



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

Notice of Decision

Decision Date: June 26, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001860

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 14, 2015, you appeared by telephone at a hearing on your appeal your child's Medicaid status for January and February 2015.

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 notice.

Legal Authority

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

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: June 26, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001860

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did your son have coverage through Medicaid Fee-for-Service during January and February 2015?

Procedural History

On July 19, 2014, the Marketplace issued an eligibility determination notice that stated, among other things, that your son was eligible for Medicaid effective July 1, 2014. The same day, the Marketplace issued a notice confirming your family's plan selections, including the Medicaid Managed Care plan selected for your son.

In a November 7, 2014 renewal notice, the Marketplace advised you that a different plan must be selected for your son for 2015.

A December 12, 2014 notice confirmed plan selections for you and your spouse. It also stated that your son's Medicaid coverage would begin January 1, 2015, and that he must choose a plan.

A December 28, 2014 notice again confirmed plan selections for you and your spouse and stated that your son's 2014 Medicaid Managed Care would end effective December 31, 2014.

On February 5, 2015, the Marketplace issued a notice stating that Medicaid coverage would begin for your son on February 1, 2015 and that his new Medicaid Managed Care plan would begin on March 1, 2015.

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).

On February 23, 2015, you contacted the Marketplace's Account Review Unit to request a telephone hearing because your son did not have Medicaid Fee-for-Service coverage for the months of January and February.

On April 14, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace'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 testified that you are appealing only your son's Medicaid eligibility.
- 2) You testified that you attempted to use your son's "straight Medicaid" card in January and February 2015 but it was declined.
- 3) You testified that when you spoke to the Marketplace you were told that your son's fee-for-service Medicaid was showing inactive for the months of January and February 2015 because of a problem in the system.
- 4) You testified that you are seeking fee-for-service Medicaid for your son for January and February 2015 and that you are not asking to change to a Medicaid Managed Care plan, which became effective March 2015.

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

Applicable Law and Regulations

Medicaid for Children between One Year of Age and Nineteen Years of Age

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if his or her household's modified adjusted gross income falls at or below 154% of the federal poverty level (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

Legal Analysis

The issue under review is whether your son had fee-for-service Medicaid coverage during January and February 2015.

Your son became eligible for Medicaid through the Marketplace effective July 1, 2014.

In New York State, once a child is eligible for Medicaid, that eligibility continues for 12 months, even if there are changes to the child's eligibility factors such as household size and income.

You testified that you attempted to use your son's "straight Medicaid" card in January and February 2015 but it was declined. You testified that when you spoke to the Marketplace you were told that your son's Medicaid was showing as inactive for January and February 2015 because of a problem in the system.

The Marketplace issued eligibility determination notices on January 22, 2015 and February 23, 2015 that confirmed your son's Medicaid coverage would continue until June 30, 2015. There is nothing in the record to indicate that your son's coverage through Medicaid Fee-for-Service should have ended or been interrupted during January and February 2015.

Since your son is already entitled to Fee-for-Service Medicaid coverage during January and February, no change is needed to his Marketplace account. However, since you experienced difficulty using his Fee-for-Service Medicaid, your case is returned to the Marketplace to verify that the system problem that existed during January and February 2015 has been resolved.

Decision

The January 22, 2015 and the February 5, 2015 eligibility determinations are **AFFIRMED**.

Your case is **RETURNED** to the Marketplace to confirm that your son's coverage through Medicaid Fee-for-Service is active for the months of January and February 2015.

Effective Date of this Decision: June 26, 2015

How this Decision Affects Your Eligibility

You son was eligible for Medicaid Fee for Service in January and February 2015.

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.

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 January 22, 2015 and the February 5, 2015 eligibility determinations are AFFIRMED.

Your case is RETURNED to the Marketplace to confirm that your son's coverage through Medicaid Fee-for-Service is active for the months of January and February 2015.

Your son was eligible for Medicaid Fee-for-Service during January and February 2015.

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:

[REDACTED]
[REDACTED]
[REDACTED]