



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

Notice of Decision

Decision Date: February 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013175

[REDACTED]

Dear [REDACTED]

On February 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 17, 2016 disenrollment notice and October 18, 2016 and November 9, 2016 eligibility redetermination 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.

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NY State of Health Account ID: [REDACTED]
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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 not eligible for Medicaid in the month of November 2016?

Procedural History

On September 2, 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 between September 16, 2016 and October 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were received by October 15, 2016.

On October 17, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid Managed Care plan would end effective October 31, 2016.

On October 18, 2016, NYSOH issued an eligibility redetermination notice stating that you were no longer eligible for health insurance through NYSOH, effective November 1, 2016. The notice stated that you were not eligible for Medicaid, Child Health Plus, or the Essential Plan, because you did not respond to the renewal notice in the required timeframe.

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On October 27, 2016, NYSOH issued a notice, based on your October 26, 2016 updated application, stating that more information was needed to make a determination on your eligibility. The notice requested that you provide income documentation for your household by November 10, 2016.

On November 9, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to receive an advance payment of the premium tax credit (APTC) in an amount of up to \$227.00 per month, effective December 1, 2016, based on your household income of \$24,889.02.

Also on November 9, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility redetermination insofar as it began your coverage on December 1, 2016 and not November 1, 2016.

On November 10 and 16, 2016, an enrollment confirmation notice was issued stating that you were enrolled in the silver-level qualified health plan (QHP), effective December 1, 2016.

On November 17, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to receive APTC in an amount of up to \$321.00 per month, effective January 1, 2017, based on a household income of \$24,889.02.

On November 17, 2016, an enrollment confirmation notice was issued stating that you were enrolled in the silver-level QHP, effective January 1, 2017.

On February 21, 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 that 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 January 1, 2016, and were enrolled in a Medicaid Managed Care plan as of that date.
- 2) You testified that you are seeking health insurance for yourself.
- 3) You testified that you did not receive the September 2, 2016 renewal notice and, as a result, did not know to update your account before October 15, 2016.

- 4) You testified that you did not understand why you had to renew your coverage so early because you generally renew your coverage after the open enrollment period begins, which is usually in November of each year.
- 5) According to your NYSOH account, you were terminated from your Medicaid coverage, effective October 31, 2016.
- 6) According to your NYSOH account and your testimony, you updated your NYSOH application for financial assistance on October 26, 2016 and were found eligible for an amount up to \$227.00 per month in APTC, effective December 1, 2016.
- 7) You testified that you are seeking to have any health coverage to cover the gap in coverage for the month of November 2016 because you incurred medical bills that month.

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

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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 as of October 31, 2016.

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

On September 2, 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 between September 16, 2016 and October 15, 2016 or you might lose the financial assistance you were currently receiving.

Since no updates were received by October 15, 2016, on October 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care Plan would terminate, effective October 31, 2016.

However, 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 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 September 2, 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 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 demonstrated that any of the disqualifying events

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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 January 1, 2016, your coverage should have continued for 12 months; that is, until December 31, 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 re-determined your eligibility on October 17, 2016. Therefore, the October 17, 2016 disenrollment notice and October 18, 2016 eligibility redetermination notice are RESCINDED.

Additionally, in order for NYSOH to be in line with this decision, the following must occur:

The November 9, 2016 eligibility redetermination and enrollment confirmation notices are RESCINDED.

The November 16, 2016 enrollment confirmation notice is RESCINDED.

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

Decision

The October 17, 2016 disenrollment notice is RESCINDED.

The October 18, 2016 eligibility determination notice is RESCINDED.

The November 9, 2016 eligibility determination and enrollment confirmation notices are RESCINDED.

The November 16, 2016 enrollment confirmation notice is RESCINDED.

Your case is RETURNED to NYSOH to REINSTATE you in your Medicaid Managed Care plan for the months of November 2016 and December 2016, and to notify you accordingly.

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

Effective Date of this Decision: February 24, 2017

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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 reinstate your Medicaid for November 2016 and December 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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- By fax: 1-855-900-5557

Summary

The October 17, 2016 disenrollment notice is RESCINDED.

The October 18, 2016 eligibility determination notice is RESCINDED.

The November 9, 2016 eligibility determination and enrollment confirmation notices are RESCINDED.

The November 16, 2016 enrollment confirmation notice is RESCINDED.

Your case is RETURNED to NYSOH to REINSTATE you in your Medicaid Managed Care plan for the months of November 2016 and December 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.

Your case is being sent back to reinstate your Medicaid for November 2016 and December 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:

