



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

Notice of Decision

Decision Date: February 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012759



Dear [REDACTED],

On February 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2016 eligibility determination notice and October 17, 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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Decision

Decision Date: February 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012759



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 disenrolled from Medicaid, effective October 31, 2016?

Procedural History

On November 23, 2015, NYSOH received your application for financial assistance with health insurance.

On November 24, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of \$1,122.00 was at or below the allowable income limit. This eligibility was effective as of December 1, 2015.

Also on November 24, 2015, NYSOH issued an enrollment confirmation notice, confirming your selection of a Medicaid Managed Care plan, with an enrollment start date of January 1, 2016.

On September 16, 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 would qualify for financial help paying for your health coverage, and that you needed to update your account by October 15, 2016 or you might lose the financial assistance you were currently receiving.

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No updates were received by October 15, 2016 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On October 17, 2016, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended November 1, 2016.

Also on October 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in Medicaid and your Medicaid Managed Care plan was terminated, effective October 31, 2016, as you were no longer eligible to remain enrolled in health insurance through NYSOH.

On October 24, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan and you had selected a plan for enrollment.

Also on October 24, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination, insofar as you were without coverage from November 1, 2016 to November 30, 2016.

On October 25, 2016, NYSOH issued a notice of eligibility determination, stating that you were eligible to enroll in the Essential Plan, effective December 1, 2016.

Also on October 25, 2016, NYSOH issued an enrollment notice confirming your selection of your Essential Plan, with a plan enrollment start date of December 1, 2016.

On November 1, 2016, NYSOH issued an eligibility determination stating that you were granted Aid to Continue until a decision was made on your appeal. You were granted Medicaid for a limited time, effective November 1, 2016.

On February 6, 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 were determined eligible for Medicaid, effective December 1, 2015.

- 2) There is no indication in the record that you were incarcerated in 2016.
- 3) You testified that you will file your 2016 tax return as single and will claim no dependents.
- 4) Your November 23, 2015 application indicates an annual expected income of \$1,122.00.
- 5) Your October 24, 2016 application indicates an annual expected income of \$18,664.00. You testified that you believe this is roughly accurate.
- 6) You testified that you changed jobs in June of 2016.
- 7) You testified that you moved on January 1, 2017. You testified to no other recent moves.
- 8) You testified that you receive your notices from NYSOH by regular mail.
- 9) You testified that you are not sure if you received any notices in the mail telling you that you needed to update your application in order to renew your financial assistance eligibility.
- 10) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.
- 11) You testified that you did not know that you needed to update your account until you received the disenrollment notice in the mail.
- 12) The record reflects that on October 24, 2016 NYSOH received your updated application for health insurance.
- 13) You enrolled into an Essential Plan on October 23, 2016.
- 14) You testified that you are seeking to have coverage for November 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

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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)).

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 disenrolled you from Medicaid, effective October 31, 2016.

On November 24, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective December 1, 2015. That determination has not been appealed and is not under review.

On September 16, 2016, NYSOH issued a renewal notice requesting that you updated your NYSOH account by October 15, 2016 in order for your eligibility to be determined.

No updates were made to your account by October 15, 2016. As no updates were made to your account by October 15, 2016, NYSOH determined that you were ineligible to enroll in health insurance through NYSOH. As a result, you were disenrolled from Medicaid as of October 31, 2016.

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

The record reflects that there were no events that would have been a basis for your Medicaid coverage to have been terminated, such as a permanent move or incarceration. Since you were determined eligible for Medicaid based on the application submitted on November 23, 2015, effective December 1, 2015, you remained eligible for Medicaid for 12 continuous months, regardless of any increases in your household income. As a result, you were improperly disenrolled from Medicaid, effective October 31, 2016.

Since NYSOH determined you were eligible for Medicaid as of December 1, 2015, and therefore eligible for continuous coverage, the October 17, 2016 eligibility determination notice is RESCINDED.

The October 17, 2016 disenrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is terminated effective November 30, 2016 to provide you coverage until the end of your 12-month continuous coverage period.

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

Decision

The October 17, 2016 eligibility determination notice is RESCINDED.

The October 17, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan is terminated effective November 30, 2016 in order to provide you coverage until the end of your 12-month continuous coverage period.

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

Effective Date of this Decision: February 9, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on December 1, 2015, continued until November 30, 2016.

Your case is being sent back to NYSOH to reinstate you in your Medicaid Managed Care plan for the month of November 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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 17, 2016 eligibility determination notice is **RESCINDED**.

The October 17, 2016 enrollment confirmation notice is **MODIFIED** to state that your enrollment in your Medicaid Managed Care plan is terminated effective November 30, 2016 in order to provide you coverage until the end of your 12-month continuous coverage period.

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Your Medicaid coverage, which began on December 1, 2015, continued until November 30, 2016.

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

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



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