



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

Notice of Decision

Decision Date: June 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006159

[REDACTED]

Dear [REDACTED],

On April 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 15, 2015 disenrollment notice and January 13, 2016 eligibility determination notice.

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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Decision

Decision Date: June 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006159

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly terminate the Medicaid coverage of your younger daughter, [REDACTED] effective December 31, 2015?

Did NYSOH properly determine that your younger daughter was eligible to enroll in Child Health Plus with a \$9.00 per month premium, effective January 1, 2016?

Procedural History

On October 29, 2015, NYSOH received your application for health insurance.

On October 30, 2015, NYSOH issued an eligibility determination notice based on the information contained in your October 29, 2015 application. It stated that your younger daughter was conditionally eligible for Medicaid, pending the receipt of her Social Security number by January 27, 2016. The notice further stated that her Medicaid coverage would begin October 1, 2015.

On December 14, 2015, NYSOH received two additional updates to your application, which were entered by NYSOH representatives, each of which indicated that you no longer were seeking health insurance for your younger daughter.

On December 15, 2015, NYSOH issued a disenrollment notice stating that [REDACTED] enrollment in her Medicaid Managed Care (MMC) plan with Healthfirst would end effective December 31, 2015.

Also on December 15, 2015, NYSOH issued an eligibility determination notice stating your older daughter was eligible to enroll in Child Health Plus (CHP) for a cost of \$9.00 per month, effective January 1, 2016.

On January 12, 2016, NYSOH received a revised application, which stated that you were seeking insurance for your younger daughter. This application also included her Social Security number. That same day, NYSOH prepared a preliminary eligibility determination stating that each of your daughters were eligible to enroll in CHP for a cost of \$9.00 per month, effective February 1, 2016.

Also on January 12, 2016, you spoke to the NYSOH's Account Review Unit and appealed that determination insofar as your younger daughter was eligible for Child Health Plus, and not eligible for Medicaid.

On January 13, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in your January 12, 2016 application. It stated that each of your daughters were eligible to enroll in CHP for a cost of \$9.00 per month, effective February 1, 2016.

Also on January 13, 2016, NYSOH issued a notice confirming the enrollment of your daughters in a CHP plan with Healthfirst PHSP, Inc. as of January 12, 2016. The coverage start date was January 1, 2016.

On April 21, 2016, you had a telephone hearing with a Hearing Officer from the 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) Your younger daughter was found conditionally eligible for Medicaid, effective October 1, 2015, pending the receipt of her Social Security number by January 27, 2016.
- 2) You testified that you contacted a NYSOH representative to renew your older daughter's coverage on or about December 14, 2015; however, the representative inadvertently selected that your younger daughter was no longer seeking insurance through NYSOH, without your permission.

- 3) Your younger daughter's coverage through Medicaid was terminated effective December 31, 2015.
- 4) At the time of your October 29, 2015 application your younger daughter was one year old.
- 5) You further updated your application on January 12, 2016 in which you attested that your youngest daughter was seeking health insurance, and you also provided her Social Security number.
- 6) Both of your daughters were found eligible for coverage through Child Health Plus (CHP) effective January 1, 2016.
- 7) You testified that you were seeking for your younger daughter's coverage through Medicaid to be reinstated as of January 1, 2016.

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

Applicable Law and Regulations

Medicaid Eligibility

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)).

A child who is at least one year of age but younger than nineteen 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 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Most individuals determined eligible for Medicaid are guaranteed twelve 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 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

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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 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 first issue under review is whether NYSOH properly terminated the Medicaid coverage of your younger daughter effective December 31, 2015.

On October 30, 2015, your youngest daughter was found conditionally eligible for Medicaid, pending NYSOH's receipt of her Social Security number. Her eligibility for Medicaid coverage began as of October 1, 2015. This eligibility determination is not being appealed, and so is not under our review.

You testified that since your older daughter's coverage through Child Health Plus (CHP) was due to expire, you contacted NYSOH on or about December 14, 2015 to take steps to renew her coverage. You testified, and the record reflects, that your application was updated by a NYSOH representative who indicated on the application that your youngest daughter was no longer seeking insurance. You testified that this was done in error, that it was done without your permission, and that there was no intention on your part to end her coverage at that time.

While your younger daughter's Medicaid was conditional pending receipt of her Social Security number, the time to provide it to NYSOH had not elapsed by the time the NYSOH representative inadvertently changed your application to say that she was no longer requesting insurance.

Since the credible evidence of record indicates that the disenrollment of your youngest daughter was inadvertent and done without your permission, and the timeframe for providing her Social Security number had not yet elapsed, we find that the December 15, 2015 disenrollment notice was issued in error and should be RESCINDED.

Furthermore, your case is RETURNED to NYSOH to facilitate the reinstatement of your younger daughter's Medicaid coverage as of January 1, 2016.

The second issue under review is whether NYSOH properly determined that your younger daughter was eligible to enroll in Child Health Plus with a \$9.00 per month premium, effective January 1, 2016.

You submitted a revised application on January 12, 2016, in which you attested that your younger daughter was seeking health insurance. You also provided her Social Security number at that time.

Since this Decision has established that your younger daughter's Medicaid coverage was still in effect, albeit conditionally, as of January 1, 2016, the now developed record no longer support her eligibility for coverage through CHP since it is likely that she would have been found eligible for Medicaid through continuous coverage at that time. Accordingly, the January 13, 2016 eligibility determination notice is RESCINDED and your case is further RETURNED to NYSOH for a redetermination of her eligibility as of January 12, 2016.

Decision

The December 15, 2015 disenrollment notice is RESCINDED.

The January 13, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to facilitate the reinstatement of your younger daughter's Medicaid coverage as of January 1, 2016, and to redetermination her eligibility as of January 12, 2016, based on the now available Social Security number.

Effective Date of this Decision: June 30, 2016

How this Decision Affects Your Eligibility

Your younger daughter's Medicaid coverage is reinstated as of January 1, 2016.

You will receive a revised eligibility determination notice based on the now available record as of January 12, 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 of the Decision Date, which appears on the first page of this Decision.

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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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 15, 2015 disenrollment notice is RESCINDED.

The January 13, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to facilitate the reinstatement of your younger daughter's Medicaid coverage as of January 1, 2016, and to redetermination her eligibility as of January 12, 2016, based on the now available Social Security number.

Your younger daughter's Medicaid coverage is reinstated as of January 1, 2016.

You will receive a revised eligibility determination notice based on the now available record as of January 12, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

