



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

Notice of Decision

Decision Date: February 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012661

[REDACTED]

Dear [REDACTED],

On February 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 26, 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).

This page intentionally left blank.

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

Decision

Decision Date: February 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012661

[REDACTED]

Issue

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

Did NY State of Health properly determine that your son was no longer eligible for Medicaid, effective September 30, 2016?

Procedural History

On January 29, 2016, in account [REDACTED] NYSOH redetermined your son's eligibility for financial assistance with health insurance.

On January 30, 2016, in account [REDACTED], NYSOH issued a notice of eligibility determination stating that your son was eligible for Medicaid, effective January 1, 2016.

Also on January 30, 2016, in account [REDACTED] NYSOH issued a notice of enrollment confirmation notice, stating that your son was enrolled in his Medicaid Managed Care plan through Total Care, effective March 1, 2016.

On August 25, 2016, in account [REDACTED], your son's application was changed to a non-financial application and account [REDACTED] was marked as inactive.

On August 26, 2016, in account [REDACTED] NYSOH issued a notice of disenrollment stating that your son was disenrolled from Medicaid and his Medicaid Managed Care plan, effective September 30, 2016, as he was no longer eligible to enroll in health insurance through NYSOH.

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).

On August 26, 2016, in account [REDACTED] NYSOH issued a notice advising you that additional income information was needed in order to issue an eligibility determination with regard to your son's eligibility for financial assistance. This notice directed you to submit income documentation for your household by September 9, 2016.

On October 19, 2016, you updated your household's application for financial assistance with health insurance in account [REDACTED]. That day, NYSOH issued a preliminary eligibility determination with regard to that application, stating that your son was eligible for Child Health Plus, effective December 1, 2016.

Also on October 19, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as your son was without coverage from September 1, 2016 until November 30, 2016.

On October 20, 2016, in account [REDACTED], NYSOH issued a notice of eligibility determination based on the October 19, 2016 application, stating that your son was eligible for Child Health Plus, effective December 1, 2016.

On October 26, 2016, in account [REDACTED], NYSOH issued an enrollment notice, confirming your son's enrollment in a Child Health Plus plan with a plan enrollment start date of December 1, 2016.

On February 9, 2017, 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 testified that you are seeking to have no gap in your son's enrollment, as your son has various medical issues and requires frequent treatment.
- 2) The record reflects that your son was originally found eligible for coverage through NYSOH in account [REDACTED]. In account [REDACTED] your son was found eligible for Medicaid, effective January 1, 2016.
- 3) On January 29, 2016, you selected Total Care as your son's Medicaid Managed Care plan.

- 4) You testified that your son has not been incarcerated.
- 5) You testified that since gaining coverage through NYSOH, your son has not had any health insurance coverage outside of NYSOH.
- 6) You testified that you never requested to disenroll your son from Medicaid.
- 7) You testified that you would have had no reason to request that account [REDACTED] be marked in-active or changed to a non-financial application.
- 8) You testified that you moved from Onondaga County to Oswego County in April or May of 2016.
- 9) The events tab in account [REDACTED] indicates that you contacted NYSOH to update your address on August 1, 2016.
- 10) On January 27, 2016 incident [REDACTED] was created in account [REDACTED]. That note on this incident indicates that account [REDACTED] needed to be active as you and your family members had active coverage on this account and account [REDACTED] needed to be marked as inactive as the system was preventing processing with regard to your child's coverage due to the presence of two active accounts.
- 11) On June 6, 2016, incident [REDACTED] was created for account [REDACTED]. The note on this incident indicates that account [REDACTED] was active.
- 12) On October 26, 2016, incident [REDACTED] was created for account [REDACTED]. The note on this incident indicates that your son could not be enrolled in a Medicaid Managed Care plan as part of his Aid to Continue, as this was no longer an option under plan selection.

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

Applicable Law and Regulations

Medicaid Continuous Coverage

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)).

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 is whether NYSOH properly determined that your son was no longer eligible for Medicaid, effective September 30, 2016.

On January 30, 2016, NYSOH issued an eligibility determination notice stating that your son was eligible for Medicaid, effective January 1, 2016. That determination has not been appealed and is not under review.

You testified that your son has not been incarcerated. There is no indication in the record that your son moved out of state. Additionally, you provided a valid social security number for your son on your application.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

The record is devoid of any reason that your son would not have been eligible for 12 months of continuous Medicaid coverage following January 1, 2016.

Therefore, your son should have had Medicaid for 12 months following January 1, 2016, which 12-month period ended on December 31, 2016 in account [REDACTED].

Therefore, the August 26, 2016 disenrollment notice stating that your son was no longer eligible to enroll in health insurance through NYSOH is RESCINDED.

You testified that in April or May of 2016 you moved from Onondaga County to Oswego County. The availability of Medicaid Managed Care plans varies from county to county. On January 29, 2016, in account [REDACTED] you selected Total Care as your son's Medicaid Managed Care plan. The record indicates that Total Care is no longer available to your son as a Medicaid Managed Care plan.

The record reflects that you reported this move to NYSOH on August 1, 2016. Therefore, you should have been able to select a new Medicaid Managed Care plan for your son on August 1, 2016.

Accordingly, your case is RETURNED to NYSOH to reinstate your son into Medicaid, as of January 1, 2016, until the end of his 12 months of continuous coverage, December 31, 2016, and to permit you to enroll your son into a Medicaid Managed Care plan available in his current county of residence, as though the plan selection had been properly made on August 1, 2016.

Decision

The August 26, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your son into Medicaid, as of January 1, 2016, until the end of his 12 months of continuous coverage, December 31, 2016, and to permit you to enroll your son into a Medicaid Managed Care plan available in his current county of residence, as though the plan selection had been properly made on August 1, 2016.

Effective Date of this Decision: February 22, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate your son into his Medicaid coverage, which began on January 1, 2016, continued until December 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).

and for you to be able to select a Medicaid Managed Care plan, as though you had been permitted to selected a new plan as of August 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 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 August 26, 2016 disenrollment notice is **RESCINDED**.

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 reinstate your son into Medicaid, as of January 1, 2016, until the end of his 12 months of continuous coverage, December 31, 2016, and to permit you to enroll your son into a Medicaid Managed Care plan available in his current county of residence, as though the plan selection had been properly made on August 1, 2016.

Your case is being sent back to NYSOH to reinstate your son into his Medicaid coverage, which began on January 1, 2016, continued until December 31, 2016, and for you to be able to select a Medicaid Managed Care plan, as though you had been permitted to selected a new plan as of August 1, 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:

