



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

## Notice of Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006401

[REDACTED]

Dear [REDACTED],

On June 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 2015 disenrollment notice, January 13, 2016 eligibility determination notice, January 13, 2016 disenrollment notice and January 15, 2016 eligibility determination 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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## Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006401

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly disenroll you and your daughter from your Medicaid Managed Care coverage effective January 31, 2016?

Did NYSOH properly disenroll your spouse from his Medicaid Managed Care coverage effective December 31, 2015?

## Procedural History

On October 16, 2015, NYSOH issued an eligibility determination notice stating that you, your spouse, and your daughter remained eligible for Medicaid, effective October 1, 2015.

Also on October 16, 2015, NYSOH issued a notice of enrollment confirming that you and your spouse had enrolled in UnitedHealthcare of New York, Inc. (UHC) as your Medicaid Managed Care (MMC) plan, with coverage beginning October 1, 2015. The notice confirm your daughter's enrollment in New York State Catholic Health Plan, Inc. (Fidelis Care) as her MMC plan, with coverage also beginning as of October 1, 2015.

On December 1, 2015, NYSOH received a revised application, which reflected an increase of income from \$0.00 to \$77,048.40.

On December 6, 2015, NYSOH issued an eligibility redetermination notice based on the information contain in your December 1, 2015 application. It stated that

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your family was no longer eligible for Medicaid; however, Medicaid coverage for you and your daughter would continue until September 30, 2016, and your spouse's Medicaid coverage would continue until July 31, 2016. The eligibility determination was effective December 1, 2015.

Also on December 6, 2015, NYSOH issued a notice of enrollment confirming that you and your spouse were enrolled in UHC as your MMC plan, with coverage beginning effective October 1, 2015. The notice also confirmed your daughter's enrollment in Fidelis Care as her MMC plan, with coverage also beginning October 1, 2015.

On December 22, 2015, NYSOH redetermined your eligibility based on the information contained in your December 1, 2015 application.

On December 24, 2015, NYSOH issued a disenrollment notice stating that your spouse's MMC coverage with UHC would be terminated effective December 31, 2015, because he was no longer eligible to remain enrolled in his current health coverage.

On December 30, 2015, NYSOH issued an eligibility determination notice based on the redetermination of your household's eligibility as of December 22, 2015. It stated that you and your daughter were no longer eligible for Medicaid; however, your coverage would continue until September 30, 2016. It also found you spouse newly eligible to purchase a qualified health plan at full cost through NYSOH. This eligibility determination was effective January 1, 2016. This notice was returned to NYSOH as undeliverable.

On January 12, 2016, NYSOH again redetermined your eligibility based on the information contained in your December 1, 2015 application.

On January 13, 2016, NYSOH issued an eligibility redetermination notice stating that NYSOH redetermined your eligibility on January 12, 2016, and your daughter was no longer qualified to enroll in coverage through NYSOH because mail that was sent to you by NYSOH had been returned by the postal service. The notice stated that your daughter's eligibility would end January 31, 2016.

Also on January 13, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan through NYSOH at full cost. This eligibility determination was effective February 1, 2016.

Also on January 13, 2016, NYSOH issued a disenrollment notice stating that you and you and your daughter's respective MMC coverage would be terminated effective January 31, 2016. This disenrollment notice was issued because you were no longer eligible to remain enrolled in your *current* health coverage and your daughter was no longer eligible to enroll in coverage through NYSOH.

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On January 14, 2016, NYSOH received three revised applications, in the last of which you attested to household income of \$77,012.00.

On January 15, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the last January 14, 2016 application. It stated that you and your spouse were found newly conditionally eligible to receive up to \$117.00 per month in advance payments of the premium tax credit, and ineligible for Medicaid. It also stated that your daughter was conditionally eligible to enroll in Child Health Plus (CHP) for a cost of \$60.00 per month, effective February 1, 2016.

