



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

## Notice of Decision

Decision Date: May 10, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006032

[REDACTED]

Dear [REDACTED],

On May 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2015 eligibility determination notice and the December 22, 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).

This page intentionally left blank.



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

## Decision

Decision Date: May 10, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006032

[REDACTED]

## 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 December 31, 2015?

## Procedural History

On January 13, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2015. You subsequently enrolled into a Medicaid Managed Care plan with a February 1, 2015 start date.

On October 23, 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 December 15, 2015 or you might lose the financial assistance you were currently receiving.

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

On December 21, 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

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).

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 December 31, 2015.

On December 22, 2015, a disenrollment notice was issued terminating your coverage with your Medicaid Managed Care plan effective December 31, 2015.

On January 6, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it ended your Medicaid Managed Care plan effective December 31, 2015.

On May 5, 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 spoke to your Medicaid Managed Care plan and they told you that you had coverage through the plan until January 31, 2016.
- 2) You testified that you have an outstanding medical bill from a provider from the month of January.
- 3) You testified that as of February 1, 2016 you have insurance through your employer.
- 4) You testified that you did receive the notice from NYSOH informing you that your Medicaid Managed Care plan was being terminated as of December 31, 2015 but that you opened the notice after the fact.

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 12 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

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).

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 Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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)).

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.

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was properly terminated effective December 31, 2015.

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).

You testified that you spoke to your Medicaid Managed Care plan and they told you that you had coverage through the plan until January 31, 2016.

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 October 23, 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 December 15, 2015, or your financial assistance might end.

You were originally found eligible for Medicaid effective January 1, 2015 and enrolled in a Medicaid Managed Care plan effective February 1, 2015. Twelve months from January 1, 2015 would be December 31, 2015. Note that the twelve month period begins as of the date the person was found eligible for regular Medicaid coverage, not from the date the person was enrolled in a Medicaid Managed Care plan.

The record shows there was no timely response to the October 23, 2015 renewal notice, and you were subsequently terminated from your Medicaid coverage through your Medicaid Managed Care plan effective December 31, 2015.

Therefore, the December 21, 2015 eligibility determination and the December 22, 2015 notice of disenrollment are AFFIRMED because they properly ended your eligibility for and enrollment in your Medicaid Managed Care plan on December 31, 2015.

## **Decision**

The December 21, 2015 eligibility determination is AFFIRMED.

The December 22, 2015 notice of disenrollment is AFFIRMED.

**Effective Date of this Decision:** May 10, 2016

## **How this Decision Affects Your Eligibility**

Your enrollment in your Medicaid Managed Care plan properly ended as of December 31, 2015.

## **If You Disagree with this Decision (Appeal Rights)**

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).

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

### **Summary**

The December 21, 2015 eligibility determination is AFFIRMED.

The December 22, 2015 notice of disenrollment is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan properly ended as of December 31, 2015.

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).

## **Legal Authority**

We are issuing this determination in accordance with 45 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).



**A Copy of this Decision Has Been Provided To:**

