



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

## Notice of Decision

Decision Date: January 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011985

[REDACTED]

[REDACTED]

On December 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 19, 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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## Decision

Decision Date: January 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011985

[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 the Medicaid Managed Care plans you and your child were enrolled in were terminated, effective September 30, 2016, because you were enrolled in other health insurance coverage outside of NYSOH?

## Procedural History

On May 10, 2016, NYSOH received your initial application for health insurance.

On May 11, 2016, NYSOH issued a notice of eligibility determination which found you and your child eligible for Medicaid, effective May 1, 2015.

Also on May 11, 2016, NYSOH issued a notice of enrollment confirmation stating that you and your child were enrolled in Medicaid Managed Care plans, effective June 1, 2016.

On August 19, 2016, NYSOH issued a notice of eligibility redetermination, based on your updated August 18, 2016 application, stating that you and your child remained eligible for Medicaid.

Also on August 19, 2016, NYSOH issued a notice of disenrollment stating that the Medicaid Managed Care plans you and your child were enrolled in were terminated, effective September 30, 2016, because you were enrolled in other full-benefit health insurance.

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Finally, on August 19, 2016, NYSOH issued an enrollment confirmation notice stating that you and your child were enrolled in fee-for-service Medicaid and that you were not eligible to enroll in health plans.

On September 13, 2016, you spoke to NYSOH's Account Review Unit and appealed, on behalf of you and your child, the disenrollment from your Medicaid Managed Care plans.

On December 16, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit wherein the record was held open for you to submit proof of the termination of your employer sponsored health insurance. On December 23, 2016, the NYSOH Appeals Unit received a submission from you of a printout of an email thread. Thereafter, the record was closed.

## **Findings of Fact**

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

- 1) The record shows that you and your child were determined eligible for Medicaid, effective May 1, 2016.
- 2) The record reflects that you and your child were able to enroll in a Medicaid Managed Care plans on May 10, 2016, which were to become effective on June 1, 2016.
- 3) The record reflects that on August 18, 2016, the NYSOH "system" updated your application, ran your eligibility, and thereafter deleted the Medicaid Managed Care plan enrollments for you and your child.
- 4) You testified that you had employer sponsored health insurance with a former employer that should have been cancelled as of May 31, 2016. You testified that the employer did not cancel your insurance correctly at the end of your employment.
- 5) You submitted a print out of an email exchange between you and your purported former employer from October 2016, wherein you inquire as to whether your employer sponsored health insurance had been cancelled indicating that it "should have been taken care of months ago". The employer states that it should have been taken care of and thereafter confirms that the order to terminate coverage had been submitted and "the coverage has been terminated with the carrier."
- 6) The record reflects that you and your child have been unable to re-enroll in Medicaid Managed Care plans since your September 30, 2016 disenrollment.

- 7) You testified that you have outstanding medical bills following the disenrollment from your Medicaid Managed Care plans
- 8) The record reflects that you and your child remain eligible for 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)).

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)).

### Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace 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 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; N.Y. Soc. Serv. Law § 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 (N.Y. Soc. Serv. Law § 366(4)(c)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that the Medicaid Managed Care plans you and your child were enrolled in were terminated, effective September 30, 2016, because you were enrolled in other health insurance coverage outside of NYSOH.

The record indicates that you and your child originally became eligible for Medicaid, through NYSOH, effective May 1, 2016. You and your child were able to enroll in Medicaid Managed Care plans on May 10, 2016, which became effective on June 1, 2016.

The record reflects that on August 18, 2016, the NYSOH “system” updated your application, ran your eligibility, and thereafter deleted the Medicaid Managed Care plan enrollments for you and your child because you were enrolled in health insurance outside NYSOH.

You testified that you had employer sponsored health insurance with a former employer that should have been cancelled as of May 31, 2016. You testified that the employer did not cancel your insurance correctly at the end of your employment. The email exchange that you submitted to the NYSOH Appeals Unit corroborated this testimony. Though the email exchange was dated in October, 2016, after the September 30, 2016 disenrollment, both you and the employer acknowledged that the cancellation of the employer sponsored health insurance should have occurred “months ago”. Accordingly, your testimony that your employer sponsored health insurance should have been cancelled as of May 31, 2016 is deemed credible and is accepted as such.

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

As discussed, your employer sponsored health insurance should have ended on May 31, 2016. The Medicaid Managed Care plan that you and your child enrolled in on May 10, 2016, was not effective until June 1, 2016, after your employer sponsored health insurance should have terminated. There is no evidence in the record that NYSOH ever requested documentation pertaining to the dates of coverage of your employer sponsored health insurance. Rather the NYSOH “system” deleted the Medicaid Managed Care plan enrollments for you and your child on August 18, 2016, effective September 30, 2016, on the ground you were enrolled in health insurance outside of NYSOH, even though you and your child did not have outside health coverage at this time. As such, you and your child should not have been dis-enrolled from your Medicaid Managed Care plans.

Accordingly, the August 18, 2016, disenrollment notice terminating coverage for you and your child with your Medicaid Managed Care plans, effective September 30, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure you and your child are reenrolled in your Medicaid Managed Care plans effective October 1, 2016.

## **Decision**

The August 18, 2016, disenrollment notice terminating coverage for you and your child with your Medicaid Managed Care plans, effective September 30, 2016 is RESCINDED.

Your case is RETURNED to NYSOH to ensure you and your child are re-enrolled in your Medicaid Managed Care plans effective October 1, 2016.

**Effective Date of this Decision:** January 6, 2017

## **How this Decision Affects Your Eligibility**

Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan as of October 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 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:

- 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 August 18, 2016, disenrollment notice terminating coverage for you and your child with your Medicaid Managed Care plans, effective September 30, 2016 is **RESCINDED**.

Your case is **RETURNED** to NYSOH to ensure you and your child are re-enrolled in your Medicaid Managed Care plans effective October 1, 2016.

Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan as of October 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:**

