. This notice further stated that this was because you requested certain Medicaid services that are not available through NYSOH and that these services were only available through your Local Department of Social Services.

Also on January 6, 2018, NYSOH issued a plan disenrollment notice stating that your coverage through your MMC plan terminated as of January 31, 2018.

On February 7, 2018, NYSOH received your updated application for financial assistance with health insurance.

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On February 8, 2018, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective February 1, 2018.

On February 13, 2018, you selected a MMC plan for your enrollment and this enrollment was effective March 1, 2018.

Also on February 13, 2018, you spoke to NYSOH's Account Review Unit and appealed the termination of your MMC plan for the month of February 2018.

On February 14, 2018, NYSOH issued a plan enrollment notice, based on your February 13, 2018 plan selection, confirming your enrollment in a MMC plan, effective March 1, 2018.

On April 18, 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 NYSOH account confirms, that you were determined eligible for Medicaid through NYSOH, effective August 1, 2017.
- 2) According to your NYSOH account, you were enrolled in an MMC plan, effective February 1, 2016.
- 3) You testified that you received a letter, dated December 7, 2017, regarding the Health and Recovery Plans (HARPs) program.
- 4) You testified that this letter stating that in order to join HARPs you needed to contact NY Medicaid Choice.
- 5) You testified that, on or around January 2, 2018, you contacted NY Medicaid Choice and an application was processed to have your MMC plan converted to HARP.
- 6) You testified that you were informed by NY Medicaid Choice that your HARP coverage would begin as of February 1, 2018.
- 7) According to your NYSOH account, you were disenrolled from your Medicaid coverage through NYSOH, effective January 31, 2018.

- 8) You testified that you were informed that your HARP coverage was never implemented as of February 1, 2018, because your local Human Resource Administration (HRA) never received your application from NY Medicaid Choice, and as a result, your MMC coverage was never converted to HARP.
- 9) According to your NYSOH account and your testimony, you submitted an updated application to NYSOH on February 7, 2018.
- 10) According to your NYSOH account, you were found eligible for Medicaid through NYSOH, effective February 1, 2018 and enrolled into a MMC plan through NYSOH, effective March 1, 2018.
- 11) You testified that you would like to be reenrolled into your MMC plan for the month of February 2018.
- 12) You testified that you have no outstanding medical bills from the month of February 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 (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)).

Health and Recovery Plans (HARPs) Program, Generally

HARP is a managed care program that manages physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use).

To be eligible for HARPs, a person must be:

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- a. 21 years of age or older,
- b. Be insured by Medicaid, and
- c. Be eligible to enroll in a Medicaid Managed Care (MMC) plan.

People who are eligible for HARPs will receive a letter in the mail from NY State or NY Medicaid Choice.

(Health and Recovery Plans (HARPs)
<https://www.omh.ny.gov/omhweb/bho/harp.html>).

Health and Recovery Plans (HARPs) Program, Enrollment Process

HARP eligible enrollees of a MMC Organization that runs a HARP do not have to do anything to join. These people have received or will receive a notice from NY Medicaid Choice. The people who receive this notice in the mail will be given 30 days to opt out or choose to enroll in another HARP. Once enrolled in HARP, members have 90 days to choose another HARP or return to their previous plan. HARP eligible enrollees of a MMC Organization that does not offer a HARP must take action to join HARP. These people have received or will receive a notice from NY State telling them how to join HARP.

Once enrolled in HARP, members must have 90 days to choose another HARP or return to their previous plan. After 90 days, members are locked in to their HARP of choice for 9 additional months.

(Explanation of HARP Enrollment Process,
<https://www.omh.ny.gov/omhweb/bho/enrollment-process.html>).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your MMC plan was terminated effective January 31, 2018.

The record indicates that were found eligible for Medicaid through NYSOH, effective August 1, 2017. At that time, you enrolled into a MMC plan, effective February 1, 2016.

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 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.

You testified that you received a letter, dated December 7, 2017, stating that you were eligible to join a HARPs program. You testified that this letter informed you

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to contact NY Medicaid Choice. You further testified that, on or around January 2, 2018, you contacted NY Medicaid Choice regarding the December 7, 2017 letter you received regarding the HARP's program and an application was processed to convert your current MMC coverage to HARP. You testified that you were informed that your HARP coverage would begin as of February 1, 2018.

Subsequently, on January 6, 2018, NYSOH issued a discontinuance notice and plan disenrollment notice stating that you were no longer eligible for Medicaid through NYSOH as of February 1, 2018, and that your enrollment in your MMC plan would end effective January 31, 2018. The discontinuance notice issued on January 6, 2018 stated that your health insurance coverage through NYSOH was terminating because you requested certain Medicaid services that are not available through NYSOH. This notice further stated that these services are only available through your local Department of Social Services.

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 testified that, although you were informed that your HARP coverage would begin as of February 1, 2018, your HARP coverage did not begin as stated. You further testified that you were informed that your HARP coverage was never implemented as of February 1, 2018, because your local HRA never received your application from NY Medicaid Choice, and as a result, your MMC coverage was never converted to HARP.

People who are eligible for HARP's will receive a letter in the mail from NY State or NY Medicaid Choice. HARP eligible enrollees of an MMC Organization that runs a HARP do not have to do anything to join. These people have received or will receive a notice from NY Medicaid Choice.

Since you testified that you received a letter in the mail from NY Medicaid Choice informing you that you could join a HARP's program, it is reasonable to conclude that you may have been enrolled in HARP through your MMC plan as of February 1, 2018.

Therefore, your case is RETURNED to Plan Management to contact your MMC plan and determine whether you were enrolled in HARP for February 2018.

- 1) If you were enrolled into HARP through your MMC plan for February 2018, the January 6, 2018 discontinuance and plan disenrollment notices are AFFIRMED.
- 2) However, if you were not enrolled into a HARP through your MMC plan for February 2018, the following is directed:

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- a. The January 6, 2018 discontinuance and plan disenrollment notices are RESCINDED;
- b. Your case is RETURNED to NYSOH to reenroll you into your MMC plan for the month of February 2018; and
- c. NYSOH is directed to issue a plan enrollment notice confirming your enrollment in your MMC plan from February 1, 2018 through February 28, 2018.

NYSOH is directed to notify you of the outcome accordingly.

Decision

Your case is RETURNED to Plan Management to contact your MMC plan and determine whether you were enrolled in HARP for February 2018.

- 1) If you were enrolled into HARP through your MMC plan for February 2018, the January 6, 2018 discontinuance and plan disenrollment notices are AFFIRMED.
- 2) However, if you were not enrolled into a HARP through your MMC plan for February 2018 the following is directed:
 - a. The January 6, 2018 discontinuance and plan disenrollment notices are RESCINDED;
 - b. Your case is RETURNED to NYSOH to reenroll you into your MMC plan for the month of February 2018; and
 - c. NYSOH is directed to issue a plan enrollment notice confirming your enrollment in your MMC plan from February 1, 2018 through February 28, 2018.

NYSOH is directed to notify you of the outcome accordingly.

Effective Date of this Decision: May 4, 2018

How this Decision Affects Your Eligibility

This is not a final Decision on your appeal.

Your case is being sent back to Plan Management in order to contact your MMC plan and determine whether you were ever enrolled in HARP through your MMC plan for February 2018. Depending on your enrollment status for the month of February 2018, NYSOH is directed to take the appropriate action as noted above.

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).

NYSOH will contact you once this has been determined.

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:

- By calling the Customer Service Center at 1-855-355-5777

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

Summary

Your case is RETURNED to Plan Management to contact your MMC plan and determine whether you were enrolled in HARP for February 2018.

- 3) If you were enrolled into HARP through your MMC plan for February 2018, the January 6, 2018 discontinuance and plan disenrollment notices are AFFIRMED.
- 4) However, if you were not enrolled into a HARP through your MMC plan for February 2018 the following is directed:
 - a. The January 6, 2018 discontinuance and plan disenrollment notices are RESCINDED;
 - b. Your case is RETURNED to NYSOH to reenroll you into your MMC plan for the month of February 2018; and
 - c. NYSOH is directed to issue a plan enrollment notice confirming your enrollment in your MMC plan from February 1, 2018 through February 28, 2018.

NYSOH is directed to notify you of the outcome accordingly.

This is not a final Decision on your appeal.

Your case is being sent back to Plan Management in order to contact your MMC plan and determine whether you were ever enrolled in HARP through your MMC plan for February 2018. Depending on your enrollment status for the month of February 2018, NYSOH is directed to take the appropriate action as noted above.

NYSOH will contact you once this has been determined.

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।

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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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