



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

Notice of Decision

Decision Date: December 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009728

[REDACTED]

Dear [REDACTED],

On November 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 19, 2016 disenrollment and cancellation notices.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: December 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009728

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that you and your three eldest children's MMC plan ended as of May 31, 2016?

Did NYSOH properly determine that your spouse's MMC plan ended as of May 1, 2016?

Procedural History

On March 6, 2015, NYSOH issued a notice of eligibility stating that you were eligible for Medicaid, effective February 1, 2015. Your spouse, and your two children ([REDACTED]) were eligible for Medicaid, effective March 1, 2015. Your daughter, [REDACTED], was eligible for Medicaid effective May 1, 2014.

On March 10, 2015, NYSOH issued a notice of enrollment stating that you, and your children ([REDACTED]), were enrolled in a MMC plan as of April 1, 2015. The notice also stated that your spouse and [REDACTED] did not need to pick a health plan.

On June 16, 2015, NYSOH issued a notice of enrollment stating that your daughter [REDACTED] was enrolled into a MMC plan, effective July 1, 2015.

On January 12, 2016 NYSOH issued a notice of eligibility redetermination stating that you, your spouse, and your three children were no longer eligible for

Medicaid but that their coverage would continue until May 31, 2016. This eligibility was effective January 1, 2016.

On January 21, 2016, an updated application for financial assistance was submitted on your household's behalf.

On January 22, 2016, NYSOH issued a notice of eligibility redetermination. The notice stated that you and your children remain eligible for Medicaid effective January 1, 2016. The notice further stated that your spouse was eligible for Medicaid effective January 1, 2016.

Also on January 22, 2016, NYSOH issued a notice of enrollment confirmation stating that you, [REDACTED] and [REDACTED] were enrolled in MMC plans effective April 1, 2015. The notice also stated that [REDACTED] was enrolled in an MMC plan effective July 1, 2015. Finally, the notice stated that your spouse was enrolled in an MMC plan effective March 1, 2016.

On March 10, 2016, NYSOH issued a notice stating that it was time to renew your family's NYSOH coverage. The notice stated that NYSOH did not have enough information from state and federal sources to determine if you and your family can get help paying for your insurance for 2016. The notice directed you to update your NYSOH account by April 15, 2016 or the financial assistance you and your family were receiving might end.

On March 21, 2016, updates were made to your NYSOH account.

On March 22, 2016, NYSOH issued a notice of disenrollment stating that your spouse was no longer eligible to remain enrolled in her current health insurance. The notice indicated that your spouse's MMC coverage would end May 31, 2016.

Also on March 22, 2016, NYSOH issued a notice of eligibility redetermination stating that you and your children were no longer eligible for Medicaid, but your coverage would continue to May 31, 2016.

Finally, on March 22, 2016, NYSOH issued a notice of enrollment confirmation stating that you, [REDACTED] and [REDACTED] were enrolled in MMC plans effective April 1, 2015. The notice also stated that [REDACTED] was enrolled in an MMC plan effective July 1, 2015. Finally, the notice directed your spouse to "please pick a plan".

On March 30, 2016, NYSOH issued a notice of eligibility redetermination stating that you and your children remained eligible for Medicaid effective May 1, 2016. The notice further stated that your spouse remained eligible for Medicaid effective June 1, 2016.

Also on March 30, 2016, NYSOH issued a notice of enrollment confirmation stating that you, [REDACTED] and [REDACTED] were enrolled in MMC plans effective April 1,

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2015. The notice further stated that [REDACTED] was enrolled in an MMC plan effective July 1, 2015. Finally, the notice stated that your spouse was enrolled in an MMC plan effective May 1, 2016.

On April 13, 2016, NYSOH issued a notice stating that it was time to renew your family's NYSOH coverage. The notice stated that NYSOH did not have enough information from state and federal sources to determine if you and your family can get help paying for your insurance for 2016. The notice directed you to update your NYSOH account by May 15, 2016 or the financial assistance you and your family were receiving might end.

On April 18, 2016 updates were made to your NYSOH account.

On April 19, 2016, NYSOH issued a notice of eligibility redetermination stating that your spouse was conditionally eligible for Medicaid effective July 1, 2016 pending confirmation of income by May 3, 2016.

Also, on April 19, 2016, NYSOH issued a notice of cancellation stating that your spouse's MMC plan was terminated effective May 1, 2016 because she was no longer eligible to remain in the plan.

Finally, on April 19, 2016, NYSOH issued a notice of disenrollment stating the MMC plans you and your children were enrolled in would end effective May 31, 2016.

On May 19, 2016, NYSOH issued a notice of eligibility redetermination stating that you, your spouse and your children were eligible for Medicaid, effective June 1, 2016. The notice directed all members to "pick a health plan".

Also on May 19, 2016, you, your spouse and your children were re-enrolled in MMC plans and were advised that the effective date of coverage for all plans was July 1, 2016.

On May 19, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of the MMC plans you, your spouse and your children enrolled in, insofar as they did not begin June 1, 2016.

On May 20, 2016, NYSOH issued a notice of enrollment confirmation relating to your May 19, 2016 plan selections stating that you, your spouse and your children were enrolled in MMC plans effective July 1, 2016.

