



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

### Notice of Decision

Decision Date: February 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012655

[REDACTED]

Dear [REDACTED]

On February 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 2016 disenrollment, eligibility redetermination, and enrollment confirmation 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 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: February 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012655

[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 you and your spouse were not eligible for Medicaid in the months of November 2016 through January 2017?

## Procedural History

On October 8, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you and your spouse would qualify for financial help paying for your health coverage, and that you needed to update your account by November 15, 2016 or you and your spouse might lose the financial assistance you were currently receiving.

On October 19, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you and your spouse were eligible for the Essential Plan with a premium of \$20.00 per month, effective November 1, 2016.

Also on October 19, 2016, you spoke to NYSOH's Account Review Unit and appealed that preliminary eligibility determination insofar as your and your spouse's enrollment in your Medicaid coverage did not continue.

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On October 20, 2016, NYSOH issued a notice of eligibility determination, based on your October 19, 2016 updated application, stating that you and your spouse were eligible to enroll in the Essential Plan with a premium of \$20.00 per month each, effective November 1, 2016. This was because you and your spouse no longer qualified for Medicaid as of October 31, 2016.

Also on October 20, 2016, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Medicaid Managed Care plan was terminated, effective October 31, 2016.

On February 7, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open for 15 days for you to submit proof of income. Specifically, the Hearing Officer directed you to provide your 2015 income tax return, your proof of income for the month of October 2016, and your proof of income for the 2016 income tax year. On February 16, 2017, you submitted your income tax return for 2015. No further documentation was received as of February 22, 2017. The record is now closed.

## **Findings of Fact**

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

- 1) According to your NYSOH account, you and your spouse were determined eligible for Medicaid, effective as of February 1, 2016, and were enrolled in a Medicaid Managed Care plan as of March 1, 2016.
- 2) According to your NYSOH account, you and your spouse were terminated from your Medicaid coverage, effective October 31, 2016.
- 3) According to your NYSOH account and your testimony, you updated your NYSOH application for financial assistance on October 19, 2016 and you and your spouse were found eligible for the Essential Plan with a premium of \$20.00 per month, effective November 1, 2016.
- 4) You testified that you and your spouse were not covered for 12 full months and want your Medicaid coverage reinstated.
- 5) According to your NYSOH account, Medicaid Fee-For Service was backdated to November 1, 2016 through January 31, 2017.
- 6) You testified that you and your spouse want your MMC plan reinstated.

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 through NYSOH can be provided 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)).

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 determined that you and your spouse were no longer eligible for Medicaid as of October 31, 2016.

According to your NYSOH account, you and your spouse were determined Medicaid eligible, effective February 1, 2016 and enrolled in a Medicaid Managed Care plan, effective March 1, 2016, which is not in dispute.

On October 8, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year.

According to your NYSOH account and your testimony, you updated your NYSOH application for financial assistance on October 19, 2016 and you and your spouse were found eligible for the Essential Plan with a premium of \$20.00 per month, effective November 1, 2016. As a result of the updated application, on October 20, 2016, NYSOH issued a disenrollment notice stating that your and

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your spouse's enrollment in your Medicaid Managed Care plan was terminated, effective October 31, 2016.

However, New York State has elected to re-determine Medicaid enrollees once every 12 months from the effective date of eligibility as long as enrollees are under age 65, are not enrolled in minimum essential coverage, and remain state residents. An individual enrolled in Medicaid shall have coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, or having third party health insurance. In fact, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if their income increases above the Medicaid limit allowed for their household size.

In the present case, on October 8, 2016, NYSOH issued an eligibility determination notice stating that it was time to renew your eligibility for health coverage for the upcoming year. However, the record does not indicate why you were sent a renewal notice at that time.

Although you and your spouse did have an increase in your household income during the 2016 12-month period of Medicaid, this would not be considered a disqualifying event that would have ended your continuous Medicaid coverage. Further, there is no evidence in the record to demonstrate that any of the disqualifying events occurred so as to end your and your spouse's coverage in Medicaid. Therefore, your and your spouse's eligibility should not have been terminated prior to the end of your 12 months of Medicaid continuous coverage.

Since you and your spouse were found eligible for and enrolled in Medicaid as of February 1, 2016, your coverage should have continued for 12 months; that is, until January 31, 2017, barring any of the disqualifying events.

Since the record is devoid of any such disqualifying events, it is concluded that NYSOH improperly and prematurely re-determined your and your spouse's eligibility on October 19, 2016. Therefore, the October 20, 2016 disenrollment, eligibility redetermination, and enrollment confirmation notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plan for the months of November 2016 through January 2017 and to notify you accordingly.

## **Decision**

The October 20, 2016 disenrollment, eligibility redetermination, and enrollment confirmation notices are **RESCINDED**.

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Your case is RETURNED to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plan for the months of November 2016 through January 2017 and to notify you accordingly.

This Decision does not affect any subsequent eligibility redeterminations made by NYSOH.

**Effective Date of this Decision:** February 28, 2017

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

You were improperly terminated from your Medicaid Managed Care plan before the end of your 12-months of continuous coverage.

Your case is being sent back to NYSOH to reinstate your and your spouse's coverage in your Medicaid Managed Care plan for the months of November 2016 through January 2017. NYSOH will notify you once you and your spouse have been reinstated.

### **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.

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## **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 October 20, 2016 disenrollment, eligibility redetermination, and enrollment confirmation notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you and your spouse in your Medicaid Managed Care plan for the months of November 2016 through January 2017 and to notify you accordingly.

This Decision does not affect any subsequent eligibility redeterminations made by NYSOH.

You were improperly terminated from your Medicaid Managed Care plan before the end of your 12 months of continuous coverage.

Your case is being sent back to NYSOH to reinstate your and your spouse's coverage in your Medicaid Managed Care plan for the months of November 2016 through January 2017. NYSOH will notify you once you and your spouse have been reinstated.

## **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**

