



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

## Notice of Decision

Decision Date: January 4, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010237

[REDACTED]

[REDACTED]

On December 7, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 28, 2016 eligibility redetermination 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.

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## Decision

Decision Date: January 4, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010237

[REDACTED]

## Issue

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

Did NY State of Health properly determine that you were no longer eligible to remain enrolled in your Medicaid Managed Care plan and, therefore, were disenrolled as of April 30, 2016?

## Procedural History

On February 4, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid, effective February 1, 2016, because your household income of \$9,350.00 was at or below the allowable income limit for that program.

Also On February 4, 2016, NYSOH issued an enrollment confirmation notice stating that the Medicaid Managed Care (MMC) plan you selected on February 3, 2016, would begin March 1, 2016.

On April 28, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for straight Medicaid, effective May 1, 2016, due to having third party health insurance.

Also on April 28, 2016, NYSOH issued a disenrollment notice stating that your coverage under your MMC plan would end effective April 30, 2016. The notice further stated that this was because you were no longer eligible to remain enrolled in your current health coverage.

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On April 29, 2016, NYSOH issued an enrollment notice confirming that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a MMC plan.

On May 3, 2016, NYSOH received your updated application for health insurance; specifically the notice that your COBRA coverage terminated on "12/31/2015" (see Document [REDACTED]).

On June 4, 2016, NYSOH issued an enrollment confirmation notice stating that you were re-enrolled in your MMC plan as of July 1, 2016.

On June 13, 2016, you contacted NYSOH's Account Review Unit and appealed the re-enrollment start date of your MMC plan insofar as you were not re-enrolled as of May 1, 2016.

On June 24, 2016, NYSOH issued a cancellation notice stating that your MMC plan coverage due to start as of July 1, 2016 was cancelled as of that date at your request.

On July 3, 2016, NYSOH issued another enrollment confirmation notice stating that your MMC plan would begin August 1, 2016.

On December 7, 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) According to your NYSOH account, you expect to file your 2016 federal income tax return as single, and will not claim any dependents on that tax return.
- 2) According to your February 3, 2016 application, you attested to an expected annual household income of \$9,350.00. You testified that this income was not an accurate representation of your household income at the time.
- 3) According to your NYSOH account, on April 27, 2016, during a systematic check, third party health insurance coverage was detected on its program reporting system, which led to you being disenrolled from your MMC plan effective April 30, 2016.

- 4) According to your NYSOH account, you were put back into Medicaid Fee-For- Service, effective May 1, 2016.
- 5) You testified that as soon as you realized that you had been disenrolled from your Medicaid Managed Care plan, you contacted NYSOH and were told to submit proof that your COBRA coverage terminated on 12/31/2015.
- 6) That termination certificate was uploaded to your NYSOH account on May 3, 2016 (see Document [REDACTED]).
- 7) According to your NYSOH account, its reporting system was updated to reflect the termination date of your third party health insurance and you were re-enrolled into your MMC plan, effective July 1, 2016.
- 8) According to your NYSOH account, you were also disenrolled as of July 1, 2016 purportedly at your request, which you denied making.
- 9) According to your NYSOH account, you were ultimately re-enrolled in your MMC plan, effective August 1, 2016.
- 10) You testified that you are seeking to have your Medicaid Managed Care plan coverage restored from May 1, 2016 through July 31, 2016, because your disenrollment was due to NYSOH program error and you have outstanding medical bills during this time period that are not covered under Medicaid Fee-For-Service.

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 through NYSOH can be provided 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)).

## Medicaid Effective Start Dates

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)).

## Medicaid Continuous Coverage

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 disenrolled you from your MMC plan, effective April 30, 2016.

You were found eligible for Medicaid effective February 1, 2016. That eligibility determination is not under review.

Under New York State law, once a person is eligible for Medicaid and enrolled in a Medicaid plan that eligibility and enrollment continues for 12 months with limited exceptions. One of those exceptions is when an individual has third party health insurance.

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The record reflects that you were enrolled in Medicaid Fee-For-Service as of February 1, 2016 and in the MMC plan you selected as of March 1, 2016. These enrollment start dates are not under review.

Information in the record indicates that NYSOH's system re-ran your household's eligibility on April 27, 2016, and that the system allegedly detected you had other health insurance coverage. As a result, you were terminated from your MMC plan as of April 30, 2016 and were covered under Medicaid Fee-For-Service, effective May 1, 2016.

During the hearing, you testified that you have not had third party health insurance coverage since December 31, 2015, which NYSOH had already confirmed when your submitted a certificate letter showing that your COBRA coverage terminated as of that date (see Document [REDACTED]). Moreover, the record is void of any evidence supporting NYSOH's conclusion that you had third party health insurance in 2016.

As such, NYSOH improperly disenrolled you from your MMC plan as of April 30, 2016. Your MMC coverage should have continued until the end of the twelve month continuous coverage period; that is, until January 31, 2017.

Therefore, to bring the notices in line with this decision, the following changes must occur:

The April 28, 2016 eligibility redetermination and disenrollment notices are **RESCINDED**.

The April 29, 2016 enrollment notice confirming that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a MMC plan is **RESCINDED**.

The June 4, 2016 enrollment confirmation notice stating that you were re-enrolled in your MMC plan as of July 1, 2016 is **RESCINDED**.

The June 24, 2016 cancellation notice stating that your MMC plan coverage due to start as of July 1, 2016 was cancelled as of that date at your request is **RESCINDED**.

Your case is **RETURNED** to NYSOH to re-enroll you into your MMC plan for the months of May 2016, June 2016, and July 2016, such that there is no gap in your MMC coverage, and to notify you accordingly.

## **Decision**

The April 28, 2016 eligibility redetermination and disenrollment notices are RESCINDED.

The April 29, 2016 enrollment notice confirming that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a MMC plan is RESCINDED.

The June 4, 2016 enrollment confirmation notice stating that you were re-enrolled in your MMC plan as of July 1, 2016 is RESCINDED.

The June 24, 2016 cancellation notice stating that your MMC plan coverage due to start as of July 1, 2016 was cancelled as of that date at your request is RESCINDED.

Your case is RETURNED to NYSOH to re-enroll you into your MMC plan for the months of May 2016 June 2016, and July 2016, such that there is no gap in your MMC coverage, and to notify you accordingly.

The July 3, 2016 enrollment confirmation notice stating that your MMC plan would begin August 1, 2016 remains in effect.

**Effective Date of this Decision:** January 4, 2017

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

Your MMC plan enrollment, which began on March 1, 2016, should have continued until January 31, 2017.

You will be re-enrolled in your MMC plan for the months of May 2016, June 2016, and July 2016, so that there is no gap in your coverage. NYSOH will notify you once this has been completed.

## **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

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

### **Summary**

The April 28, 2016 eligibility redetermination and disenrollment notices are **RESCINDED**.

The April 29, 2016 enrollment notice confirming that the type of Medicaid coverage you are eligible for does not require/allow you to enroll in a MMC plan is **RESCINDED**.

The June 4, 2016 enrollment confirmation notice stating that you were re-enrolled in your MMC plan as of July 1, 2016 is **RESCINDED**.

The June 24, 2016 cancellation notice stating that your MMC plan coverage due to start as of July 1, 2016 was cancelled as of that date at your request is **RESCINDED**.

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Your case is RETURNED to NYSOH to re-enroll you into your MMC plan for the months of May 2016 June 2016, and July 2016, such that there is no gap in your MMC coverage, and to notify you accordingly.

The July 3, 2016 enrollment confirmation notice stating that your MMC plan would begin August 1, 2016 remains in effect.

Your MMC plan enrollment, which began on March 1, 2016, should have continued until January 31, 2017.

You will be re-enrolled in your MMC plan for the months of May 2016, June 2016, and July 2016, so that there is no gap in your coverage. NYSOH will notify you once this has been completed.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

