



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

Notice of Decision

Decision Date: July 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006520

[REDACTED]

Dear [REDACTED]

On May 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 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 at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006520



Issues

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

Did New York State of Health (NYSOH) properly terminate your health insurance coverage with UnitedHealthcare of New York, Inc. effective December 31, 2015?

Procedural History

On July 16, 2015, NYSOH issued an eligibility determination notice that you were eligible for Medicaid, effective as of July 1, 2015.

On the same day NYSOH issued a notice confirming that you were enrolled in UnitedHealthcare of New York, Inc. on July 15, 2015, and your enrollment is effective August 1, 2015.

On December 23, 2015, your NYSOH account was updated.

On December 24, 2015, NYSOH issued a notice that you remain conditionally eligible for Medicaid, effective January 1, 2016. The notice directed you to confirm your eligibility by providing documentation before January 7, 2016.

On the same day NYSOH issued a disenrollment notice that your UnitedHealthcare of New York, Inc. would end December 31, 2015.

On January 6, 2016, NYSOH issued an eligibility determination notice that you are no longer eligible for Medicaid, but will continue to have Medicaid coverage until June 30, 2016. The notice directed you to provide income documentation before January 20, 2016 to confirm your eligibility.

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On January 7, 2016 and January 11, 2016 the income documentation you faxed to NYSOH was posted to your NYSOH account (Documents [REDACTED]; [REDACTED]; [REDACTED]).

On January 19, 2016, you uploaded additional income documentation to your NYSOH account (Documents [REDACTED]; [REDACTED]; Document [REDACTED]; Document [REDACTED]).

On January 22, 2016, NYSOH issued an eligibility determination notice that you remain eligible for Medicaid, effective January 1, 2016.

On January 23, 2016, NYSOH issued a notice confirming that you were enrolled in UnitedHealthcare of New York, Inc. on January 22, 2015, and your enrollment is effective March 1, 2016.

On January 26, 2016, you spoke to the NYSOH Appeals Unit and requested an appeal insofar as not being enrolled in your Medicaid Managed Care plan for the months of January and February 2016.

On May 27, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during that hearing and closed at the end of the hearing.

Findings of Fact

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

1. On July 16, 2015, NYSOH issued an eligibility notice that you were eligible for Medicaid, effective as of July 1, 2015 (Document [REDACTED]).
2. On July 16, 2015, NYSOH issued an enrollment notice confirming that on July 15, 2015 you enrolled in UnitedHealthcare Community Plan with a plan enrollment of August 1, 2015 (Document [REDACTED]).
3. On December 24, 2015 NYSOH issued a disenrollment notice stating that your UnitedHealthcare of New York, Inc. coverage would end December 31, 2015 (Document [REDACTED]).
4. You testified that you were re-enrolled in UnitedHealthcare Community Plan with a plan enrollment of March 1, 2016.
5. You testified that you incurred medical expenses of \$3,000.00 to \$4,000.00 in January and February 2016.

6. You testified that you are seeking to have your coverage reinstated, with UnitedHealthcare Community Plan, for the months of January and February 2016.

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

Applicable Law and Regulations

Medicaid:

Medicaid can be provided through the Marketplace 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 that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Continuous Coverage:

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of 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 (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly disenrolled you from your UnitedHealthcare of New York, Inc. coverage effective December 31, 2015.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage even if the adult loses Medicaid eligibility because of any changes or updates they make to their NYSOH account. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

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

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On the same day NYSOH issued a notice confirming that you were enrolled in UnitedHealthcare of New York, Inc. on July 15, 2015, and the coverage will begin August 1, 2015.

On December 24, 2015 NYSOH issued a disenrollment notice that your UnitedHealthcare of New York Inc. coverage would end December 31, 2015. There is nothing in the record that would indicate that you would not be eligible for twelve months of continuous Medicaid coverage.

Since the December 24, 2015, notice of disenrollment improperly terminated your UnitedHealthcare of New York, Inc. coverage before the completion of twelve continuous months, it is RESCINDED.

Your case is RETURNED to NYSOH to effectuate your UnitedHealthcare of New York, Inc. coverage continuously from August 1, 2015 through June 30, 2016.

Decision

The December 24, 2015, notice of disenrollment is RESCINDED.

Your case is RETURNED to NYSOH to effectuate your UnitedHealthcare of New York, Inc. coverage continuously from August 1, 2015 through June 30, 2016.

Effective Date of this Decision: July 1, 2016

How this Decision Affects Your Eligibility

You are eligible to be enrolled in UnitedHealthcare of New York, Inc. coverage from August 1, 2015 through June 30, 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 after the date 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

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appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date 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 24, 2015, notice of disenrollment is RESCINDED.

Your case is RETURNED to NYSOH to effectuate your UnitedHealthcare of New York, Inc. coverage continuously from August 1, 2015 through June 30, 2016.

You are eligible to be enrolled in UnitedHealthcare of New York, Inc. coverage from August 1, 2015 through June 30, 2016.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

