



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

Notice of Decision

Decision Date: January 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011278

[REDACTED]

Dear [REDACTED],

On January 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 29, 2016 notice of disenrollment.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011278

[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 your children's enrollment in their Medicaid Managed Care (MMC) plan was terminated, effective April 30, 2016, because they were enrolled in other health insurance coverage outside of NYSOH?

Procedural History

On February 9, 2016, NYSOH received your initial application for health insurance.

On February 10, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective February 1, 2016.

Also on February 10, 2016, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in an MMC plan, with a plan start date of March 1, 2016.

On April 27, 2016, NYSOH re-determined your family's eligibility for health insurance.

On April 28, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective May 1, 2016. The notice further stated that your children could get services covered by Medicaid by using their Medicaid card, and that they did not need to choose a health plan.

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On April 29, 2016, NYSOH issued a notice of disenrollment, stating that the your children's coverage in their MMC plan was terminated, effective April 30, 2016, because they were no longer eligible to remain in their current health insurance.

Also on April 29, 2016, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in Medicaid, and stating that the type of Medicaid they were eligible for did not require/allow them to enroll in a health plan.

On May 20, 2016, you updated and uploaded documentation to your NYSOH account.

On May 21, 2016, NYSOH issued a notice of enrollment confirmation, stating that your children were enrolled in Medicaid, and that the type of Medicaid they were eligible for did not require/allow them to enroll in a health plan.

On May 23, 2016, your NYSOH account was updated.

On May 24, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective May 1, 2016. The notice further stated that you needed to pick a health plan for your youngest child.

Also on May 24, 2016, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in Medicaid. The notice stated that the type of Medicaid your two older children were enrolled in did not require/allow them to enroll in a health plan, but that you should pick a health plan for your youngest child.

On June 3, 2016, NYSOH redetermined your eligibility.

On June 4, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective June 1, 2016. The notice further stated that you needed to select a health plan for your oldest two children.

Also on June 4, 2016, NYSOH issued a notice of enrollment confirmation, confirming your youngest child's enrollment in a MMC plan, effective July 1, 2016, and directing you to select a health plan for your two oldest children.

On August 4, 2016, your NYSOH account was updated. That same day, you spoke to NYSOH's Account Review Unit and appealed the fact that the disenrollment of your children from their MMC plan had caused a gap in their MMC coverage.

On August 5, 2016, NYSOH issued a notice of enrollment confirmation confirming that your youngest child was enrolled in a MMC plan, effective July 1,

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2016, and that your oldest two children were enrolled into that same MMC plan, effective September 1, 2016.

On January 12, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit in which you provided sworn testimony. 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 filed this appeal on behalf of your three children only, as your and your spouse's Essential Plan coverage was not disrupted.
- 2) Your NYSOH account reflects that your children were determined eligible for Medicaid effective February 1, 2016, and that they were able to enroll in a MMC plan, with coverage beginning on March 1, 2016.
- 3) The record reflects that, on April 27, 2016, the NYSOH "system" updated your application, redetermined your eligibility, and thereafter deleted MMC plan enrollments for all three of your children.
- 4) You testified that you, your spouse, and your children had employer sponsored health insurance with your former employer that ended after your job with that employer ended. You testified that this coverage ended on December 31, 2015.
- 5) On May 20, 2016, you uploaded a document to your NYSOH account consisting of a one-page memo on "[REDACTED]" letterhead, and sent from the [REDACTED] on December 17, 2015. The memo states, in pertinent part, "Your benefits, including any health insurance, life insurance, long-term disability insurance, and [REDACTED] insurance will be cancelled effective December 31, 2015" [REDACTED] [REDACTED]).
- 6) You testified that you did not discover that your children had been disenrolled from their MMC plan coverage until May 2016, when your youngest child became ill and you had to take her to the doctor.
- 7) You testified that you contacted your daughter's MMC plan, and then contacted NYSOH, and that the individual you spoke with at NYSOH told you that your children had been disenrolled from their MMC coverage because the system was showing that they had other health coverage.

- 8) You testified that you informed the individual from NYSOH that you spoke with in May 2016 that your children's former coverage had ended in December 2015, and you asked why this issue did not come up when you first applied in February 2016. You testified that the individual from NYSOH was unable to provide you with answer.
- 9) The record is void of any notices stating that your children lost their MMC coverage due to the system detecting that they had other health coverage, and is also void of any notices requesting information from you regarding any third party health insurance.
- 10) You testified that you were very focused on getting your youngest child re-enrolled, as she was very sick at the time, but that you did not find out until you filed the appeal that your children were not all re-enrolled into their coverage at the same time.
- 11) Your NYSOH account reflects that your youngest child was re-enrolled into a MMC plan with a start date of July 1, 2016, leaving her with a gap in her MMC coverage for the months of May and June 2016.
- 12) Your NYSOH account reflects that your older two children were re-enrolled into their MMC plan with a plan start date of September 1, 2016, leaving them with a gap in their MMC coverage for the months of May, June, July, and August 2016.
- 13) You testified that you filed this appeal because your children never had third party health insurance in 2016, and because you have outstanding medical bills for your youngest child from the time when she only had Fee-For-Service Medicaid.

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

Applicable Law and Regulations

Medicaid

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)).

MMC 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.

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(Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; 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 twelve months of Medicaid coverage offered through MMC, even if the adult loses Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit 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; NY Social Services Law (NY SSL) § 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 (NY SSL § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children were disenrolled from their MMC plan, effective April 30, 2016, because they were enrolled in other health insurance coverage outside of NYSOH.

The record indicates that your children originally became eligible for Medicaid through NYSOH, effective February 1, 2016. You selected a MMC plan for your children, and their enrollment in that plan began on March 1, 2016.

The record reflects that on April 27, 2016, the NYSOH “system” updated your application, ran your eligibility, and thereafter deleted the MMC plan enrollments for your children because they were allegedly enrolled in health insurance outside NYSOH.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a MMC plan. However, when a person has active coverage in a health insurance plan outside of NYSOH, they are not eligible to enroll in a MMC plan.

You testified that you had employer sponsored health insurance with a former employer that ended on December 31, 2015. Moreover, you provided documentation showing that your health insurance benefits through your former

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employer were cancelled effective December 31, 2015 (see [REDACTED]).

There is no evidence in the record to show that NYSOH ever requested documentation pertaining to the dates that your children were covered by your employer sponsored health insurance, nor that NYSOH ever issued a notice informing you that third party health insurance had allegedly been detected. Rather the NYSOH “system” deleted the MMC plan enrollments for your children on April 27, 2016, effective April 30, 2016, on the ground they were enrolled in health insurance outside of NYSOH, even though there is no evidence in the record to substantiate this conclusion. As such, your children should not have been dis-enrolled from their MMC plans.

Accordingly, the April 29, 2016 disenrollment notice terminating coverage for your three children with their MMC plan, effective April 30, 2016, is RESCINDED.

Your case is RETURNED to NYSOH to ensure your children are re-enrolled into their MMC plans as of May 1, 2016, such that there is no gap in their MMC plan coverage.

Decision

The April 29, 2016, disenrollment notice, terminating coverage for your children with their MMC plans, effective April 30, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure your children are re-enrolled in their MMC plans as of May 1, 2016, and to ensure that there is no gap in their MMC plan coverage.

Effective Date of this Decision: January 24, 2017

How this Decision Affects Your Eligibility

Your children should not have been disenrolled from their MMC plan as of April 30, 2016.

Your case is being sent back to NYSOH to reinstate your children’s coverage in their MMC plans as of May 1, 2016, so that they do not have a gap in coverage.

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

Summary

The April 29, 2016, disenrollment notice, terminating coverage for your children with their MMC plans, effective April 30, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure your children are re-enrolled in their MMC plans as of May 1, 2016, and to ensure that there is no gap in their MMC plan coverage.

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Your children should not have been disenrolled from their MMC plan as of April 30, 2016.

Your case is being sent back to NYSOH to reinstate your children's coverage in their MMC plans as of May 1, 2016, so that they do not have a gap in coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

