



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

Notice of Decision

Decision Date: July 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006478

[REDACTED]

Dear [REDACTED]

On June 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 15, 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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Decision

Decision Date: July 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006478

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly disenroll you from your Medicaid Managed Care plan coverage effective January 31, 2015?

Procedural History

In March 2014, NYSOH received multiple applications for health insurance. The applications listed various incomes for you and your spouse. In the last application filed on March 31, 2014, you claimed that your estimated annual household earnings for the year were \$10,700.00, which had been earned by you. On that application, you removed any earnings for your spouse, despite the fact that you had earlier listed her individual earnings for 2014 as \$19,380.00 and \$17,701.20.

Also on March 31, 2014, NYSOH received several earnings statements issued to you by [REDACTED]

Based on your last application filed on March 31, 2014, on April 5, 2014, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid. The notice also stated that your Medicaid coverage would begin March 1, 2014, and that you must choose a health plan, or one would be chosen for you.

Your account was updated on April 5, 2014 and April 10, 2014.

On April 30, 2014, NYSOH issued an eligibility determination notice based on the information contained in the April 13, 2014 application. It stated that you were eligible for Medicaid effective April 1, 2014, and that your enrollment with your Medicaid Managed Care plan through BlueCross BlueShield of WNY (BCBS) would begin May 1, 2014.

On January 8, 2015, NYSOH issued a notice stating it was time to renew your health coverage.

On January 14, 2015, NYSOH received a revised application.

On January 15, 2015, NYSOH issued an eligibility redetermination notice stating that you were newly eligible for up to \$105.00 per month in advance payments of the premium tax credit (APTC), newly eligible for cost-sharing reductions if you selected a silver-level plan, and no longer eligible for Medicaid. This eligibility determination was effective February 1, 2015.

On January 15, 2015, NYSOH issued a disenrollment notice stating that your MMC coverage with HealthNow New York Inc. would end effective January 31, 2015. This was because you were no longer eligible to remain enrolled in your current health plan.

On January 26, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the January 15, 2015 disenrollment notice insofar your Medicaid eligibility was terminated as of January 31, 2015 and not March 31, 2015.

On August 28, 2015, your NYSOH account enrollment details reflected your enrollment in Medicaid Fee-For-Service coverage during the month of February 2015.

On April 15, 2016, NYSOH received (1) a letter issued by NYS Department of Health (DOH), dated February 18, 2016, acknowledging receipt of your claim for reimbursement of medical expenses, (2) a letter issued by NYS DOH indicating that you were denied reimbursement for your out-of-pocket expenses since they "occurred after the issuance of your CBIC card and/or enrollment in managed care[.]" (3) a letter issued by NYS DOH Medicaid Financial Management reflecting eligibility dates from February 1, 2015 to February 28, 2015, and that none of your requested \$94.77 reimbursement had been approved, and (4) a [REDACTED] issued as of January 26, 2016, reflecting expenses incurred by you between February 1, 2015 and February 28, 2015.

On June 1, 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 supports the following findings of fact:

- 1) Based on an application submitted on January 14, 2015, NYSOH issued an eligibility determination notice finding you eligible for APTC and CSR, effective March 1, 2015.
- 2) The April 30, 2014 eligibility determination notice stated that you had again been found eligible for Medicaid, effective April 1, 2014.
- 3) Your MMC coverage was terminated effective January 31, 2015.
- 4) On August 28, 2015, NYSOH reinstated your Medicaid Fee-For-Service coverage during the month of February 2015.
- 5) You testified a NYSOH representative backdated your NYSOH Medicaid coverage to January 1, 2014 in order to cover \$1,400.00 in out-of-pocket medical expenses you incurred that month, but in doing so may have inadvertently terminated your Medicaid coverage as of January 31, 2015.
- 6) You further that you were seeking to have your Medicaid coverage continue until at least March 31, 2015. You further testified that a NYSOH representative confirmed this would be the case since your Medicaid coverage began on April 1, 2014.
- 7) You testified that you were seeking reimbursement of \$94.77 and \$58.01 in out-of-pocket costs incurred by you during February 2015 and March 2015, respectively, for prescription medication.

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

Applicable Law and Regulations

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

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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 issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid, effective January 31, 2015.

In the April 5, 2014 eligibility determination, you were initially found eligible for Medicaid, with coverage to begin March 1, 2014. However, a subsequent eligibility determination issued on April 19, 2014 stated that you were eligibility for Medicaid beginning April 1, 2014.

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.” This 12-month period of continuous coverage is restarted with every redetermination that finds you eligible for Medicaid.

Because the April 30, 2015 eligibility determination notice again found that you were still eligible for Medicaid Effective April 1, 2014, your 12-month period of continuous coverage began again, and would last from April 1, 2014 to March 31, 2015 and the January 15, 2015 disenrollment notice was issued in error.

Therefore, the January 15, 2015 disenrollment notice is also RESCINDED.

Furthermore, since you were improperly disenrolled from your Medicaid coverage effective January 31, 2015, the January 21, 2015 eligibility determination notice finding you eligible for APTC and CSR as of March 1, 2015 is as RESCINDED.

Accordingly, your case is RETURNED to NYSOH to reinstate your MMC coverage, as determined in effect at that time, until March 31, 2015, and to address any outstanding claims.

Decision

The January 15, 2015 disenrollment notice is RESCINDED.

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The January 21, 2015 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC coverage, as determined in effect at that time, until March 31, 2015, and to address any outstanding claims.

Effective Date of this Decision: July 27, 2016

How this Decision Affects Your Eligibility

You were incorrectly disenrolled from your MMC, effective January 31, 2015.

Your case is being sent back to NYSOH to address any outstanding claims.

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 January 15, 2015 disenrollment notice is **RESCINDED**.
The January 21, 2015 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your MMC coverage, as determined in effect at that time, until March 31, 2015, and to address any outstanding claims.

You were incorrectly disenrolled from your MMC, effective January 31, 2015.

Your case is being sent back to NYSOH to address any outstanding claims.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

