



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

Notice of Decision

Decision Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013219

[REDACTED]

Dear [REDACTED],

On February 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 17, 2016 disenrollment and September 8, 2016 enrollment 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 at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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Decision

Decision Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013219



Issues

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

Did New York State of Health (NYSOH) properly terminate your Medicaid Managed Care (MMC) coverage effective August 31, 2016?

Did NYSOH properly determine that you were enrolled in the Essential Plan with an enrollment start date of October 1, 2016?

Procedural History

On September 11, 2015, your NYSOH account was updated.

On September 12, 2015, NYSOH issued an eligibility determination notice stating, in relevant part, that you were eligible for Medicaid effective as of October 1, 2015, and an enrollment notice confirming you were enrolled in a MMC plan effective October 1, 2015.

On July 3, 2016, NYSOH issued a renewal notice stating, in relevant part, that you no longer qualified for health insurance coverage under Medicaid, Child Health Plus, the Essential Plan or tax credits or cost sharing reductions because federal and state data sources show your household income is over the allowable income for these programs. The notice further stated that you qualified to buy a health plan at full cost effective September 1, 2016.

On August 17, 2016, NYSOH issued a disenrollment notice stating, in relevant part, that your MMC coverage would end August 31, 2016.

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On September 7, 2016, your NYSOH account was updated.

On September 8, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you were eligible to enroll in the Essential Plan for a limited time effective as of October 1, 2016. The notice directed you to provide additional proof of income by December 6, 2016, to confirm your eligibility.

Also on September 8, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that you were enrolled in an Essential Plan with an enrollment start date of October 1, 2016.

On November 11, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the effective date of your disenrollment you're your MMC plan and effective date of your enrollment with your Essential Plan.

On February 13, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during that hearing and the record was left open until February 27, 2017 to allow: (1) the Appeals Unit's Hearing Officer to request a list of the telephone calls you made to NYSOH in May 2016; and (2) you the opportunity to submit evidence of telephone records to document the telephone calls made to NYSOH in May 2016.

On February 14, 2017, NYSOH provided NYSOH Appeals Unit a list of telephone calls you made to NYSOH's customer service in 2016. That list has been made part of the record as "NYSOH Exhibit 1."

On February 22, 2017, you faxed a one-page letter to NYSOH's Appeals Unit. That letter has been made part of the record as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

A review of the record supports the following findings of fact:

1. On September 12, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective as of October 1, 2015 (see Document [REDACTED]).
2. On September 12, 2015, NYSOH issued an enrollment notice confirming your enrollment in the MMC plan, United Healthcare Community Plan, with an enrollment start date of October 1, 2015 (see Document [REDACTED]).

3. According to your NYSOH account, you elected to receive notices from NYSOH via regular mail; that is, through the United States Postal Service.
4. According to the address history in your NYSOH account, your mailing address was designated as: [REDACTED] from September 11, 2015 until September 7, 2016.
5. You testified that you contacted NYSOH in May 2016 and updated your mailing address to [REDACTED].
6. You testified that you never received a renewal notice from NYSOH.
7. You called NYSOH on the following dates in 2016:
 - a. January 8, 2016;
 - b. September 7, 2016;
 - c. September 16, 2016;
 - d. September 21, 2016;
 - e. September 22, 2016;
 - f. September 27, 2016;
 - g. October 3, 2016;
 - h. October 13, 2016;
 - i. October 28, 2016;
 - j. November 11, 2016;
 - k. December 27, 2016

(see NYSOH Exhibit 1).

8. The July 3, 2016 renewal notice was issued to you at [REDACTED], and was returned as undeliverable on July 11, 2016 (see Documents [REDACTED] and [REDACTED]).
9. You testified that you found out your health insurance had been cancelled when picking up prescriptions at the pharmacy in September 2016.
10. According to your NYSOH account, on September 7, 2016, you updated your account and enrolled in an Essential Plan.
11. You testified that you were injured on September 15, 2016, and want either your MMC plan or Essential Plan to cover the medical expenses you incurred.
12. According to your written submission, you searched through your cell phone records and discovered that you did not contact NYSOH from that telephone; and you were informed by your landline provider that they do not record outbound telephone calls to toll free numbers. Therefore, you

were unable to provide records of when you called NYSOH (see Appellant Exhibit A).

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

Applicable Law and Regulations

Medicaid:

Medicaid can be provided through the Marketplace 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 that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Continuous Coverage:

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 Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR §

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155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

Initially, it is noted that notice of your change in your address is not at issue since your disenrollment from your MMC plan relates to a change in your household income.

Therefore, the first issue under review is whether you were properly disenrolled from your MMC plan effective August 31, 2016.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage, even if the adult loses Medicaid eligibility because of any changes or updates they make to their NYSOH account. This twelve-month period is based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination.

On September 12, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective October 1, 2015. On the same day, NYSOH issued an enrollment notice confirming that you were enrolled in a MMC plan, through United Healthcare Community Plan, with an effective date of October 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve months without requiring information from the

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individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

On July 3, 2016, NYSOH issued a renewal notice stated that you no longer qualified for financial assistance because federal and state data sources showed your household income was over the allowable income for these programs, and that you only qualified to buy a health plan at full cost effective September 1, 2016. Subsequently, your MMC coverage was discontinued effective August 31, 2016.

The credible evidence confirms that you were eligible for Medicaid effective October 1, 2015. Therefore, you should have remained eligible for Medicaid and enrolled in a MMC plan until the end of your 12-month eligibility period; that is, until September 30, 2016, regardless of any increase in income.

Therefore, the August 17, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan for the month of September 2016.

The second issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective October 1, 2016.

The record reflects that you updated your NYSOH application on September 7, 2016. As a result, you were found eligible for the Essential Plan and enrolled into an Essential Plan the same day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

The record reflects that, on September 7, 2016, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following September 7, 2016; that is, on October 1, 2016.

Therefore, the September 8, 2016 enrollment notice confirming that your enrollment in the Essential Plan was effective October 1, 2016 is correct and must be AFFIRMED.

Decision

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The August 17, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan for the month of September 2016, and to notify you accordingly.

The September 8, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: March 10, 2017

How this Decision Affects Your Eligibility

You were improperly disenrolled from your MMC effective August 31, 2016.

Your case has been returned to NYSOH to reinstate your MMC for the period of September 1, 2016 through September 31, 2016. NYSOH will notify you once this has been done.

You were enrolled in an Essential Plan with an enrollment start date of October 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 after the date 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 date 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.

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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 August 17, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan for the month of September 2016, and to notify you accordingly.

The September 8, 2016 enrollment notice is AFFIRMED

You were improperly disenrolled from your MMC effective August 31, 2016.

Your case has been RETURNED to NYSOH to reinstate your MMC for the period of September 1, 2016 through September 31, 2016. NYSOH will notify you once this has been done.

You were enrolled in an Essential Plan with an enrollment start date of October 1, 2016.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

