



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

Notice of Decision

Decision Date: April 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005918

[REDACTED]

Dear [REDACTED],

On March 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2015 eligibility determination notice and the November 23, 2015 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 NY State of Health 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

Decision Date: April 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005918



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 your Medicaid Managed Care plan should be terminated effective November 30, 2015?

Procedural History

On December 17, 2014, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective December 1, 2014. You subsequently enrolled into a Medicaid Managed Care plan with a January 1, 2015 start date.

On September 15, 2015, NYSOH issued a notice that it was time to renew your health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by November 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by November 15, 2015.

On November 17, 2015, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could

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not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended November 30, 2015.

On November 23, 2015, a disenrollment notice was issued terminating your coverage with your Medicaid Managed Care plan effective November 30, 2015.

On December 22, 2015, NYSOH received your updated application for health insurance.

On December 24, 2015, NYSOH issued an eligibility redetermination notice stating that you were eligible to enroll in the Essential Plan effective February 1, 2016.

Also on December 24, 2015, an enrollment confirmation notice was issued that stated you had selected an Essential Plan 2 and the effective date of that plan was February 1, 2016.

On January 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it ended your Medicaid Managed Care plan effective November 30, 2015.

On March 25, 2016, 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) You testified that you did not receive the September 15, 2015 renewal notice.
- 2) Your account indicates that you elected to receive all of your notices from NYSOH via electronic mail.
- 3) The record reflects that on December 22, 2015, NYSOH received your updated application for health insurance.
- 4) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of December 1, 2015 and ending on December 31, 2015.
- 5) On November 23, 2015, you were terminated from your Medicaid Managed Care plan effective November 30, 2015.

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- 6) The record reflects that you intend to file your 2015 taxes as single.
- 7) The record reflects that you currently expect to receive \$16,900.00 annually from earned employment in 2016.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (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, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

An individual is eligible for enrollment in Medicaid when he or she meets the nonfinancial criteria and has a monthly household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)).

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Under New York's Social Services Law, a person who is found eligible for Medicaid based on her household's modified adjusted gross income (MAGI) but loses that eligibility "for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number" keeps their Medicaid coverage for twelve months, "provided that federal financial participation in the costs of such assistance is available" (N.Y. Soc. Serv. Law § 366(4)(c)). This provision is referred to as "continuous coverage" and the twelve-month period of continuous coverage is based on the date of Medicaid eligibility.

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR §155.230(d); 42 CFR §435.918(b)(4)).

Legal Analysis

The issue under review is whether New York State of Health (NYSOH) properly determined that your enrollment in your Medicaid Managed Care plan was properly terminated effective November 30, 2015.

You were originally found eligible for Medicaid effective December 1, 2014.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 15, 2015, renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by November 15, 2015, or your financial assistance might end.

Under New York's Social Services Law, a person who is found eligible for Medicaid based on her household's modified adjusted gross income (MAGI) but loses that eligibility "for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number" keeps their Medicaid coverage for twelve months.

Twelve months from December 1, 2014 would be November 30, 2015.

The record shows there was no timely response to the September 15, 2015 renewal notice, and you were subsequently terminated from your Medicaid Managed Care plan effective November 30, 2015.

Therefore, the November 17, 2015 eligibility determination and the November 23, 2015 notice of disenrollment are AFFIRMED because they properly ended your eligibility for and enrollment in your Medicaid Managed Care plan on November 30, 2015.

However, since you testified that you did not receive an electronic alert notifying you of the need to update your NYSOH account to prevent a gap in coverage and there is no evidence in the file that NYSOH ever sent you one, your case is RETURNED to NYSOH to allow you the opportunity to provide income documentation in the form of four weeks' pay stubs, or a letter from your employer certifying your gross wages for December 2015. Once NYSOH receives this documentation they will redetermine your eligibility for financial assistance with any coverage that you may be eligible for effective as of December 1, 2015.

Decision

The November 17, 2015 eligibility determination is AFFIRMED.

The November 23, 2015 notice of disenrollment is AFFIRMED.

Your case is RETURNED to NYSOH for you to provide income documentation in the form of four weeks' pay stubs, or a letter from your employer certifying your gross wages for December 2015. Once NYSOH receives this documentation they will redetermine your eligibility for financial assistance with any coverage that you may be eligible for effective as of December 1, 2015.

Effective Date of this Decision: April 25, 2016

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan properly ended as of November 30, 2015.

You are being given the opportunity to submit documentation of your gross income for the month of December 2015 so that the Marketplace can evaluate your eligibility for fee-for-service Medicaid in that month.

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This decision has no effect on your enrollment in the Essential Plan as of February 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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:
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- By fax: 1-855-900-5557

Summary

The November 17, 2015 eligibility determination is AFFIRMED.

The November 23, 2015 notice of disenrollment is AFFIRMED.

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Your enrollment in your Medicaid Managed Care plan properly ended as of November 30, 2015.

You are being given the opportunity to submit documentation of your gross income for the month of December 2015 so that the Marketplace can evaluate your eligibility for fee-for-service Medicaid in that month.

This decision has no effect on your enrollment in the Essential Plan as of February 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

