



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

Notice of Decision

Decision Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013031

[REDACTED]

Dear [REDACTED],

On February 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 8, 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 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: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013031



Issues

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

Did NY State of Health (NYSOH) properly terminate your and your child's Medicaid coverage and disenroll you and your child from your Medicaid Managed Care (MMC) plan effective July 31, 2016?

Procedural History

On June 2, 2016, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid effective June 1, 2016.

On June 12, 2016, NYSOH issued an enrollment notice confirming that you and your child were enrolled in a MMC plan with an enrollment start date of July 1, 2016.

On July 7, 2016, NYSOH updated your account.

On July 8, 2016, NYSOH issued an eligibility determination notice that you were no longer 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. The notice stated that NYSOH sent you notices by U.S. mail to the mailing address provided in your account. However, these notices were returned to NYSOH as undeliverable.

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).

Also on July 8, 2016, NYSOH issued a disenrollment notice confirming that you and your child's MMC plan coverage would end effective July 31, 2016. This was because you and your child were no longer eligible to enroll in health insurance through NYSOH.

On September 6, 2016, your NYSOH account was updated.

On September 7, 2016, NYSOH issued a notice stating that you and your child may be eligible for health insurance through NYSOH but more was needed to make a determination. The notice directed you to provide proof of income by September 21, 2016, for you and your child.

On September 19, 2016, your NYSOH account was updated.

Also on September 19, 2016, you faxed additional documentation to NYSOH (see Document [REDACTED]).

On September 20, 2016, NYSOH issued a notice stating that you and your child may be eligible for health insurance through NYSOH but more information was needed to make a determination. The notice directed you to provide proof of income by September 21, 2016 for your child and October 6, 2016 for yourself.

On September 23, 2016, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid effective as of September 1, 2016.

Also on September 23, 2016, NYSOH issued an enrollment notice confirming that as of September 22, 2016, you and your child were enrolled in a MMC plan with an enrollment start date of November 1, 2016.

On November 2, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your and your child's Medicaid coverage being terminated effective July 31, 2016.

On February 13, 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 support the following findings of fact:

- 1) According to your NYSOH account, you receive all notices from NYSOH via regular mail.

- 2) The June 2, 2016 eligibility determination and June 12, 2016 enrollment notices were issued to [REDACTED] (see Documents [REDACTED] and [REDACTED]).
- 3) According to your NYSOH account and testimony, your child was born on [REDACTED].
- 4) The June 2, 2016 eligibility determination and June 12, 2016 enrollment notices were sent back to NYSOH as "RETURN MAIL" on June 13, 2016 and June 22, 2016 respectively (see Documents [REDACTED] and [REDACTED]).
- 5) According to the "Address History" in your NYSOH account, your mailing addresses were:
 - (a) [REDACTED] from May 23, 2016 through June 13, 2016;
 - (b) [REDACTED] from June 13, 2016 through July 19, 2016;
 - (c) [REDACTED] from July 19, 2016 through September 6, 2016.
- 6) You testified that you and your child have continuously resided in New York State in 2016, and had these mailing addresses during the noted timeframes.
- 7) You testified that you initially discovered during the first week of August 2016, [REDACTED], that your Medicaid coverage had been discontinued.
- 8) According to your NYSOH, you and your child were redetermined eligible for Medicaid effective September 1, 2016, and reenrolled in a MMC plan effective November 1, 2016.
- 9) You testified that you are seeking to have your and your child's MMC coverage reinstated for the months of August, September, and October 2016.

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

Applicable Law and Regulations

Medicaid Eligibility – Adults:

Medicaid through the Marketplace 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)).

Continuous Coverage - Adults:

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)).

Medicaid Eligibility - Children Under the Age of One

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Health Administrative Directive 13 ADM-03).

A child under the age of 19 who is determined eligible for Medicaid, shall consistent with federal regulations, remain eligible for Medicaid for 12 continuous months (NY Social Services Law § 366(4)(b)(3)(i)).

State Residency

A person shall not be eligible for Medicaid unless he or she is a resident of the state, or, while temporarily in the state, requires immediate medical care which is not otherwise available (42 CFR § 435.403(a); NY Social Services Law § 366(1)(d)(1)).

Legal Analysis

The issue under review is whether NYSOH properly terminated your and your child's coverage through Medicaid effective July 31, 2016.

On June 2, 2016, NYSOH issued you an eligibility determination notice stating that you and your child were eligible for Medicaid effective June 1, 2016, and on June 12, 2016 an enrollment notice confirming that you and your child were enrolled in a MMC plan with an enrollment start date of July 1, 2016. The notices were sent via U.S. mail to [REDACTED]. The record reflects that the mailing address listed in your NYSOH account was [REDACTED] from May 23, 2016 through June 13, 2016. However, those notices were sent back to NYSOH as "RETURN MAIL" on June 13, 2016 and June 22, 2016 because they were undeliverable.

Generally, individuals remain eligible for Medicaid for 12 continuous months unless they become ineligible 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 starts on the effective date of the individual's Medicaid eligibility.

On July 8, 2016, NYSOH issued an eligibility redetermination and disenrollment notices stating, in relevant parts, that you and your child were not eligible for Medicaid because NYSOH sent you notices about your eligibility and coverage by U.S. mail to the mailing address on your account. However, these notices were returned to NYSOH as undeliverable. Therefore, your and your child's Medicaid coverage was discontinued July 31, 2016, on the basis that you were not residents of New York State.

The record reflects that all the mailing addresses in your NYSOH account are New York State mailing addresses and were correct for the time periods stated in your NYSOH account. Furthermore, you credibly testified that you and your child resided in New York State for all of 2016. There is sufficient evidence in the record to conclude that you and your child have continuously retained New York State residency and no other issue regarding your and your child's eligibility exists. Therefore, you and your child were improperly disenrolled from Medicaid and disenrolled from your MMC plan effective July 31, 2016.

Since the July 8, 2016 eligibility determination and disenrollment notices ended your and your child's Medicaid coverage before the end of your twelve-month eligibility periods, they are RESCINDED.

Decision

The July 8, 2016 eligibility determination notice is RESCINDED.

The July 8, 2016 disenrollment notice is RESCINDED.

Your and your child's case is RETURNED to NYSOH to reinstate your Medicaid coverage and re-enroll you in the MMC plan, both effective August 1, 2016. NYSOH is also to notify you once this has been completed.

Effective Date of this Decision: March 13, 2017

How this Decision Affects Your Eligibility

You and your child were improperly disenrolled from your MMC plans effective July 31, 2016.

Your and your child's case has been returned to NYSOH to reinstate your Medicaid coverage and re-enroll you in the MMC plan, both effective August 1, 2016. NYSOH will notify you once this has been done.

You and your child remain eligible for Medicaid until May 31, 2017 unless either one of you become ineligible based on the criteria above.

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

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).

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 8, 2016 eligibility determination notice is RESCINDED.

The July 8, 2016 disenrollment notice is RESCINDED.

Your and your child's case is RETURNED to NYSOH to reinstate your Medicaid coverage and re-enroll you in the MMC plan, both effective August 1, 2016. NYSOH is also to notify you once this has been completed.

You and your child were improperly disenrolled from your MMC plans effective July 31, 2016.

Your and your child's case has been RETURNED to NYSOH to reinstate your Medicaid coverage and re-enroll you in the MMC plan, both effective August 1, 2016. NYSOH will notify you once this has been done.

You and your child remain eligible for Medicaid until May 31, 2017 unless either one of you become ineligible based on the criteria above.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

