



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: AP000000012709

[REDACTED]

Dear [REDACTED]

On February 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 10, 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: February 28, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012709

[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 were no longer eligible for Medicaid, effective November 1, 2016?

## Procedural History

On October 10, 2016, NYSOH issued a disenrollment notice, based on your October 9, 2016 updated application, stating that your coverage in your Medicaid Managed Care plan would end effective October 31, 2016. The reason stated was because you were no longer eligible to remain enrolled in your current health insurance.

On October 11, 2016, NYSOH issued a notice of eligibility redetermination, based on the October 10, 2016 updated application, stating that you remained conditionally eligible for Medicaid, effective November 1, 2016. That notice also stated that you must provide proof of your income by October 24, 2016.

On October 14, 2016, you uploaded proof of income (see Documents [REDACTED] and [REDACTED]).

On October 15, 2016, NYSOH issued a notice of eligibility redetermination, based on the October 14, 2016 updated application, stating that you remained eligible for Medicaid, effective November 1, 2016. That notice also stated that you must provide proof of your income by October 24, 2016.

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Also on October 15, 2016, NYSOH issued an enrollment confirmation, based on your October 14, 2016 plan selection, stating in part that you must pick a health plan.

On October 19, 2016, NYSOH verified and validated your income documentation.

On October 20, 2016, NYSOH issued a notice of eligibility redetermination stating that you remained conditionally eligible for Medicaid, effective November 1, 2016. That notice also stated that you must provide proof of your income by October 24, 2016.

On October 21, 2016, NYSOH issued an enrollment confirmation notice, based on your October 20, 2016 plan selection, stating that you were enrolled in a Medicaid Managed Care plan, effective December 1, 2016.

Also on October 21, 2016, you spoke to NYSOH's Account Review Unit and appealed that enrollment confirmation notice insofar as your enrollment in your Medicaid Managed Care plan began on December 1, 2016 and not November 1, 2016.

On February 14, 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) According to your NYSOH account, you were determined eligible for Medicaid, effective as of December 1, 2015, and were enrolled in a Medicaid Managed Care plan as of January 1, 2016.
- 2) You testified that you are seeking health insurance for yourself.
- 3) According to your NYSOH account and your testimony, you updated your application for financial assistance on October 9, 2016. At the time, you attested to an annual household income of \$23,000.00. As a result of your updated application, you were terminated from your Medicaid Managed Care plan effective October 31, 2016.
- 4) According to your NYSOH account, on October 14, 2016, you uploaded proof of income; which was subsequently verified by NYSOH on October 19, 2016 (see Documents [REDACTED] and [REDACTED]). On October 19, 2016, your

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income information changed to reflect that your household income was now \$39,999.96.

- 5) You testified that you were pregnant in the months of October 2016 and November 2016. You updated your account on October 9, 2016 because you needed to make sure your Medicaid Managed Care plan was in effect due to your high risk pregnancy.
- 6) According to your NYSOH account and your testimony, you were unable to select a Medicaid managed Care plan until your income was verified by NYSOH on October 19, 2016. You selected a Medicaid Managed Care plan the next day with an effective date of December 1, 2016.
- 7) You testified that your specialist doctor does not accept Medicaid Fee-For-Service as a form of payment and you have medical bills from the emergency labor and delivery of your newborn in November 2016.
- 8) According to your NYSOH account, Medicaid Fee-For Service began November 1, 2016.

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 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 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)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR

§ 435.4). On the date of your application, that was the 2015 FPL, which is \$ 15,930.00 for a two-person household (80 Federal Register 3236, 3237).

Generally, 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 were no longer eligible for Medicaid, effective November 1, 2016, and were disenrolled from your Medicaid Managed Care plan, effective October 31, 2016.

According to your NYSOH account you were determined Medicaid eligible as of December 1, 2015 and enrolled in a Medicaid Managed Care plan, effective January 1, 2016, which is not in dispute.

On October 10, 2016, you updated your application for health insurance. You attested to an increase in income to \$23,000.00 per year and, as a result, NYSOH found you conditionally eligible for Medicaid pending submission of proof of income. You were also terminated from your Medicaid Managed Care plan, effective October 31, 2016.

You provided proof of income on October 14, 2016, which was subsequently verified on October 19, 2016. Upon verification of your income, your income increased from \$23,000.00 to \$39,999.96. Nonetheless, you were pregnant at that time and NYSOH found that you remained eligible for Medicaid. You selected a Medicaid Managed Care plan on October 20, 2016, which was effective December 1, 2016.

New York State has elected to re-determine Medicaid enrollees only 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

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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.

Although you did have an increase in your household income during the 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 coverage in Medicaid. Therefore, your eligibility should not have been terminated prior to the end of your 12-months of Medicaid continuous coverage.

Since you were found eligible for and enrolled in Medicaid as of December 1, 2015, your coverage should have continued for 12 months; that is, until November 30, 2016, barring any of the disqualifying events.

Since the record is devoid of any such disqualifying events, it is concluded that NYSOH improperly and prematurely terminated you from your Medicaid Managed Care plan on October 31, 2016. Therefore, the October 10, 2016 disenrollment notice terminating your coverage in your Medicaid Managed Care Plan is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Medicaid Managed Care plan, effective November 1, 2016 through November 30, 2016, and to notify you accordingly.

## **Decision**

The October 10, 2016 disenrollment notice terminating your coverage in your Medicaid Managed Care Plan is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of November 2016 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.

You were entitled to remain in your Medicaid Managed Care plan through November 30, 2016.

Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan for the month of November 2016. NYSOH will notify you once you 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.

## **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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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The October 10, 2016 disenrollment notice terminating your coverage in your Medicaid Managed Care Plan is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of November 2016 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.

You were entitled to remain in your Medicaid Managed Care plan through November 30, 2016.

Your case is being sent back to NYSOH to reinstate your coverage in your Medicaid Managed Care plan for the month of November 2016. NYSOH will notify you once you 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:**

