



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

Notice of Decision

Decision Date: July 26, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006782



Dear [REDACTED]

On June 15, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health's December 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 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]
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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 New York Catholic Health, Inc. effective December 31, 2015?

Procedural History

On July 15, 2014, NYSOH received your initial application for health insurance.

On July 16, 2014, NYSOH issued a notice stating that your July 15, 2014 application for health insurance has been reviewed, but more information is needed to make a determination. The notice directed you to submit income documentation for your household by September 8, 2014 to confirm that the information in your application was accurate.

On January 24, 2015, you reapplied for health insurance through NYSOH.

Also on January 24, 2015, additional income documentation was uploaded to your NYSOH account (Document [REDACTED]).

On January 25, 2015, NYSOH issued a notice stating that your January 24, 2015 application for health insurance has been reviewed, but more information is needed to make a determination. The notice directed you to submit income documentation for your household by February 11, 2015 to confirm that the information in your application was accurate.

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On January 29, 2015, NYSOH issued an eligibility determination that you were eligible for Medicaid, effective as of July 1, 2014.

On January 30, 2015, NYSOH issued a notice confirming your enrollment in a Medicaid Managed Care plan (New York State Catholic Health Plan, Inc.) with an effective date of March 1, 2015.

On October 25, 2015, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 21, 2015 NYSOH issued a notice stating that you had not responded to the renewal notice, and that you were no longer eligible for financial assistance effective December 31, 2015.

On December 22, 2015 NYSOH issued a disenrollment notice stating that your New York Catholic Health Plan, Inc. coverage would end effective December 31, 2015.

On February 3, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the termination date of your Medicaid Managed Care plan.

On June 15, 2016, you had a telephone hearing with a Hearing Officer from 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. You are applying for health insurance through NYSOH for yourself.
2. On January 29, 2015, NYSOH issued an eligibility determination notice that you were eligible for Medicaid effective as of July 1, 2014.
3. On January 30, 2015, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care plan (New York State Catholic Health Plan, Inc.) with an effective date of March 1, 2015.
4. According to your NYSOH account, you elected to receive notices from NYSOH via United States Postal Service.

5. According to your NYSOH account, your mailing address since July 15, 2014, has been: [REDACTED]
6. On October 25, 2015, NYSOH issued a notice stating that it was time to renew your health insurance. That notice stated that you needed to update your account by December 15, 2015 or you would lose the financial assistance you were currently receiving.
7. You testified that you never received a renewal notice from NYSOH.
8. The October 25, 2015, renewal notice was issued to you at [REDACTED] and was not returned as undeliverable.
9. On December 22, 2015 NYSOH issued a disenrollment notice stating that your New York Catholic Health Plan, Inc. coverage would end effective December 31, 2015.
10. You testified that your Medicaid Managed Care plan should have ended February 29, 2016, not December 31, 2015.
11. You testified that you moved to [REDACTED] in late December 2015 or early January 2016.
12. You testified that you discovered that you were no longer enrolled in health insurance coverage at Good Samaritan Hospital on January 29, 2016.
13. You testified that you incurred medical bills in the months of January, February and March 2016 because your Medicaid and Medicaid Managed Care plan coverage had been discontinued.

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)).

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)).

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(a); N.Y. Soc. Serv. Law § 366(4)(c)).

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve 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)).

Legal Analysis

The issue under review is whether New York State of Health properly disenrolled you from your Medicaid (New York Catholic Health Plan, Inc.) 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

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twelve-month period is based on the start date of the original Medicaid eligibility determination.

On January 29, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective July 1, 2014.

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. Therefore, the start date of your original Medicaid eligibility determination was January 1, 2015.

On January 30, 2015, NYSOH issued a notice confirming that you were enrolled in New York State Catholic Health Plan, Inc. as of January 28, 2015, and your coverage would begin on March 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve 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.

The NYSOH's October 25, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage, and that you needed to return to account and provide more information so you will be covered in the upcoming year.

Because your account was not updated before December 15, 2015, you were terminated from your Medicaid Managed Care plan effective December 31, 2015.

You testified that you did not receive the renewal notice informing you that your account needed to be updated.

However, the record indicates that you elected to receive notices from NYSOH by U.S. mail, and NYSOH issued a renewal notice to the mailing address on your account on October 25, 2015. The October 25, 2015, renewal notice was not returned as undeliverable.

Since the December 22, 2015, notice of disenrollment properly terminated your New York Catholic Health Plan, Inc. coverage effective December 31, 2015, it is AFFIRMED.

Decision

The December 22, 2015, notice of disenrollment is AFFIRMED.

Effective Date of this Decision: July 26, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your New York Catholic Health Plan, Inc. was terminated effective December 31, 2015.

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 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:
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Summary

The December 22, 2015, notice of disenrollment is **AFFIRMED**.

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This decision does not change your eligibility.

Your New York Catholic Health Plan, Inc. was terminated effective December 31, 2015.

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:

