



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

## Notice of Decision

Decision Date: November 18, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008591



Dear [REDACTED],

On October 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 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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## Decision

Decision Date: November 18, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008591



## 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 Fee-For-Service coverage effective as of March 31, 2016?

## Procedural History

On December 25, 2015, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, effective as of December 1, 2015.

Also on December 25, 2015, NYSOH issued an enrollment notice stating that the type of Medicaid coverage you were eligible for does not require/allow you to enroll in a health plan.

On February 4, 2016, your NYSOH account was updated.

On February 5, 2016, NYSOH issued an eligibility determination notice that you were no longer eligible for Medicaid. However, your Medicaid coverage would continue until November 30, 2016.

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

On February 26, 2016, NYSOH issued an eligibility determination notice that you were eligible for up to \$62.00 of advance premium tax credit effective as of April 1, 2016.

Also on February 26, 2016, NYSOH issued a disenrollment notice that your Medicaid Fee-For-Service coverage would be discontinued as of March 31, 2016.

On April 2, 2016, you spoke to NYSOH Account Review Unit and requested an appeal insofar as the discontinuance of your Medicaid coverage.

On September 6, 2016, your mailing address was updated to:

[REDACTED]

On September 8, 2016, NYSOH issued a Notice of Telephone Hearing to your former address, scheduling your hearing for October 3, 2016.

On October 3, 2016, a Hearing Officer from NYSOH Appeals Unit attempted to contact you to conduct your hearing. However, you did not answer any of the telephone calls. However, NYSOH issued the Notice of Telephone Hearing to the wrong mailing address. The Hearing Officer requested that NYSOH reschedule the hearing and resend a Notice of Telephone Hearing to the correct mailing address.

On October 27, 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 December 25, 2015, NYSOH issued an eligibility determination notice that you were eligible for Medicaid effective as of December 1, 2015 [REDACTED]
3. According to your NYSOH account, your account was updated on February 25, 2016, to reflect an increase in your household income.
4. On February 26, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Fee-For-Service coverage would be discontinued March 31, 2016 [REDACTED]

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

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## **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**

Currently at issue is whether NYSOH properly discontinued your Medicaid Fee-For-Service coverage as of March 31, 2016.

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 December 25, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective December 1, 2015.

On February 25, 2016, your NYSOH account was updated to reflect an increase in your household income. The following day NYSOH issued a notice stating that your Medicaid Fee-For-Service coverage would terminate March 31, 2016.

In New York State, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

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The record reflects that you were eligible for Medicaid effective December 1, 2015. Therefore, you remain eligible to enroll in Medicaid for the remainder of your 12-month eligibility period.

The February 26, 2016 disenrollment notice stating that your Medicaid Fee-For-Service would be discontinued as of March 31, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid coverage from December 1, 2015 through November 30, 2016.

## **Decision**

The February 26, 2016 disenrollment notice stating that your Medicaid Fee-For-Service would be discontinued as of March 31, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid coverage from December 1, 2015 through November 30, 2016.

**Effective Date of this Decision:** November 18, 2016

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

You are eligible to be enrolled in Medicaid Fee-For-Service from December 1, 2015 through November 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 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))

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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 February 26, 2016 disenrollment notice stating that your Medicaid Fee-For-Service would be discontinued as of March 31, 2016 is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your Medicaid coverage from December 1, 2015 through November 30, 2016.

You are eligible to be enrolled in Medicaid Fee-For-Service from December 1, 2015 through November 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:**

