



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

Notice of Decision

Decision Date: August 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007031



Dear [REDACTED],

On July 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 2016 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: AP000000007031



Issue

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 Medicaid Managed Care plan (UnitedHealthcare of New York, Inc.) effective January 31, 2016?

Procedural History

On October 10, 2015, NYSOH issued an eligibility determination, in relevant part, that you were eligible for Medicaid, effective as of November 1, 2015.

On October 30, 2015, NYSOH issued a notice confirming, in relevant part, your enrollment in a Medicaid Managed Care plan (UnitedHealthcare of New York, Inc.) with a plan enrollment start date of December 1, 2015.

On January 25, 2016, your NYSOH account was updated.

On January 26, 2016, NYSOH issued an eligibility determination, in relevant part, that you remain conditionally eligible for Medicaid, effective as of February 1, 2016. The notice directed you to provide income documentation before February 9, 2016, to confirm your eligibility.

Also on January 26, 2016, NYSOH issued a disenrollment notice stating that your UnitedHealthcare of New York, Inc. coverage would end effective January 31, 2016.

On February 5, 2016, NYSOH issued an eligibility determination notice, in relevant part, that you remain eligible for Medicaid, effective as of February 1, 2016.

Also on February 5, 2016, NYSOH issued an enrollment notice confirming, in relevant part, your enrollment as of February 4, 2016 in a Medicaid Managed Care plan (UnitedHealthcare of New York, Inc.) with a plan enrollment start date of March 1, 2016.

On February 11, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as being disenrolled from UnitedHealthcare of New York, Inc. on January 31, 2016.

On July 13, 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 testified that you are only appealing your disenrollment from your Medicaid Managed Care plan, UnitedHealthcare of New York, Inc., effective January 31, 2016.
2. On October 10, 2015, NYSOH issued an eligibility determination notice, in relevant part, that based on your household income of \$20,000.00, you were eligible for Medicaid, effective as of November 1, 2015
[REDACTED]
3. On October 30, 2015, NYSOH issued a notice confirming, in relevant part, your enrollment in a Medicaid Managed Care plan (UnitedHealthcare of New York, Inc.) with a plan enrollment start date of December 1, 2015
[REDACTED]
4. According to your NYSOH account, on January 25, 2016, your 2016 expected yearly income was modified twice to \$17,585.00 and \$21,985.00.
5. On January 26, 2016, NYSOH issued an eligibility determination notice, in relevant part, you remain conditionally eligible for Medicaid, effective as of February 1, 2016. The notice directed you to provide income documentation before February 9, 2016 to confirm your eligibility
[REDACTED]

6. On January 26, 2016, NYSOH issued a disenrollment notice stating that your UnitedHealthcare of New York, Inc. coverage would end effective January 31, 2016 ([REDACTED]).
7. You testified that you gave birth in February 2016 and are seeking to be reimbursed for the out-of-pocket expenses that you incurred because you were improperly disenrolled from your Medicaid Managed Care plan.

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

Legal Analysis

The issue under review is whether New York State of Health properly disenrolled you from your Medicaid Managed Care plan (UnitedHealthcare of New York, Inc.) effective January 31, 2016.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage regardless of any changes in their household income. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

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).

On October 10, 2015, NYSOH issued an eligibility determination notice stating that based on your household income of \$20,000.00, you were eligible for Medicaid effective November 1, 2015.

On October 30, 2015, NYSOH issued a notice confirming that you were enrolled in UnitedHealthcare of New York, Inc. with a plan enrollment start date of December 1, 2015.

Once a person is eligible for Medicaid, that eligibility generally continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called "continuous coverage."

The record reflects that on January 25, 2016, your 2016 expected yearly income was modified to \$17,585.00 and \$21,985.00. On January 26, 2016, NYSOH issued notices finding you conditionally eligible for Medicaid, and a disenrollment notice stating that your coverage in UnitedHealthcare of New York, Inc. would end effective January 31, 2016.

Since you should have received continuous Medicaid coverage through October 31, 2016, NYSOH improperly disenrolled you from UnitedHealthcare of New York, Inc. effective January 31, 2016.

Decision

The January 26, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your UnitedHealthcare of New York, Inc. coverage for the month of February 2016.

Effective Date of this Decision: August 2, 2016

How this Decision Affects Your Eligibility

Your Medicaid coverage began on November 1, 2015 and shall continue until October 31, 2016, as long as you remain eligible for Medicaid continuous coverage.

You should not have been disenrolled from your Medicaid Managed Care plan on January 31, 2016 and will be re-enrolled for the month of February 2016.

If You Disagree with this Decision (Appeal Rights)

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).

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 26, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your UnitedHealthcare of New York, Inc. coverage for the month of February 2016.

Your Medicaid coverage began on November 1, 2015 and shall continue until October 31, 2016, as long as you remain eligible for Medicaid continuous coverage.

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).

You should not have been disenrolled from your Medicaid Managed Care plan on January 31, 2016 and will be re-enrolled for the month of February 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:

