



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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010734

[REDACTED]

[REDACTED]

On December 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 20, 2016 eligibility determination and disenrollment notice, as well as the June 28, 2016 enrollment 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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NY State of Health Account ID: [REDACTED]
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[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly terminate your Medicaid coverage effective June 30, 2016?

Did NYSOH properly resume your Medicaid Managed Care plan coverage effective August 1, 2016?

Procedural History

On April 11, 2016, NYSOH received an update to your application for health insurance. This application indicated your residence address was "[REDACTED]" and that you were pregnant with one child. Your expected due date was [REDACTED].

On April 12, 2016, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective April 1, 2016.

Also on April 12, 2016, NYSOH issued an enrollment notice based on your Medicaid Managed Care (MMC) plan selection as of April 11, 2016. The notice stated that your MMC plan coverage would began August 1, 2015.

On May 19, 2016, NYSOH redetermined your eligibility based on information that your residence had changed to [REDACTED].

On May 20, 2016, NYSOH issued an eligibility determination notice that you were no longer eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you were not a New York State resident.

Also on May 20, 2016, NYSOH issued a disenrollment notice confirming that your MMC plan coverage would end effective June 30, 2016. This was because you were no longer eligible to enroll in health insurance through NYSOH.

On June 27, 2016, NYSOH received an update to your NYSOH application for health insurance. This application reflected your residence address was "[REDACTED]"

On June 28, 2016, NYSOH issued an eligibility determination notice based on the information contained in the June 27, 2016 application. The notice stated that you were eligible for Medicaid, effective July 1, 2016.

Also on June 28, 2016, NYSOH issued an enrollment notice confirming your MMC plan selection as of June 27, 2016. This notice stated that your coverage would begin effective August 1, 2016.

On July 7, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the June 28, 2016 enrollment notice insofar as your MMC plan coverage began on August 1, 2016, rather than July 1, 2016.

Findings of Fact

A review of the record support the following findings of fact:

- 1) You were found that you remained eligible for Medicaid effective April 1, 2016, as stated in the April 12, 2016 eligibility determination notice.
- 2) The record indicates that on May 19, 2016, the address information in your NYSOH account was updated. Your mailing address was marked as:

[REDACTED]
- 3) NYSOH issued an eligibility determination notice on May 20, 2016 stating that you were no longer eligible for your MMC plan coverage because you were not a New York State resident. On that same date, NYSOH issued a disenrollment notice stating that your coverage would end effective June

30, 2016. Both of these notices were returned to NYSOH as undeliverable.

- 4) The record indicates that on June 27, 2016, the address information in your NYSOH was updated. Your mailing address was marked as:

[REDACTED]

- 5) NYSOH issued an eligibility redetermination notice on June 28, 2016. The notice stated that you were eligible for Medicaid, effective August 1, 2016. However, this mailing was sent to [REDACTED] and subsequently returned as undeliverable.

- 6) You were reenrolled in an MMC plan effective August 1, 2016.

- 7) You testified that during late December 2015 or early January 2016, you moved to South Carolina with the intention of making it your permanent residence.

- 8) You testified that you returned to your New York address during either late April 2016 or early May 2016 when you learned that you had become pregnant.

- 9) You were subsequently reenrolled in Medicaid fee-for-service effective July 1, 2016, and your MMC plan coverage resumed effective August 1, 2016.

- 10) You testified that you did not receive notification that you had been disenrolled from your MMC plan coverage.

- 11) You testified that during July 2016 you made two visits to physicians in New York. You further testified that you incurred approximately \$900.00 in out-of-pocket costs as a result of your MMC plan disenrollment on June 30, 2016.

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 the Marketplace 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)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Federal Register 4036).

State Residency

Under 42 CFR § 435.403 Medicaid must be provided to “eligible residents of the State” (42 CFR § 435.403(a)). A person shall not be eligible for Medicaid unless he or she is a resident of the state, or, while temporarily in the state, requires immediate medical care which is not otherwise available (NY Social Services Law § 366(1)(d)(1)).

Requirement for Individuals to Report Changes

An individual must report any changes in their household that effect their eligibility within 30 days of such change (45 CFR § 155.330(b)(1)).

Medicaid Managed Care

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)).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your coverage through Medicaid effective June 30, 2016.

On May 20, 2016, NYSOH issued an eligibility determination notice stating that you no longer eligible for Medicaid because you were no longer a New York State resident. This notice was sent via regular mail to:



On June 6, 2016, the May 20, 2016 eligibility determination notice was returned to NYSOH because the post office was unable to forward it to another address.

Generally, an individual remains eligible for Medicaid for 12 continuous months unless the person becomes otherwise ineligible. If a person lacks state residence or is unable to prove state residence during those 12 months, they become ineligible for continuous coverage.

You testified that you moved to South Carolina in December 2015 or January 2016, at which time your eligibility for Medicaid should have ended.

Since there is sufficient evidence in the record to conclude that you had not continuously retained New York State residency, you were properly disenrolled from Medicaid effective June 30, 2016.

Therefore, the May 20, 2016 eligibility determination notice is AFFIRMED.

The record reflects that after you returned to New York, you updated your address in your NYSOH account on June 27, 2016.

The second under review is whether NYSOH properly determined that your enrollment in the MMC plan was effective August 1, 2016.

On June 28, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid effective July 1, 2016. You were subsequently reenrolled in the MMC plan effective August 1, 2016.

The record reflects that your contacted NYSOH on June 27, 2016 and reenrolled into an MMC plan on that date.

The date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

On June 27, 2016, you selected an MMC plan, so it properly took effect on the first day of the second month following after June 2016; that is, on August 1, 2016.

Therefore, the June 28, 2016 enrollment notice stating that your enrollment in your MMC plan would be effective August 1, 2016, was correct and must be AFFIRMED.

Decision

The May 20, 2016 eligibility determination notice is AFFIRMED.

The June 28, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were disenrolled from your MMC plan effective June 30, 2016

The effective date of your MMC plan is August 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

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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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- By fax: 1-855-900-5557

Summary

The May 20, 2016 eligibility determination notice is AFFIRMED.

The June 28, 2016 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

You were disenrolled from your MMC plan effective June 30, 2016

The effective date of your MMC plan is August 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:

