



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: AP000000011498

[REDACTED]
[REDACTED],

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011498



Issue

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

Did NY State of Health (NYSOH) properly disenroll you from your Medicaid Managed Care (MMC) plan, effective January 31, 2016?

Procedural History

On April 3, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective April 1, 2015. Subsequently, you were enrolled into a MMC plan with a plan start date of August 1, 2015.

On January 29, 2016, NYSOH received your updated application for health insurance.

On January 30, 2016, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid. However, your Medicaid coverage would continue until March 31, 2016 because certain individuals determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible. This eligibility was effective as of February 1, 2016.

Also on January 30, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan would end effective January 31, 2016 because you were no longer eligible to remain in your current health insurance.

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On February 9, 2016, NYSOH issued a renewal notice stating that NYSOH did not have enough information to make a determination as to your continued eligibility, and that you needed to update your account between February 16, 2016 and March 15, 2016, or the financial assistance you were currently receiving could end.

On February 24, 2016, your NYSOH account was updated.

On February 25, 2016, NYSOH issued a notice stating that you were newly eligible to receive up to \$65.00 per month in advance payments of the premium tax credit, effective April 1, 2016.

Also on February 25, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Fee-For-Service Medicaid would end effective March 31, 2016.

On February 25, 2016, you updated your NYSOH account.

On February 26, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan, effective April 1, 2016.

Also on February 26, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan 2, effective April 1, 2016.

On August 17, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal of the January 30, 2016 disenrollment notice, insofar as your enrollment in your MMC plan had been discontinued as of January 31, 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 April 1, 2015, and that eligibility determination is not under review.
- 2) You testified that you contacted NYSOH on January 29, 2016 with a question about when you needed to renew your coverage, as you had seen some billboards with renewal deadlines that were different than the dates on your insurance cards.

- 3) You testified that the person you spoke with on that day recommended that you do your annual renewal at that time.
- 4) You testified that it is your understanding that you were not yet due to renew in January 2016, and that the NYSOH representative's actions on January 29, 2016 caused your MMC plan coverage to end.
- 5) You testified that you explained to the NYSOH representative you spoke with on January 29, 2016 that you were calling to make sure there would be no lapse in your coverage, and that the representative never informed you that you would lose your MMC coverage two days later.
- 6) You testified that you did not receive the notice from NYSOH stating that your MMC plan coverage was ending on January 31, 2016.
- 7) You testified that you did not know that your MMC plan coverage had been terminated until you received a notice on February 9, 2016 from your MMC plan stating that your coverage had ended.
- 8) You testified that you received medical services at the beginning of February 2016, before you were aware that your MMC coverage had ended, and that you now have significant medical bills from that time period.
- 9) NYSOH's records reflect that you first contacted NYSOH regarding your disenrollment from your MMC plan on February 25, 2016 (See Complaint [REDACTED]). You were not notified of the outcome of this complaint until July 19, 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 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)).

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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 coverage, effective January 31, 2016.

You were originally found eligible for Medicaid effective April 1, 2015, and that eligibility determination is not at issue in this appeal. You testified that you contacted NYSOH on January 29, 2016 to ask when you would be due to renew your account, and that the person you spoke with said that you should renew your coverage that day. You testified that it is your understanding that this is what caused you to lose your MMC plan coverage at the end of January 2016.

When your application was updated on January 29, 2016, the NYSOH representative did not complete your renewal, but the update did result in a determination that you were no longer eligible for Medicaid.

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.” In keeping with this law, NYSOH issued a notice on January 30, 2016 stating that you were no longer eligible for Medicaid, but that your eligibility would continue until March 31, 2016 (the end of the twelve month continuous coverage period that began on April 1, 2015). However, your MMC plan coverage should also have remained in place until March 31, 2016.

Therefore, NYSOH improperly disenrolled you from your Medicaid coverage as of January 31, 2016.

The January 30, 2016 disenrollment notice is MODIFIED to state that your enrollment in your MMC plan was terminated effective March 31, 2016.

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Your case is RETURNED to NYSOH facilitate your re-enrollment into your MMC plan for the months of February and March 2016.

Decision

The January 30, 2016 disenrollment notice is MODIFIED to state that your enrollment in your MMC plan was terminated effective March 31, 2016.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into your MMC plan for the months of February and March 2016.

Effective Date of this Decision: January 10, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on April 1, 2015, continued until March 31, 2016, and your MMC plan coverage should have continued until March 31, 2016 as well.

Your case is being sent back to NYSOH to reinstate your MMC plan coverage for the months of February and March 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

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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:

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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 30, 2016 disenrollment notice is MODIFIED to state that your enrollment in your MMC plan was terminated effective March 31, 2016.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into your MMC plan for the months of February and March 2016.

Your Medicaid coverage, which began on April 1, 2015, continued until March 31, 2016, and your MMC plan coverage should have continued until March 31, 2016 as well.

Your case is being sent back to NYSOH to reinstate your MMC plan coverage for the months of February and March 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:

[REDACTED]

[REDACTED]