



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: AP000000012013

[REDACTED]

[REDACTED]

On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 6, 2016 eligibility determination and disenrollment notices.

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 at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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
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Decision

Decision Date: January 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012013



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NYSOH properly terminate your Medicaid and Medicaid Managed Care (MMC) coverage, with Independent Health Association, Inc., effective July 31, 2016?

Whether you are entitled to be reimbursed for the October 2016 health insurance premium paid to Independent Health?

Procedural History

On October 8, 2015, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid effective as of November 1, 2015.

On October 10, 2015, NYSOH issued an enrollment notice confirming that as of October 10, 2015, you were enrolled in a MMC plan, through Independent Health Association, Inc., with a plan enrollment start date of November 1, 2015.

On July 5, 2016, your NYSOH account was updated.

On July 6, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH effective as of August 1, 2016.

Also on July 6, 2016, NYSOH issued a disenrollment notice stating that your coverage through Independent Health Association, Inc. would end July 31, 2016.

On September 15, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the discontinuance of your Medicaid and MMC coverage effective July 31, 2016.

On September 16, 2016, NYSOH issued an enrollment notice confirming that as of September 15, 2016, you enrolled in a qualified health plan, through Independent Health, with a plan enrollment start date of August 1, 2016.

On December 15, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during that 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 are appealing the fact that your Medicaid and MMC coverage were discontinued July 31, 2016.
2. Your NYSOH account reflects that you were found eligible for Medicaid on October 8, 2015, with an effective date of November 1, 2015.
3. Your NYSOH account reflects that you were enrolled in a MMC plan, with Independent Health Association, with a plan enrollment start date of November 1, 2015.
4. You testified you contacted NYSOH in March 2016 to update your income and employment information in your account. A NYSOH representative told you that your Medicaid coverage would continue until October 31, 2016.
5. On July 5, 2016, your NYSOH account was updated to reflect that your expected household income was \$60,000.00.
6. Your NYSOH account reflects that your Medicaid and MMC coverage were discontinued July 31, 2016.
7. You testified that you contacted NYSOH in July 2016 regarding the discontinuance of your Medicaid and MMC coverage.
8. You testified on July 16, 2016, you were contacted by a NYSOH representative you stated that you would have Medicaid coverage until October 31, 2016.
9. According to your NYSOH account, you enrolled in a qualified health plan, through Independent Health, with an effective date of October 1, 2016.

10. You testified you are seeking reimbursement for the \$477.45 you paid to Independent Health for the October 2016 premium because you should have been enrolled in Medicaid.

11. You testified you did not utilize the qualified health plan in October 2016.

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

Applicable Law and Regulations

Medicaid:

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 FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

Continuous Coverage:

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of 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(a); N.Y. Soc. Serv. Law § 366(4)(c)).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

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The first issue under review is whether NYSOH properly discontinued you from your Medicaid and MMC coverage effective July 31, 2016.

On October 8, 2015 and October 10, 2015, NYSOH issued notices stating that you were eligible for Medicaid effective November 1, 2015, and enrolled in an Independent Health Association MMC plan, with an enrollment state date of November 1, 2015.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage, even if the adult loses Medicaid eligibility because of any changes or updates they make to their NYSOH account. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

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. Therefore, the start date of your original Medicaid eligibility determination was November 1, 2015.

When your MMC coverage terminated on July 31, 2016, the twelve-month period of Medicaid eligibility that began on November 1, 2015, had not expired, and no event had occurred to end that eligibility. According to the credible evidence of record, your Medicaid and MMC coverage should not have ended effective July 31, 2016.

The record reflects that you enrolled in a qualified health plan, through Independent Health, with an effective date of October 1, 2016. You are seeking reimbursement for the \$477.45 you paid to Independent Health for the October 2016 premium because you should have been enrolled in Medicaid and did not utilize the qualified health plan in October 2016.

The NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by NYSOH to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NYSOH Appeals Unit.

Since the NYSOH Appeals Unit is not given the authority to review the reimbursement of premiums, we cannot reach the merits as to whether you were eligible for a reimbursement of the \$477.45 premium you paid for your enrollment in Independent Health during the month of October 2016. Therefore, your

request for reimbursement for amount paid to Independent for your coverage during the month of October 2016 is DISMISSED as a non-appealable issue.

Your case is RETURNED to NYSOH to (1) reinstate your Medicaid and MMC coverage through October 31, 2016, and (2) facilitate a possible reimbursement of premium due to you, if any, in connection with the enrollment of your enrollment in the Independent Health qualified health plan for the month of October 2016.

Decision

The July 6, 2016 eligibility determination notice is RESCINDED.

The July 6, 2016 disenrollment notice is RESCINDED.

The issue of your request for reimbursement for amount paid to Independent Health for your coverage during the month of October 2016 is DISMISSED as a non-appealable issue.

Your case is RETURNED to NYSOH to (1) reinstate your Medicaid coverage and MMC plan through October 31, 2016, and (2) facilitate a possible reimbursement of premium amounts due to you, if any, in connection with your enrollment in the Independent Health qualified health plan for the month of October 2016.

Effective Date of this Decision: January 13, 2017

How this Decision Affects Your Eligibility

Your Medicaid and MMC coverage were improperly terminated effective July 31, 2016.

Your case is returned to reinstate your Medicaid and MMC coverage, through Independent Health Association, through October 31, 2016.

Your case is returned to NYSOH to facilitate a possible reimbursement of premium amounts due to you, if any, in connection with the enrollment of your enrollment in the Independent Health qualified health plan for the month of October 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.

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).

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 after the date 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 date 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 July 6, 2016, eligibility determination notice is RESCINDED.

The July 6, 2016, disenrollment notice is RESCINDED.

The issue of your request for reimbursement for amount paid to Independent Health for your coverage during the month of October 2016 is DISMISSED as a non-appealable issue.

Your Medicaid coverage and MMC plan was improperly terminated effective July 31, 2016.

Your case is RETURNED to reinstate your Medicaid and MMC coverage, through Independent Health Association, through October 31, 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).

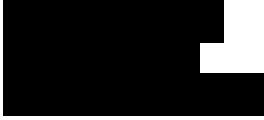
Your case is RETURNED to NYSOH to facilitate a possible reimbursement of premium amounts due to you, if any, in connection with your enrollment in the Independent Health qualified health plan for the month of October 2016.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

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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