On January 22, 2016, you contacted NYSOH's Account Review Unit and appealed that your family had been disenrolled from your respective MMC plans, and were seeking reinstatement through September 30, 2016.

## Findings of Fact

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

- 1) You testified, and the record reflects, that you have lived in New York State continuously since you first applied for health insurance through NYSOH.
- 2) You testified that you always reported address changes to NYSOH by speaking with a NYSOH representative over the phone.
- 3) You testified that, since the inception of your account, your residential and mailing addresses, and the dates they were in effect, were as follows:
  - a. August 24, 2015 to October 15, 2015:  
[REDACTED]
  - b. October 15, 2015 to present:  
[REDACTED]
- 4) You testified that you first notified NYSOH of your move to the [REDACTED] address on or about October 15, 2015, and the record supports this.
- 5) Between October 15, 2015 and January 13, 2016, NYSOH continued to issue mailings to "[REDACTED]."

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All mailings issued by NYSOH on December 6, 2015, December 24, 2015 and December 30, 2015 were returned to NYSOH as undeliverable, each missing not only the new address you had provided to NYSOH as of October 15, 2015, but also missing the [REDACTED] reference in the older address, such that any mail forwarding attempts would have failed to reach you as well.

- 6) You and your spouse's MMC coverage with UHC was terminated as of January 31, 2016 and December 31, 2015, respectively.
- 7) Your daughter's MMC coverage with Fidelis Care was terminated as of January 31, 2016.
- 8) You testified that you are looking for your family's MMC coverage to be reinstated through September 30, 2016.

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

## **Applicable Law and Regulations**

### Medicaid Eligibility

Medicaid through NYSOH can be provided to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); NY Social Services Law § 366(1)(b)).

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)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly disenrolled you and your daughter from your respective MMC plan coverage, effective January 31, 2016.

On October 16, 2015, NYSOH issued an eligibility determination notice stating that you and your daughter remained eligible for Medicaid, effective October 1, 2015. This determination is not at issue in this appeal and is presumed correct. Most individuals determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, with limited exceptions, including a lack of residence in NY State.

The record contains no evidence that you experienced any of the circumstances that should have ended your 12-month period of continuous coverage. NYSOH discontinued your daughter's eligibility as of January 31, 2016, as reflected in the notice issued on January 13, 2016, because of returned mail. However, the record reflects that NYSOH did not update your address as requested October 15, 2015. As a result, notices issued by NYSOH on or after October 15, 2015 were issued to the older address on file, and ultimately returned to NYSOH as undeliverable.

You and your daughter were disenrolled from coverage as a result of the returned mail, because mail being returned was suggestive that your residence had changed.

While the January 13, 2016 eligibility redetermination notice was issued solely for your daughter, ending her eligibility for Medicaid coverage through her MMC effective January 31, 2016, it also appears to have caused you to have been disenrolled from your MMC plan effective January 31, 2016, as reflected in the January 13, 2016 disenrollment notice.

You testified credibly, and the record reflects, that you and your daughter had continuous NY State residency during the period since the December 6, 2015 notices (and prior to that). Additionally, a review of your testimony and the record indicates that it was NYSOH's failure to properly issue notices to the new mailing address you provided on October 15, 2015 that led to the return of the December 6, 2015 notices, and the subsequent termination of eligibility and coverage for you and your daughter.

Since all credible evidence in the record confirms that you and your daughter were eligible for Medicaid as of October 1, 2015, and since the record does not indicate that there were any circumstances that should have given rise to a

disruption of the 12 months of continuous coverage, NYSOH improperly discontinued Medicaid and MMC coverage for you and your daughter effective January 31, 2016.

Therefore, the January 13, 2016 eligibility determination notice and the January 13, 2016 disenrollment notices are RESCINDED.

NYSOH is directed to facilitate re-enrollment of you and your daughter into your respective MMC plans between February 1, 2015 and September 30, 2016.

The second issue under review is whether NYSOH properly disenrolled your spouse from his MMC plan coverage, effective December 31, 2015.

