



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

Notice of Decision

Decision Date: May 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027332



Dear [REDACTED]

On April 10, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 8, 2017 discontinuance 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).

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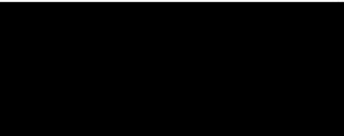


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Decision

Decision Date: May 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027332



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine your spouse was not eligible for health coverage for the month of January 2018?

Procedural History

On December 23, 2016, NYSOH issued an eligibility determination notice stating you and your spouse remained eligible for Medicaid, effective February 1, 2017.

Also on December 23, 2016, NYSOH issued an enrollment notice confirming you and your spouse had been enrolled in a Medicaid Managed Care plan since April 1, 2015.

On November 28, 2017, you updated your account.

On November 29, 2017, NYSOH issued an eligibility determination notice, based on a November 28, 2017 updated application, stating you and your spouse were no longer eligible for Medicaid, effective November 1, 2017, because your household income was over the allowable income limit. However, the notice and an enrollment notice issued the same day both seemed to indicate that your enrollment in your Medicaid Managed Care plan would continue.

On December 2, 2017, NYSOH issued a notice indicating, in part, that it was time to renew health coverage for you and your spouse for the upcoming coverage year. The notice directed you to update your account by January 18, 2018, or

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you and your spouse were at risk of losing your health coverage or financial assistance.

On December 7, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of you and your spouse.

On December 8, 2017, NYSOH issued a discontinuance notice stating your spouse was no longer eligible for health insurance through NYSOH, effective January 1, 2018, because he requested certain Medicaid services not available through NYSOH. The notice indicated that your spouse's case was being referred to your local department of social services to determine his eligibility for Medicaid on a different basis.

Also on December 8, 2017, NYSOH issued a disenrollment notice stating your spouse's Medicaid Managed Care plan coverage was terminated, effective December 31, 2017, because he was no longer eligible for health insurance through NYSOH.

On January 8, 2018, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of you and your spouse.

On January 9, 2018, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for the Essential Plan with no monthly premium, effective February 1, 2018.

Also on January 9, 2018, NYSOH issued an enrollment notice, based on your January 8, 2018 plan selection, confirming the enrollment of you and your spouse in an Essential Plan, effective February 1, 2018.

On January 17, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as your spouse had a gap in his health coverage for the month of January 2018.

On April 10, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documentation. On April 12, 2018, the Appeals Unit received your documentation which was incorporated into the record as Appellant's Exhibit #1. The record closed thereafter.

Findings of Fact

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

- 1) You testified you are only appealing your spouse's coverage dates.

- 2) Your spouse's eligibility was redetermined on December 22, 2016 and he was found to remain eligible for Medicaid, effective February 1, 2017.
- 3) On November 28, 2017, you submitted an updated application, increasing your household income for 2018.
- 4) According to your account, NYSOH determined you and your spouse were no longer eligible for Medicaid based on your income, but you and your spouse were eligible for continuous Medicaid coverage.
- 5) The November 29, 2017 eligibility determination notice was missing language regarding the eligibility of you and your spouse.
- 6) On December 7, 2017, you submitted another updated application to renew the health coverage for you and your spouse for the upcoming coverage year.
- 7) The December 7, 2017 application indicated your spouse was applying for [REDACTED].
- 8) Based on the December 7, 2017 application, NYSOH determined your spouse ineligible for health insurance through NYSOH, effective January 1, 2018.
- 9) Your spouse's Medicaid Managed Care plan coverage was terminated December 31, 2017.
- 10) You testified that you selected "yes" on the online application for the question asking whether your spouse needed [REDACTED], because at the time of the application, your spouse was getting ready to go to a [REDACTED] treatment following an [REDACTED] surgery.
- 11) You testified that your spouse was not entering a [REDACTED] to reside, but just temporarily for [REDACTED] treatment.
- 12) You testified that you were confused by the question on the online application.
- 13) On April 12, 2018, you submitted a screenshot of NYSOH's online application questions about "Disability Status." The first question asks "Is [REDACTED] applying for or in a residential treatment facility receiving nursing home care in a hospital, nursing home or other medical institution?"

