

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

Notice of Decision

Decision Date: January 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010205

[REDACTED]

[REDACTED]

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 6, 2016 eligibility determination and disenrollment 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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Decision

Decision Date: January 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010205

[REDACTED]

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 you were no longer eligible to remain enrolled in Medicaid and your Medicaid Managed Care (MMC) plan through NYSOH because mail sent to you was returned as undeliverable?

Procedural History

On March 30, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective April 1, 2016.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a United Healthcare Community MMC plan with a start date of April 1, 2016.

On May 6, 2016, NYSOH issued an eligibility redetermination notice stating that you were not qualified to enroll in coverage through NYSOH because information was sent to you by mail at the mailing address in your account, and it was returned to NYSOH as undeliverable.

Also on May 6, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan was terminated effective May 31, 2016 because you were no longer eligible to enroll in health insurance through NYSOH.

On May 12, 2016, you updated your NYSOH account.

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On May 13, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective June 1, 2016. The notice contained no information in the box marked "Next Steps," and did not mention anything about selecting a plan.

On May 20, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective June 1, 2016, and that you needed to pick a health plan.

On June 8, 2016, you updated your NYSOH account.

On June 9, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment in a United Healthcare Community MMC plan, with an enrollment start date of July 1, 2016.

On June 10, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal of the May 6, 2016 eligibility determination and disenrollment notices, insofar as your enrollment in your Medicaid and MMC plan had been discontinued as of May 31, 2016, leaving you with a gap in coverage for the month of June 2016.

On December 19, 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) You were initially found eligible for Medicaid as of March 30, 2016, and that eligibility determination is not under review.
- 2) Your NYSOH account reflects that a notice mailed to you on March 16, 2016 was stamped as "Return Mail" on March 29, 2016. The notice was addressed as follows:



The returned notice was uploaded to your NYSOH account on May 5, 2016, along with an envelope with a label stating, "Return to Sender, Not Deliverable As Addressed, Unable to Forward."

- 3) You testified that this address was your correct address at the time, and your NYSOH account reflects that this was the residential and mailing address listed in your NYSOH account from December 9, 2013 until September 7, 2016.
- 4) You testified that you moved to your current address as of September 2016.
- 5) No other mail sent to your former mailing address by NYSOH has been returned as undeliverable.
- 6) You testified that you did not have any problems receiving any other mail at that address.
- 7) You testified that, when you spoke with a NYSOH representative in May 2016 to update your account, you were told that the way that "street" was abbreviated in your account might have caused a problem. Your address was changed in your NYSOH account on May 12, 2016 from "[REDACTED]" to "[REDACTED]."
- 8) You testified that when you contacted NYSOH to re-enroll in coverage on May 12, 2016, you informed the NYSOH representative that you wanted to re-enroll into the same MMC plan that you had been enrolled in until May 31, 2016.
- 9) You testified that the NYSOH representative told you that you had been re-enrolled into Medicaid and your MMC plan.
- 10) You testified that you were not aware that you had not been re-enrolled into your MMC plan until you tried to make an appointment with a doctor sometime in early June 2016.
- 11) Your NYSOH account reflects that you were sent a notice on May 13, 2016 stating that you were eligible for Medicaid, but the notice did not contain any information regarding whether you needed to select a plan.
- 12) You testified that you had to pay out of pocket for a medical appointment in June 2016, and you are looking to have your MMC plan coverage reinstated for the month of June 2016 so that you can be reimbursed for that bill.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH 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 (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); NY Social Services Law § 366(1)(b)).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH 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 12-month period. This 12-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 (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for, and enrollment in, your Medicaid and MMC plan coverage ended as of May 31, 2016 because mail sent to you by NYSOH was returned as undeliverable.

You were originally found eligible for Medicaid effective April 1, 2016, and that eligibility determination is not at issue in this appeal.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for twelve months, with limited exceptions. This provision is called “continuous coverage.” One of the exceptions to continuous coverage is a lack of NY State residence.

On May 5, 2016, NYSOH uploaded a copy of a March 17, 2016 notice that was sent to you and had been marked “Return Mail” on March 29, 2016. The notice

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was uploaded along with an envelope bearing a "Return to Sender" label. During the hearing, you testified that your address was the same from the time you created your NYSOH account, until you moved in September 2016. Moreover, no other mail sent to this address was ever marked as Return Mail by NYSOH, and you testified that you did not have any problem receiving other mail at this address, either from NYSOH or other senders. You further testified that the person you spoke with at NYSOH on May 12, 2016 could not explain what the problem with your address was, and only made a guess that it might have been the way in which "street" had been abbreviated.

After mail sent to you was returned to NYSOH, NYSOH determined that you were not eligible to enroll in coverage through NYSOH and discontinued your MMC plan. However, your credible testimony is that you lived continuously at the [REDACTED] address in [REDACTED] until September 2016. This testimony is supported by the fact that there is no evidence that any other mail sent to this address by NYSOH was ever returned as undeliverable. The return of a single piece of mail should not have resulted in a gap in your coverage.

As such, your enrollment in your Medicaid coverage and your MMC plan should not have been terminated as of May 31, 2016. Instead, your Medicaid and MMC coverage should continue for a 12-month period that began on April 1, 2016, so long as there are no intervening events that make you ineligible.

Therefore, the May 6, 2016 eligibility determination notice is MODIFIED to state that you remain eligible for Medicaid.

The May 6, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid coverage and your MMC enrollment for the month of June 2016, so that there is no gap in your coverage.

Decision

The May 6, 2016 eligibility determination notice is MODIFIED to state that you remain eligible for Medicaid.

The May 6, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into your Medicaid coverage and MMC plan for the month of June 2016.

Effective Date of this Decision: January 10, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on April 1, 2016, should continue until March 31, 2017, so long as there are no intervening events that make you ineligible.

Your MMC coverage should not have been terminated as of May 31, 2016.

Your case is being sent back to NYSOH to reinstate your MMC plan coverage for the month of June 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 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:

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The May 6, 2016 eligibility determination notice is MODIFIED to state that you remain eligible for Medicaid.

The May 6, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into your Medicaid coverage and MMC plan for the month of June 2016.

Your Medicaid coverage, which began on April 1, 2016, should continue until March 31, 2017, so long as there are no intervening events that make you ineligible.

Your MMC coverage should not have been terminated as of May 31, 2016.

Your case is being sent back to NYSOH to reinstate your MMC plan coverage for the month of June 2016.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