The October 16, 2015 eligibility determination notice also stated that your spouse and your daughter remained eligible for Medicaid, effective October 1, 2015.

Once a person is found eligible for Medicaid, they remain eligible for Medicaid for 12 continuous months whether or not their income increases. This is referred to as “continuous coverage.”

Again, the record contains no evidence that your spouse experienced any of the circumstances that should have ended his twelve months of continuous coverage. NYSOH discontinued your spouse’s eligibility as of December 31, 2016, as reflected in the December 24, 2015 disenrollment notice.

Since the December 24, 2015 disenrollment notice was issued based on incorrect information and is not supported by the record, it is RESCINDED.

Furthermore, since the start date of your family’s Medicaid coverage was established as October 1, 2015, the December 6, 2015 eligibility redetermination notice is MODIFIED to continue your MMC coverage with UHC until September 30, 2015.

Finally, since the January 15, 2016 eligibility redetermination notice finding you and your spouse eligible to enroll in a QHP and receive APTC, and your daughter eligible for CHP is no longer supported by the record, it is also RESCINDED.

NYSOH is directed to assist you in submitting any bills for medical services your family may have incurred for based on the reinstatement of your family’s MMC plan for coverage, as appropriate.



## **Decision**

The December 6, 2015 eligibility redetermination notice is MODIFIED to continue your spouse MMC coverage with UHC until September 30, 2015.

The December 24, 2015 disenrollment notice terminated your spouse's MMC coverage as of December 31, 2015 is RESCINDED.

The January 13, 2016 eligibility determination stating that your daughter is no longer eligible to enroll in coverage through NYSOH, and that her eligibility ended effective January 31, 2016, is RESCINDED.

The January 13, 2016 disenrollment notice, stating that you and your daughter's respective MMC plan coverage was discontinued as of January 31, 2016, is RESCINDED.

The January 15, 2016 eligibility redetermination notice finding you and your spouse eligible to enroll in a QHP and receive APTC, and your daughter eligible for CHP, is RESCINDED.

NYSOH is directed to facilitate reinstatement of you and your daughter into your respective MMC plans between February 1, 2015 and September 30, 2016.

NYSOH is directed to facilitate reinstatement of your spouse his MMC plan, UHC, between January 1, 2016 and September 30, 2016.

**Effective Date of this Decision:** August 03, 2016

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

You and your daughter's respective MMC plan coverage should not have been terminated as of January 31, 2016.

Your spouse's MMC plan coverage should not have been terminated as of December 31, 2015.

NYSOH will help your family to re-enroll into your respective MMC plan coverage for the month of during 2016, and will help you to submit any outstanding medical bills you had for that month to your MMC plan for coverage, as appropriate.

## **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 December 6, 2015 eligibility redetermination notice is MODIFIED to continue your spouse MMC coverage with UHC until September 30, 2015.

The December 24, 2015 disenrollment notice terminated your spouse's MMC coverage as of December 31, 2015 is RESCINDED.

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The January 13, 2016 eligibility determination stating that your daughter is no longer eligible to enroll in coverage through NYSOH, and that her eligibility ended effective January 31, 2016, is RESCINDED.

The January 13, 2016 disenrollment notice, stating that you and your daughter's respective MMC plan coverage was discontinued as of January 31, 2016, is RESCINDED.

The January 15, 2016 eligibility redetermination notice finding you and your spouse eligible to enroll in a QHP and receive APTC, and your daughter eligible for CHP, is RESCINDED.

You and your daughter's respective MMC plan coverage should not have been terminated as of January 31, 2016.

Your spouse's MMC plan coverage should not have been terminated as of December 31, 2015.

NYSOH will help your family to re-enroll into your respective MMC plan coverage for the month of during 2016, and will help you to submit any outstanding medical bills you had for that month to your MMC plan for coverage, as appropriate.

## **Legal Authority**

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

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

