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

Notice of Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000006332

[redacted]

Dear [redacted],

On May 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000006332

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

Procedural History

On September 17, 2015, NYSOH issued a renewal notice stating that for the upcoming coverage year you were qualified to enroll in a qualified health plan, with a tax credit up to $245.51 per month, effective December 1, 2015. You were no longer eligible for Medicaid. The notice also stated that you needed to select a different health plan by November 15, 2015, in order for your new coverage to be effective by December 1, 2015.

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

On November 22, 2015, a disenrollment notice was issued ending your coverage in your Medicaid Managed Care plan effective November 30, 2015.

On December 9, 2015, the NYSOH received your updated application.

On December 10, 2015, an eligibility determination notice was issued finding you eligible to enroll in the Essential Plan effective January 1, 2016, for a limited time. You were directed to confirm your Income by providing documentation before

March 8, 2016, or your eligibility to enroll in coverage or to receive financial assistance might end.

Also on December 10, 2015, an enrollment confirmation notice was issued confirming your enrollment in an Essential Plan with a start date of January 1, 2016.

On January 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the disenrollment from your Medicaid Managed care plan effective November 30, 2015.

On May 12, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days to provide proof of your Social Security Benefits award letter. This four page document was received by NYSOH Appeals unit and uploaded to your account on May 12, 2016 and is incorporated into the record as Appellant's Exhibit 1.

Findings of Fact

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

1) You testified, and the record reflects, that you receive all of your notices from NYSOH by electronic mail.

2) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility and pick a health plan for December 2015.

3) You testified that you did not know that you needed to update your account until you contacted the NYSOH on December 9, 2015.

4) You testified that you did not receive the September 17, 2015 renewal notice.

5) The record reflects that on December 9, 2015, NYSOH received your updated application for health insurance. You were found eligible to enroll in the Essential Plan effective January 1, 2016.

6) You testified that you are seeking reinstatement in your Medicaid Managed Care plan for December 2015.

7) The record reflects that you intend to file your 2016 taxes as single.

8) Your application on December 9, 2015 listed an annual household income of $21,600.00. You testified that this was correct.

9) Your income documentation was received and verified on May 12, 2016. The letter dated May 12, 2016, stated that beginning August, 2015, you would receive the full monthly Social Security benefit, before any deductions, of $1,811.60 (Appellant's Exhibit 1 pg. 3).

10) You reside in New York County.

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 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, NY Social Services 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)).

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 is $11,770.00 for a one-person household (80 Federal Register 3236, 3237).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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 12 months, "provided that federal financial participation in the costs of such assistance is available" (NY Social Services Law § 366(4)(c)). This provision is referred to as "continuous coverage" and the 12-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 12 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. It also must send the appropriate renewal notice to you.

NYSOH's September 17, 2015 renewal notice stated it was time to renew your health insurance. The record shows there was no timely response to the September 17, 2015 renewal notice in that no health plan was chosen for December 2015, and you were subsequently terminated from your Medicaid Managed Care plan effective November 30, 2015.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the eligibility determination notice that directed you to update the information in your NYSOH account. There is no evidence in your account documenting that any email alert was sent to you regarding the need to renew your application.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account, and your eligibility for renewal should be redetermined.

You first renewed your eligibility for financial assistance through NYSOH for 2016 on December 9, 2015. We can only assume that the information in that application is what would have been submitted had you been timely informed of the need to update your account, and that information will be used now.

Your income documentation was received and verified on May 12, 2016. The letter dated May 12, 2016, states that since August, 2015 you have received the full monthly Social Security benefit before any deductions in the amount of $1,811.60 (Appellant's Exhibit 1 pg. 3).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. 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. To be eligible for Medicaid during the month of December 2015, based upon your family size of one, you would have had to have an income below 138% of the Federal Poverty level or $1,354.00.

Since your income documentation shows you are above this threshold for the month of December, the month you should have renewed your application, you were not eligible for Medicaid for December 2015.

However, after being found ineligible for Medicaid for December 2015, and since the Essential Plan did not exist until January 1, 2016, you should then have been given an opportunity to enroll in the appropriate coverage for December, until you could begin your Essential Plan coverage.

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Therefore, the November 23, 2015 notice of disenrollment stating that your enrollment in Medicaid would end on November 30, 2015 is AFFIRMED.

Your application on December 9, 2015 listed an annual household income of $21,600.00. You testified that this was correct.

Your case is RETURNED to NYSOH to determine your eligibility for enrollment in coverage for December 2015, based upon a one-person household with an expected income of $21,739.00, residing in New York County. You will be responsible for any premium responsibility attributed to the health plan you select for that month.

Decision

The November 23, 2015 notice of disenrollment stating that your enrollment in Medicaid would end on November 30, 2015 is AFFIRMED.

Your case is RETURNED to NYSOH to determine your eligibility for enrollment in coverage for December 2015, based upon a one-person household with an expected income of $21,739.00, residing in New York County.

Effective Date of this Decision: May 20, 2016

How this Decision Affects Your Eligibility

This decision has no effect on your eligibility after January 1, 2016.

Your eligibility for Medicaid ended on November 30, 2015.

Your case is returned to NYSOH to determine your eligibility for coverage for December 2015. You will be responsible for any premium responsibility attributed to the health plan you select for that month.

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

Summary

The November 23, 2015 notice of disenrollment stating that your enrollment in Medicaid would end on November 30, 2015 is AFFIRMED.

Your case is RETURNED to NYSOH to determine your eligibility for enrollment in coverage for December 2015, based upon a one-person household with an expected income of $21,739.00, residing in New York County.

This decision has no effect on your eligibility after January 1, 2016.

Your eligibility for Medicaid ended on November 30, 2015.

Your case is returned to NYSOH to determine your eligibility for coverage for December 2015. You will be responsible for any premium responsibility attributed to the health plan you select for that month.

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Legal Authority

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

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A Copy of this Decision Has Been Provided To:

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