



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

Notice of Decision

Decision Date: June 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006196

[REDACTED]

Dear [REDACTED],

On April 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 14, 2016 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 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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Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did New York State of Health (NYSOH) properly determine that your enrollment in your Medicaid and Medicaid Managed Care plan coverage ended on January 31, 2016?

Procedural History

On February 16, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective February 1, 2015.

Also on February 16, 2015, NYSOH issued a notice confirming your enrollment in a Medicaid Managed Care (MMC) plan, effective March 1, 2015.

On January 14, 2016, a disenrollment notice was issued that stated you had requested to end your insurance coverage with your MMC plan on January 13, 2016. The notice further stated that you would no longer have coverage with your MMC plan, effective January 31, 2016.

On January 13, 2016, you spoke to the NYSOH's Account Review Unit and appealed the disenrollment notice insofar as it terminated your MMC coverage effective January 31, 2016 and not December 31, 2015.

On April 29, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was held open for 15 days after the hearing, until May 13, 2016, so that you could submit documentation regarding your third

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party health insurance (TPHI), and phone records. On May 3, 2016, you uploaded four documents to your NYSOH account, totaling five pages. No further documentation was submitted as of May 13, 2016, and the record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) The record reflects, and your testimony confirms, that you were enrolled in Medicaid (fee-for-service) coverage through NYSOH effective February 1, 2015, and enrolled in MMC plan coverage effective March 1, 2015.
- 2) You testified that your husband started a new job in November 2015, and that you became eligible for health insurance coverage through his employer effective January 1, 2016.
- 3) You testified that you first contacted NYSOH to request cancellation of your Medicaid and MMC coverage sometime in November 2015. You testified that you were unable to reach someone at NYSOH and instead reached a recorded message advising you to leave a phone number so someone could call you back. You testified that you left a phone number, but did not hear from anyone.
- 4) You testified that you contacted NYSOH again in December 2015 to request cancellation of coverage and again reached a recorded message asking you to leave a phone number so someone could call you back.
- 5) The record reflects, and your testimony confirms, that you contacted NYSOH on January 13, 2016. The record reflects that your account was updated on that day to show that you did not need health insurance through NYSOH.
- 6) You testified at the hearing that you did not use your Medicaid or MMC coverage in the month of January 2016.
- 7) You testified that you filed this appeal because you wanted to make sure you were not using coverage that you were not entitled to and that you no longer needed.
- 8) After the hearing, you uploaded four documents to your NYSOH account as follows:
 - a. Document [REDACTED] – A cover letter addressed to the Appeals Unit which describes the three other documents you uploaded, and notes that the call you testified to making to NYSOH

in November 2015 was made from your office phone, and is undocumented;

- b. Document [REDACTED] – A one-page copy of a record of phone calls made from an AT&T phone, with your name listed at the top, for the bill cycle December 14, 2015 – January 13, 2016. The document shows a five minute call made on Wednesday, December 16, 2015 at 11:23 AM, to the number 855-355-5777 (the phone number for NYSOH’s customer service center);
- c. Document [REDACTED] – A two-page printout from “myuhc.com” with the title “Persons Covered,” showing your name and your spouse’s name, your member ID and group number, and a coverage start date of 01/01/2016;
- d. Document [REDACTED] – a one-page document with the front and back of a UnitedHealthcare insurance card, with your name and your spouse’s name and your coverage information.

These documents are collectively entered into the record as “Appellant’s Exhibit One.”

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

Applicable Law and Regulations

Medicaid Managed Care Plan

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH 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 a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the next following month (45 CFR § 155.330 (f)(2)), and it has elected to do so (13 OHIP/ADM-03).

Legal Analysis

The issue under review is whether the Marketplace properly disenrolled you from your MMC plan coverage effective January 31, 2016.

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of changes or updates they make to their Medicaid account. This 12 month period is known as "continuous coverage," and is based on the start date of the original Medicaid eligibility determination.

You were found eligible for Medicaid effective February 1, 2015. Therefore, you would have remained eligible for Medicaid for a continuous period of twelve months, or until January 31, 2016.

One of the limited exceptions to "continuous coverage" is when an individual becomes eligible for third party health insurance (TPHI). You testified that your spouse started a job in November 2015, and you became eligible for coverage through his employer effective January 1, 2016. The documentation you submitted regarding your TPHI – the printout from your insurance company and the copy of your insurance card – confirms that you had TPHI coverage as of January 1, 2016 (Appellant's Exhibit One). Therefore, you ceased to be eligible for Medicaid when you were enrolled into your husband's private insurance coverage.

However, when a person reports a change to NYSOH that results in a redetermination during a benefit year, the effective date of the redetermination is dependent on when the change was reported. Any redetermination resulting from a change reported after the 15th of the month is made effective on the first of the second following month.

You testified that you first contacted NYSOH to update your account and request cancellation of your Medicaid coverage in November 2015, however, neither NYSOH's records nor the documentation you submitted contains evidence of this contact. The phone records that you submitted do indicate, consistent with your

testimony, that you contacted NYSOH on December 16, 2015. (Appellant's Exhibit One). However, even if your account was updated and you requested termination of your Medicaid coverage on December 16, 2015, because you reported the change after the 15th of the month, the change would go into effect on the first day of the second following month, or February 1, 2016.

Therefore, whether you requested termination of your Medicaid coverage on December 16, 2015 or January 13, 2016 (as stated by NYSOH), your coverage would terminate effective January 31, 2016.

Thus, the Marketplace's January 14, 2016 disenrollment notice, ending your MMC coverage as of January 31, 2016, is AFFIRMED.

Decision

The Marketplace's January 14, 2016 disenrollment notice is AFFIRMED.

Effective Date of this Decision: June 7, 2016

How this Decision Affects Your Eligibility

Your coverage through Medicaid and your MMC plan ended effective January 31, 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)).

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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
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- By fax: 1-855-900-5557

Summary

The Marketplace's January 14, 2016 disenrollment notice is AFFIRMED.

Your coverage through your Medicaid Managed Care plan January 31, 2016.

Your coverage through Medicaid and your MMC plan ended effective January 31, 2016.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