- 14) According to your account, on January 8, 2018, another updated application was submitted on behalf of your spouse. That application indicated your spouse was not applying for [REDACTED].
- 15) You testified that an application counselor for the hospital assisted you with the January 8, 2018 application and corrected it by selecting "No" to the question of whether your spouse was applying for nursing home care.
- 16) Your spouse was determined eligible for the Essential Plan, effective February 1, 2018 and a plan was selected on his behalf on January 8, 2018.
- 17) Coverage through your spouse's Essential Plan became effective February 1, 2018.
- 18) Your spouse had a gap in coverage for the month of January 2018.
- 19) You testified that your spouse has outstanding medical bills from that month.
- 20) You testified you are appealing insofar as your spouse was not enrolled in health coverage for the month of January 2018.

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 (NY SSL) § 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-

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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 SSL § 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 SSL § 366(4)(c), *see also* GIS 15 MA/22: Continuous Coverage for MAGI Individuals (12/23/15), https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/15ma022.pdf, retrieved 5/24/18).

Legal Analysis

The issue under review is whether NYSOH properly determined your spouse was not eligible for health coverage for the month of January 2018.

According to your account, your spouse was determined eligible for Medicaid, effective February 1, 2017. He had been enrolled in a Medicaid Managed Care plan since 2015.

Pursuant to the above cited regulations, once a person is determined eligible for Medicaid, that eligibility continues for 12 months, with limited exceptions. This provision is called “continuous coverage.” Thus, absent an exception to the continuous coverage rule, your spouse’s Medicaid coverage should not have ended prior to January 31, 2018.

On December 7, 2017, an updated application was submitted on behalf of your spouse to renew his health coverage for the upcoming coverage year. That application indicated your spouse was applying for nursing home care. Based on the information in that application, NYSOH determined your spouse was no longer eligible for health insurance through NYSOH, because he requested certain services not available through NYSOH. Your spouse’s Medicaid coverage was terminated early, on December 31, 2018. You appealed insofar as your spouse was not enrolled in health coverage for the month of January 2018.

As discussed above, since your spouse was determined eligible for Medicaid, effective February 1, 2017, absent an exception, your spouse was eligible for 12 months of continuous Medicaid coverage through January 31, 2018, barring certain exceptions. One such exception is when an applicant enters prison or other facility that provides medical care, such as a nursing home.

However, in this case, you credibly testified that you mistakenly indicated in the application that your spouse was applying for nursing home care when he was

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only staying at the nursing home temporarily for [REDACTED] treatment. You testified that the question in the online application was confusing, and, based on the screenshot of the application question provided, the Appeals Unit agrees.

It is noted that your application has since been corrected, and your spouse has been reenrolled in coverage.

Based on the foregoing, it is concluded that your spouse was not applying for nursing home care as indicated in the December 7, 2017 application, and that no information in that application established your spouse was not eligible to continue his Medicaid coverage to the end of the 12-month term of continuous coverage.

Therefore, the December 8, 2017 discontinuance notice stating your spouse was no longer eligible for health insurance through NYSOH, effective January 1, 2018, is not supported by the record and is RESCINDED.

The December 8, 2017 disenrollment notice stating your spouse's Medicaid Managed Care plan coverage was terminated, effective December 31, 2017 is MODIFIED to reflect his coverage ended on January 31, 2018, at the end of the 12-month term.

Decision

The December 8, 2017 discontinuance notice is RESCINDED.

The December 8, 2017 disenrollment notice is MODIFIED to reflect your spouse's coverage ended on January 31, 2018, at the end of the 12-month term.

Your case is RETURNED to NYSOH to reinstate your spouse in his Medicaid Managed Care plan for the month of January 2018.

Effective Date of this Decision: May 30, 2018

How this Decision Affects Your Eligibility

Your spouse's Medicaid coverage should not have been terminated on December 31, 2018

Your case is being sent back to NYSOH to reinstate your spouse in his Medicaid coverage for the month of January 2018.

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).

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The December 8, 2017 discontinuance notice is RESCINDED.

The December 8, 2017 disenrollment notice is MODIFIED to reflect your spouse's coverage ended on January 31, 2018, at the end of the 12-month term.

Your case is RETURNED to NYSOH to reinstate your spouse in his Medicaid Managed Care plan for the month of January 2018.

Your spouse's Medicaid coverage should not have been terminated on December 31, 2018

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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