



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

Notice of Decision

Decision Date: January 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011964

[REDACTED]

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 8, 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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Issue

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

Did NY State of Health (NYSOH) properly determined that your daughters were disenrolled from their Medicaid Managed Care (MMC) plan, effective July 31, 2016?

Procedural History

On August 14, 2015, NYSOH issued a renewal notice stating that you and your daughters were still eligible for Medicaid, effective October 1, 2015. The notice also stated that you and your daughters would be re-enrolled into your United Healthcare MMC plan with an enrollment start date of October 1, 2015.

On August 17, 2015, NYSOH issued a notice of enrollment confirmation, confirming your enrollment, and your daughters' enrollment, in your United Healthcare MMC plan.

On June 7, 2016, NYSOH redetermined your and your daughters' eligibility for financial assistance.

On June 8, 2016, NYSOH issued a notice of eligibility determination stating that you and your daughters remained eligible for Medicaid, effective August 1, 2016. The notice also stated that your daughters could get service by using their Medicaid card, and that they did not need to choose a health plan.

Also on June 8, 2016, NYSOH issued a disenrollment notice stating that your daughters' enrollment in their MMC plan would end effective July 31, 2016 because they were no longer eligible to remain in their current health insurance.

On September 12, 2016, you updated your NYSOH account.

Also on September 12, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal of the June 8, 2016 disenrollment notice, insofar as your daughters were disenrolled from their MMC plan.

On September 13, 2016, NYSOH issued a notice of eligibility determination stating that you and your daughters were eligible for Medicaid, effective October 1, 2016.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your enrollment and your daughters' enrollment in your United Healthcare MMC plan, effective October 1, 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) Your NYSOH account reflects that your daughters were found eligible for Medicaid effective October 1, 2015, and that eligibility determination is not under review.
- 2) You testified that, in August 2016, you took you daughters to the doctor and found out that their coverage was not active.
- 3) The record does not contain any notices stating that your daughters were terminated from their MMC coverage specifically because they had other health insurance coverage.
- 4) There is no indication that NYSOH requested information from you – verbally or in writing – as to whether your daughters had other health insurance coverage in 2016.
- 5) You testified that your daughters last had health insurance coverage outside of NYSOH in 2014, when you had health insurance through your employer.

- 6) Your NYSOH account reflects that you uploaded a letter from Aetna to your account which stated that your daughters were enrolled in an Open Access Elect Choice plan that terminated in October 2014 (document [REDACTED]).
- 7) You testified that you have never previously had an issue with NYSOH with regard to your former employer-sponsored health insurance, and you do not know why there was an issue this year.
- 8) Your NYSOH account reflects that you have been living at the same address since you created your NYSOH account in 2014.
- 9) You testified that you have medical bills for your daughters for the month of August 2016 because their MMC coverage was not active.
- 10) You testified that you are looking for your daughters to be reinstated in their MMC coverage for the months of August and September 2016, so that there is no gap in their coverage.

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

Applicable Law and Regulations

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Generally, most individuals 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 determined that your daughters were disenrolled from their MMC plan, effective July 31, 2016.

Your daughters were found eligible for Medicaid effective October 1, 2015. 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.

Information in the record indicates that NYSOH's system redetermined your household's eligibility on June 7, 2016, and that the system allegedly detected that your daughters had other health insurance coverage. As a result, your daughters were terminated from their MMC plan as of July 31, 2016.

During the hearing, you testified that your daughters have not had third party health insurance coverage since 2014, when they were on your employer-sponsored coverage. You uploaded a document on September 1, 2016 from Aetna indicating that your daughters' coverage through your employer-sponsored health insurance ended on 10/31/2014 (see document [REDACTED]). Moreover, the record is devoid of any evidence supporting NYSOH's conclusion that your daughters had third party health insurance in June of 2016.

As such, NYSOH improperly disenrolled your daughters from their MMC plan as of July 31, 2016. Their MMC coverage should have continued for a 12-month period, until September 30, 2016.

Therefore, the June 8, 2016 disenrollment notice is **RESCINDED**. Your case is **RETURNED** to NYSOH to re-enroll your daughters into their MMC plan for the months of August and September 2016, such that there is no gap in their MMC coverage.

Decision

The June 8, 2016 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your daughters in their MMC plan for the months of August and September 2016.

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).

Effective Date of this Decision: January 13, 2017

How this Decision Affects Your Eligibility

Your daughter's MMC enrollment, which began on October 1, 2015, should have continued until September 30, 2016.

Your daughters will be re-enrolled in their MMC plan for the months of August and September 2016 so that there is no gap in their 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 June 8, 2016 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your daughters in their MMC plan for the months of August and September 2016.

Your daughter's MMC enrollment, which began on October 1, 2015, should have continued until September 30, 2016.

Your daughters will be re-enrolled in their MMC plan for the months of August and September 2016 so that there is no gap in their coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