On November 21, 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) Updated paycheck stubs for you and your spouse were uploaded to your account and thereafter verified by NYSOH on January 20, 2016.
- 2) On January 21, 2016, The “system” redetermined your eligibility on the basis of the updated information and all members were found Medicaid eligible, effective January 1, 2016.
- 3) Also on January 21, 2016, MMC plan enrollments were updated for you, [REDACTED] and [REDACTED] with effective dates of April 1, 2015. [REDACTED] MMC enrollment was updated with an effective date of July 1, 2015. Finally, your spouse was enrolled in an MMC plan for the first time with an effective date of March 1, 2016.
- 4) On March 21, 2016, a certified application counselor updated your account and deleted your spouse’s MMC enrollment thereby triggering NYSOH’s March 22, 2016 disenrollment notice stating that your spouse’s MMC coverage was terminated effective May 31, 2016.
- 5) On April 18, 2016, a certified application counselor updated your account and a cancellation notice was issued terminating your spouse’s MMC as of May 1, 2016 instead of May 31, 2016.
- 6) You testified that you nor your spouse intended to have her MMC enrollment deleted.
- 7) You testified that you want the MMC plans for all members to begin on June 1, 2016 to avoid a gap in coverage.
- 8) The record reflects that you and your family were without MMC coverage in June 2016.
- 9) You testified that you and your family have outstanding medical bills from this time.

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

Applicable Law and Regulations

Medicaid

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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)).

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 issues are whether NYSOH properly determined that you and your three eldest children’s MMC plan ended as of May 31, 2016 and that your spouse’s MMC plan ended as of May 1, 2016.

On March 6, 2015 NYSOH issued a notice of eligibility stating that you were eligible for Medicaid, effective February 1, 2015, your spouse and your two children (██████ and ██████ were eligible for Medicaid, effective March 1, 2015, and your daughter, ██████ was eligible for Medicaid effective May 1, 2014.

On January 12, 2016 NYSOH issued a notice of eligibility redetermination stating that you, your spouse, and your three children were no longer eligible for

Medicaid but that their coverage would continue until May 31, 2016. This eligibility was effective January 1, 2016.

On January 21, 2016 an updated application for financial assistance was submitted on your household's behalf. As a result, you and your children were determined eligible for Medicaid effective January 1, 2016. You and your children subsequently remained enrolled in your MMC plans. Your spouse also enrolled into a MMC plan that was set to start as of March 1, 2016.

Applicants determined eligible for Medicaid are generally guaranteed twelve months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. 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. There are limited exceptions to the continuous coverage rule including an applicant entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid social security number.

On March 10, 2016 and on April 13, 2016, NYSOH issued renewal notices stating that it was time to update your account for the 2016 coverage year. The record indicates that you responded to the March 10, 2016 notice, on March 22, 2016 and again on March 29, 2016. As a result, NYSOH found that you and your children remained eligible for Medicaid effective May 1, 2016 and that your spouse remained eligible for Medicaid effective June 1, 2016.

However, NYSOH then issued a notice of disenrollment stating the MMC plans you and your children were enrolled in would end effective May 31, 2016 as well as a cancellation notice terminating your spouse's MMC plan as of May 1, 2016. You credibly testified that you nor your spouse intended to have MMC enrollment deleted and the record indicates that the disenrollment from the MMC plans were made because the system believed your household no longer eligible for Medicaid coverage.

Since you, your spouse, and your children were redetermined Medicaid eligible as of January 1, 2016, based on updated income information, your coverage should have continued until December 31, 2016 unless an event occurred that would have disqualified you and your children from the continuous coverage. The record is devoid of any evidence establishing an exception to the continuous coverage rule. Accordingly, any action taken by NYSOH to terminate the MMC plans you, your spouse, and your children were enrolled in prior to December 31, 2016 was improper and cannot be sustained.

Accordingly, the April 19, 2016 notice of disenrollment stating that the MMC plans you and your children were enrolled in were terminated effective May 31, 2016 is RESCINDED.

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).

The April 19, 2016 cancellation notice terminating your spouse's coverage in her MMC as of May 1, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you, [REDACTED] [REDACTED] and [REDACTED] in your MMC plans for the month of June 2016, and your spouse into her MMC plan for the months of May and June, 2016.

Decision

The April 19, 2016 notice of disenrollment is RESCINDED.

The April 19, 2016 cancellation notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you, [REDACTED] [REDACTED] and [REDACTED] in your MMC plan for the month of June 2016, and your spouse into her MMC plan for the months of May and June, 2016.

Effective Date of this Decision: December 8, 2016

How this Decision Affects Your Eligibility

This decision does not affect any subsequent updates made to your account.

The effective date of the Medicaid Managed Care plans for you and your children is June 1, 2016.

The effective date of your spouse's Medicaid Managed Care plans is March 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.

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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 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 April 19, 2016 notice of disenrollment is RESCINDED.

The April 19, 2016 cancellation notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you, [REDACTED] [REDACTED] and [REDACTED] in your MMC plan for the month of June 2016, and your spouse into her MMC plan for the months of May and June, 2016.

This decision does not affect any subsequent updates made to your account.

The effective date of the Medicaid Managed Care plans for you and your children is June 1, 2016.

The effective date of your spouse's Medicaid Managed Care plans is March 1, 2016.

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Legal Authority

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

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A Copy of this Decision Has Been Provided To:

