



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

Notice of Decision

Decision Date: October 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008790

[REDACTED]

Dear [REDACTED],

On October 18, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's March 23, 2016 cancellation 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: October 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008790



Issue

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

Did NY State of Health (NYSOH) properly determine that your enrollment in a Medicaid Managed Care plan was cancelled effective April 1, 2016?

Procedural History

On March 2, 2016, NYSOH issued a notice of eligibility determination which found that you were eligible for Medicaid effective March 1, 2016.

Also on March 5, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a Medicaid Managed Care plan effective April 1, 2016.

On March 23, 2016, NYSOH issued a cancellation notice advising you that you were no longer eligible to enroll in your current health insurance.

Also, on March 23, 2016, NYSOH issued a notice of eligibility determination which found that you were no longer eligible for Medicaid, however, your Medicaid coverage would continue until October 31, 2016.

Finally on March 23, 2016, NYSOH issued an enrollment confirmation notice which indicated that the type of Medicaid coverage you were eligible for does not require or allow you to enroll in a health plan.

On April 9, 2016, you spoke to NYSOH's Account Review Unit and appealed the cancellation of your Medicaid Managed Care plan.

On October 18, 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) The record shows that you were determined eligible for Medicaid effective March 1, 2016.
- 2) The record reflects that you were able to enroll in a Medicaid Managed Care plan on March 4, 2016, which was to become effective on April 1, 2016.
- 3) On March 23, 2016, a cancellation notice was issued terminating your coverage with your Medicaid Managed Care plan effective April 1, 2016.
- 4) The record indicates that on April 7, 2016, a complaint was filed [REDACTED] stating that your account was showing active Third Party Health Insurance through eMedNY.
- 5) You credibly testified that you had Medicaid in 2001 for a brief period of time around the birth of your first child and in 2008 for a brief period of time around the birth of your third child.
- 6) You also credibly testified that you last had employer sponsored health insurance in early 2015.
- 7) You further testified that when you contacted NYSOH, you were advised that the system was showing that you had an open Medicaid plan from 2008 and were therefore locked in Medicaid-Fee-for-Service and unable to select a Medicaid Managed Care plan.
- 8) You testified that you live in Washington County.

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

Applicable Law and Regulations

Medicaid

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), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Notice of Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial (42 CFR § 435.913). NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid (42 CFR § 435.919(a)).

Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for 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)).

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid social security number (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The issue presented for review is whether NYSOH properly determined that your enrollment in a Medicaid Managed Care plan was cancelled effective April 1, 2016.

In the March 2, 2016 notice of eligibility determination, you were found eligible for Medicaid effective March 1, 2016. On March 4, 2016, you enrolled in a Medicaid Managed Care plan effective April 1, 2016, as is documented by the March 5, 2016 notice of enrollment confirmation.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid social security number.

There is no indication in the record that you became ineligible to remain enrolled in your Medicaid plan due to incarceration or moving out of state. Additionally, you provided a valid social security number at the time of completing your application.

When a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a Medicaid Managed Care plan.

NYSOH must send a written notice of the determination and if eligibility is denied, the reason for the denial. Further, NYSOH must also give applicants timely and adequate notice of proposed action to terminate, discontinue or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid.

On March 23, 2016, NYSOH issued a cancellation notice advising that your coverage in your Medicaid Managed Care plan would end April 1, 2016. The notice indicates this is because you were no longer eligible to enroll in your current health insurance. No further explanation is provided.

The first time that there is any indication in the record that NYSOH noted that there was Third Party Health Insurance on your account is in the April 7, 2016 complaint [REDACTED] stating that your account was showing active Third Party Health Insurance.

However, the information relied upon by NYSOH in making the determination to cancel your coverage under your Medicaid Managed Care plan was false. You credibly testified that you last had Medicaid in 2008. You also credibly testified that you last had employer sponsored health insurance in early 2015. Therefore, when NYSOH cancelled your coverage in a Medicaid Managed Care plan due to

your having Third Party Health Insurance, you did not, in fact, have Third Party Health Insurance.

Additionally, NYSOH did not provide you with proper and adequate notice that you were ineligible to enroll into a Medicaid Managed Care plan because there was active Third Party Health Insurance on your account.

Accordingly, the March 23, 2016, cancellation notice terminating your coverage with your Medicaid Managed Care plan effective April 1, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure you are enrolled in your Medicaid Managed Care plan effective April 1, 2016.

Decision

The March 23, 2016, cancellation notice terminating your coverage in your Medicaid Managed Care plan effective April 1, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure you are enrolled in your Medicaid Managed Care plan effective April 1, 2016.

Effective Date of this Decision: October 27, 2016

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan as of April 1, 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 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

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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 March 23, 2016, cancellation notice terminating your coverage in your Medicaid Managed Care plan effective April 1, 2016 is **RESCINDED**.

Your case is **RETURNED** to NYSOH to ensure you are enrolled in your Medicaid Managed Care plan effective April 1, 2016.

Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan as of April 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

