



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

## Notice of Decision

Decision Date: October 7, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006186

[REDACTED]

Dear [REDACTED],

On August 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 26, 2014 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).

This page intentionally left blank.



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

## Decision

Decision Date: October 7, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006186

[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 son, [REDACTED] was disenrolled from his Medicaid coverage effective December 31, 2014?

## Procedural History

On July 19, 2014, NYSOH issued a notice of eligibility determination stating that your son was eligible to enroll in Child Health Plus (CHP) at full cost. Your son was enrolled in a CHP plan shortly thereafter, with coverage beginning September 1, 2014.

On October 30, 2014, NYSOH prepared a preliminary eligibility determination based on the information contained in your account as of March 20, 2014. This preliminary eligibility determination stated that your son was eligible for Medicaid, effective February 1, 2014.

On November 1, 2014, NYSOH issued a disenrollment notice stating that your son's CHP coverage was terminated effective "January 31, 2014" (*sic*).

On November 12, 2014, NYSOH took independent action to provide to your son continuous coverage between February 1, 2014 and February 28, 2015.

On November 13, 2014, NYSOH issued a notice that it was time to renew your health insurance for 2015. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether

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).

your son would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2014 or your son might lose the financial assistance that he had been receiving.

On November 27, 2014, NYSOH issued an eligibility determination notice stating that your son was eligible for Medicaid effective February 1, 2014.

On November 29, 2014, NYSOH received a revised application for health insurance.

On November 30, 2014, NYSOH issued a notice stating that your son might be eligible for health insurance through NYSOH, but more information was needed to make a determination. It requested that you provide income documentation for your household by December 17, 2014 to confirm the information you provided in your application was accurate.

On December 15, 2014, NYSOH received partially cut-off copies of what appear to be statements from your spouse's business credit card account, and a typed statement from you explaining that these documents represented your best estimate of your income from 2014 and 2015. Your letter also stated that the account also reflected some personal transactions.

On December 17, 2014, NYSOH issued a notice stating that the documents you had submitted were insufficient to resolve the issue regarding household income, and requesting you to submit additional information.

On December 26, 2014, NYSOH issued a disenrollment notice stating that your son's Medicaid coverage would end effective December 31, 2014.

On January 6, 2015, NYSOH received a revised application for health insurance.

On January 7, 2015, NYSOH issued a notice stating that your son might be eligible for health insurance through NYSOH, but more information was needed to make a determination. It requested that you provide income documentation for your household by January 24, 2015 to confirm the information you provided in your application was accurate.

On February 6, 2015, NYSOH issued a notice stating that the documents you had submitted were insufficient to resolve the issue regarding household income, and requesting you to submit additional information, without specifying what was wrong with the documentation you had submitted.

On February 17, 2015, NYSOH received a copy of a 2014 Schedule C form regarding your business.

On February 21, 2015, NYSOH issued a notice stating that the documents you had submitted were insufficient to resolve the issue regarding household income, and requesting you to submit additional information, again without specifying what was wrong with the documentation you had submitted.

On February 23, 2015, NYSOH again received a copy of the Schedule C form for 2014 regarding your business.

On March 25, 2015, NYSOH received a revised application for health insurance.

On March 26, 2015, NYSOH issued an eligibility determination notice based on the information contained in the March 25, 2015 application. The notice stated that your son was conditionally eligible to enroll through Child Health Plus (CHP) with a \$9.00 premium per month, effective May 1, 2015.

On May 12, 2015, NYSOH issued a notice of enrollment confirming your selection of a CHP plan for your son's coverage as of May 11, 2015. The notice also stated that his coverage would begin effective May 1, 2015.

On December 1, 2015, NYSOH again received a Schedule C (Profit of Loss From Business) from your 2014 tax return.

On December 4, 2015, NYSOH issued a notice acknowledge receipt of documentation to resolve the discrepancy; however, the documentation was not sufficient to resolve the inconsistency. The notice requested that you provide additional documentation to prove your household income.

On December 16, 2015, NYSOH received a copy of a signed income tax return from 2014.

On December 24, 2015, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll through CHP with a \$9.00 premium per month, effective February 1, 2016.

You requested to appeal your son's eligibility insofar as you were seeking for him to be covered during January 2015 since you had an unpaid medical bill during that month.

On August 9, 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) Your son was born on [REDACTED].
- 2) NYSOH found your son eligible for Medicaid effective February 1, 2014 based on independent action by NYSOH. This was formalized by the November 27, 2014 notice issued by NYSOH.
- 3) Your son was disenrolled from his Medicaid Managed Care plan effective December 31, 2014.
- 4) You testified that you were seeking for your son to be covered during the month of January 2015 since you incurred out-of-pocket medical expenses associated with a visit to a clinic.

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

## Applicable Law and Regulations

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which was \$20,090.00 for a three-person household (80 Federal Register 3236, 3237).

Most people determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage 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 twelve-month period. This twelve-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 a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

## **Legal Analysis**

The sole issue under review is whether NYSOH properly determined that your son was disenrolled from his Medicaid coverage effective December 31, 2014.

Your son was born on [REDACTED] and NYSOH issued an eligibility determination notice finding your son eligible for Medicaid effective February 1, 2014. Subsequently, your son was enrolled in a Medicaid Managed Care plan with coverage beginning February 1, 2014. Your son's eligibility for Medicaid for that period is not under appeal.

Under New York State law, once a child is eligible for Medicaid, that eligibility generally continues for twelve months, even if the household income rises above 223% of the FPL. This provision is called "continuous coverage."

You were requested to update your application by December 15, 2014 in order to redetermine your son's eligibility effective January 1, 2015. However, since your son was determined eligible for Medicaid beginning February 1, 2014, he remained eligible for Medicaid for twelve continuous months. Furthermore, no reconsideration of his eligibility should have been made by NYSOH until twelve months after his initial Medicaid eligibility.

Since NYSOH determined your son eligible for Medicaid effective February 1, 2014, his MMC plan coverage should have continued through January 31, 2015.

Therefore, the December 26, 2014 disenrollment notice stating that your son's Medicaid coverage was terminated as of December 31, 2014 was issued in error and is RESCINDED.

A renewal notice was not timely issued to you for your son's coverage, and as a result, you were not given the opportunity to reenroll in coverage and your son was improperly found ineligible for coverage through CHP until May 1, 2015. Therefore, the MMC coverage should have continued until such time as your child could be enrolled in a new plan.

Accordingly your case is RETURNED to NYSOH to reinstate your son's MMC plan coverage from January 1, 2015 through April 30, 2015.

## **Decision**

The December 26, 2014 disenrollment notice is RESCINDED; your son's coverage should have continued until January 31, 2015.

Your case is RETURNED to NYSOH to reinstate your son's MMC plan coverage from January 1, 2015 through April 30, 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).

**Effective Date of this Decision:** October 7, 2016

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

Your son was enrolled in an MMC between February 1, 2014 and April 30, 2015.

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

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).



## **Summary**

The December 26, 2014 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your son's MMC plan coverage from January 1, 2015 through April 30, 2015.

Your son was enrolled in an MMC between February 1, 2014 and April 30, 2015.

## **Legal Authority**

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

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

