



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

Notice of Decision

Decision Date: January 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010813

[REDACTED]

[REDACTED]

On December 29, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's July 2, 2016 eligibility determination notice and July 2, 2016 disenrollment 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010813

[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 for Medicaid and your Medicaid Managed Care, effective July 31, 2016?

Procedural History

On June 4, 2016 NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective May 1, 2016. This notice was returned to NYSOH as undeliverable on June 15, 2016.

On June 7, 2016 NYSOH issued a notice of enrollment confirming your Medicaid Managed Care plan selection on July 1, 2016, with a plan enrollment start date of July 1, 2016. This notice was returned to NYSOH as undeliverable on June 7, 2016.

On July 2, 2016 NYSOH issued a notice of eligibility redetermination stating that you were not qualified to enroll through NYSOH as notices sent to you by U.S. mail to the mailing address provided in your account were returned to NYSOH as undeliverable. The notice further stated that your eligibility would end effective July 31, 2016. On July 13, 2016 this notice was returned to NYSOH as undeliverable.

On July 2, 2016 NYSOH issued a disenrollment notice advising you that your enrollment in Medicaid and your Medicaid Managed Care plan would end effective July 31, 2016 as you were no longer eligible to enroll in health insurance.

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through NYSOH. On July 13, 2016 this notice was returned to NYSOH as undeliverable.

On July 12, 2016 your mailing address was updated in your NYSOH account.

Also on July 12, 2016 you contacted NYSOH's Account Review Unit and appealed the July 2, 2016 eligibility determination notice and July 2, 2016 disenrollment notice insofar as you were found ineligible for Medicaid and disenrolled from Medicaid and your Medicaid Managed Care plan and given 12 months of continuous Medicaid coverage.

On December 29, 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 testified that you have lived in New York State continuously since 2014.
- 2) Your NYSOH account reflects that on January 27, 2015 you contacted NYSOH and updated your mailing address to [REDACTED]
- 3) You testified that you lived at [REDACTED] from 2014 until 2015.
- 4) You testified that you attempted to update your address on your on-line NYSOH account sometime in late May of 2016.
- 5) Your NYSOH account reflects that on May 27, 2016 you updated your residential address and legal address to [REDACTED]
- 6) You testified that you lived at [REDACTED] in May of 2016 and June of 2016.
- 7) Your NYSOH account reflects that on July 12, 2016 you updated your residential address, mailing address, and legal address to [REDACTED]
- 8) You testified that you have lived at [REDACTED] since sometime in June of 2016.

9) The June 4, 2016 eligibility determination notice, June 7, 2016 enrollment confirmation notice, July 2, 2016 eligibility determination notice, and July 2, 2016 disenrollment notice were sent to the [REDACTED] address. These four notices were returned as undeliverable.

10) You testified that you are seeking to be reenrolled into Medicaid and your Medicaid Managed Care plan, effective August 1, 2016 as you believe that your coverage should not have been cancelled and you should have been granted 12 months of continuous Medicaid coverage.

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); N.Y. Soc. Serv. Law § 366(1)(b)).

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)).

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

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he or she is a resident of the state, or, while temporarily in the state, requires immediate medical care which is not otherwise available (N.Y. Soc. Serv. Law § 366(1)(d)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid and your Medicaid Managed Care, effective July 31, 2016

On June 4, 2016 NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective May 1, 2016. On June 7, 2016 NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care plan, with a plan enrollment start date of July 1, 2016. These notice were sent via regular mail to [REDACTED].

On June 15, 2016, the June 4, 2016 eligibility determination and June 7, 2016 enrollment confirmation notices were returned to NYSOH because the post office was unable to forward them to another address.

On July 2, 2016 NYSOH issued a notice of eligibility redetermination stating that you were not qualified to enroll through NYSOH as notices sent to you by U.S mail to the mailing address provided in your account were returned to NYSOH as undeliverable.

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

However, the record indicates that on May 27, 2016 the address information in your NYSOH account was updated. Your residential address and legal address were marked as [REDACTED]

Additionally, on July 12, 2016 the address information in your NYSOH account was again updated. Your residential address, legal address, and mailing address were marked as [REDACTED]
[REDACTED]

No notices that have been sent to the [REDACTED], [REDACTED] address have been returned as undeliverable. Despite having updated your legal address [REDACTED] on May 27, 2016, no notices were sent by NYSOH to that address. As there is sufficient evidence in the record to conclude that you have continuously retained New York

State residency, you were improperly disenrolled from Medicaid and your Medicaid Managed Care plan effective July 31, 2016.

Therefore, the July 2, 2016 eligibility determination notice and the July 2, 2016 disenrollment notice are RESCINDED.

The case is RETURNED to NYSOH to facilitate your reenrollment into Medicaid and your Medicaid Managed Care plan as of August 1, 2016.

Decision

The July 2, 2016 eligibility determination notice is RESCINDED.

The July 2, 2016 disenrollment notice is RESCINDED.

The case is RETURNED to NYSOH to facilitate your reenrollment into Medicaid and your Medicaid Managed Care plan as of August 1, 2016.

Effective Date of this Decision: January 06, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage should not have been terminated as of July 31, 2016.

Your enrollment in your Medicaid Managed Care plan should not have been terminated as of July 31, 2016.

NYSOH will reenroll you into Medicaid and your Medicaid Managed Care plan as of 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.

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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
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- By fax: 1-855-900-5557

Summary

The July 2, 2016 eligibility determination notice is RESCINDED.

The July 2, 2016 disenrollment notice is RESCINDED.

Your Medicaid coverage should not have been terminated as of July 2, 2016.

Your enrollment in your Medicaid Managed Care plan should not have been terminated as of July 31, 2016.

NYSOH will reenroll you into Medicaid and your Medicaid Managed Care plan as of August 1, 2016.

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:

