



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

Notice of Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010545

[REDACTED]

[REDACTED]

On December 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's various eligibility determinations, disenrollments, and enrollments regarding your youngest child.

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 Code of Federal Regulation 45 CFR § 155.545.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010545

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) timely verify the income documents you uploaded to your NYSOH account on September 5, 2015?

Did NYSOH properly disenroll your child from his Medicaid Managed Care plan, effective April 30, 2016?

Procedural History

On September 8, 2015, NY State of Health (NYSOH) received your updated application for health insurance for your family. In that application, your household income was listed as \$13,420.40, and no income was reported for either child.

On September 9, 2015, NYSOH issued an eligibility redetermination notice stating in part that your youngest child was conditionally eligible for Medicaid, effective September 1, 2015, and needed to pick a plan. The condition on his eligibility was because additional information regarding income was needed to confirm his eligibility. The notice informed you that you had until September 19, 2015, to submit documentary proof of income. By that same notice, you were found eligible for Medicaid, effective October 1, 2015, without condition based on a household income of \$13,420.40.

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On September 15, 2015, NYSOH issued an enrollment notice confirming in part that your youngest child was enrolled in a Medicaid Managed Care (MMC) plan, effective October 1, 2015.

On March 23, 2016, NYSOH issued an eligibility redetermination notice stating in part that your youngest child was newly eligible to purchase a qualified health plan (QHP) at full cost, effective May 1, 2016, and needed to pick a health plan because his current coverage was to end April 30, 2016. The reason stated for the change in your child's eligibility was because you had not provided the income information needed to confirm his eligibility for financial assistance.

Also on March 23, 2016, NYSOH issued a disenrollment notice that in part stated your youngest child's enrollment in his MMC plan would end April 30, 2016. This was because he was no longer eligible to remain enrolled in his MMC plan through NYSOH.

Also on March 23, 2016, NYSOH issued an enrollment notice that stated you remained in your MMC plan effective October 1, 2015, and your two children needed to pick a qualified health plan in order for health coverage to start.

On April 28, 2016, NYSOH issued a renewal notice indicating that you needed to update the information on your NYSOH application because information from federal and state data sources did not match the income you had reported on your application. The notice instructed you to update the information on your NYSOH account by May 15, 2016, or the financial assistance you and your children were then receiving might end.

On May 17, 2016, NYSOH issued an eligibility redetermination notice that in part stated your youngest child was eligible to purchase a QHP at full cost, effective June 1, 2016, because he did not qualify for Medicaid, Child Health Plus, the Essential Plan or to receive Advance Premium Tax Credits to help pay for the cost of your insurance. This was because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. As a result, your youngest child no longer qualified to receive financial assistance to help in paying for his health coverage. The notice also stated your youngest child qualified for a special enrollment period to select a health plan outside the open enrollment period.

On May 19, 2016, NYSOH issued a notice requesting additional income information by June 3, 2016, in order to confirm the income information you provided on your application was accurate and to redetermine your youngest child's eligibility for financial assistance.

On May 27, 2016, NYSOH issued an eligibility redetermination notice, based on your May 26, 2016 updated application, stating that he was eligible for Child

Health Plus (CHP) with no monthly premium, effective July 1, 2016, and needed to pick a plan.

On June 27, 2016, NYSOH issued an enrollment notice confirming in part your May 26, 2016 selection of a CHP plan for your youngest child with no premium and an August 1, 2016 start date.

That same day, you spoke with NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as coverage did not begin as of July 1, 2016.

On July 23, 2016, NYSOH issued a disenrollment notice that stated your youngest child's CHP plan would end August 31, 2016. No eligibility redetermination notice was issued to state the reason for his disenrollment.

Also on July 23, 2016, NYSOH issued a notice informing you that you needed to provide proof of income by August 6, 2016, so that your youngest child's eligibility for financial assistance could be determined.

Again on July 23, 2016, NYSOH issued an eligibility determination notice denying your request for help paying for medical bills for yourself from April 1, 2016 through June 30, 2016. That notice, although acknowledging your request for help paying medical bills for your youngest child, did not address this request.

On August 11, 2016 and again on August 24, 2016, NYSOH issued notices requesting additional information to confirm your household's income by September 5, 2016 and September 20, 2016 respectively, because the documentation you submitted was insufficient to determine your youngest child's eligibility for financial assistance.

On October 10, 2016, NYSOH issued an eligibility redetermination notice stating in part that your youngest child was eligible to purchase a qualified health plan at full cost, effective November 1, 2016. The notice further stated that he was not eligible for Medicaid, Child Health Plus, or to received advance payments of the premium tax credit or cost-sharing reductions, because the income documentation needed to verify the household income on your application was not received within the required timeframe. That same notice found you eligible to receive advance payments of the premium tax credit and cost-sharing reductions based on an annual household income of \$28,613.52.

On October 11, 2016, NYSOH issued another eligibility redetermination notice with the same findings regarding your eligibility and a request for additional income documentation for your youngest son.

Also on October 11, 2016, NYSOH issued a notice requesting additional income documentation by October 22, 2016 to confirm your youngest child's eligibility for financial assistance.

Again on October 11, 2016, NYSOH issued an eligibility determination notice denying your request for help paying for medical bills for yourself from July 1, 2016 through September 30, 2016. That notice, although acknowledging your request for help paying medical bills for your youngest child, did not address this request.

On October 20, 2016, NYSOH issued another eligibility redetermination stating in part that your youngest child is eligible for Medicaid, effective October 1, 2016, and needed to pick a Medicaid Managed Care plan. His eligibility was based on household income of \$28,721.02

Also on October 20, 2016, NYSOH issued an eligibility determination notice, based on your October 6, 2016 request for help paying medical bills for your youngest child for three months before, stating that he was eligible for Medicaid from July 1, 2016 through September 30, 2016.

On October 20, 2016 NYSOH also issue an enrollment notice confirming in part that our youngest child was enrolled in a Medicaid Managed Care plan with a start date of December 1, 2016.

On December 27, 2016, you had a telephone hearing with a Hearing Officer from 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 supports the following findings of fact:

- 1) According to your NYSOH account, your youngest child was born on [REDACTED] and was under the age of one at the time of your September 8, 2015 application. He was age one at the time of your June 27, 2016 appeal.
- 2) According to your NYSOH account, you expected to file your 2015 tax return as single and to claim your two children as dependents on that return.
- 3) According to your NYSOH account, on September 3, 2015, you uploaded copies of two bi-weekly paystubs dated August 12, 2015 and August 26, 2015 for four consecutive weeks of work, showing gross earnings of \$459.21 and \$513.79 respectively (see Documents [REDACTED] and [REDACTED])

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[REDACTED]). According to your NYSOH account, these paystubs were verified by NYSOH on July 22, 2016.

- 4) You testified that this was your only source of income for August 2015, because your second employment started August 24, 2015 and your pay was withheld for one week so you did not get paid until September 2015.
- 5) According to your NYSOH account, on May 24, 2016, a typed letter dated "05/18/16" with your typed name was uploaded to your account, which states your youngest child currently lives with you and you care for and support him (see Document [REDACTED]). You also uploaded several paystubs from March 2016 through May 2016 that same day. The letter was invalidated by NYSOH on August 10, 2016, along with a note stating that:

Invalid proof of income. [Consumer] submitted 2 weekly paystubs from an unknown job. 4 consecutive weeks of paystubs dated within 30 days of 7/22 from [REDACTED] are required. Refer to the Acceptable Documents list for additional acceptable income documents. Due date extended. Valid paystubs submitted from [REDACTED], [REDACTED]. [.]”

- 6) On August 5, 2016, four paystubs were uploaded to your NYSOH account: (a) Two from one employer, dated July 13, 2016 and July 27, 2016, for four consecutive weeks of work, show gross earnings of \$59.77 and \$148.49 respectively that month (see Documents [REDACTED] and [REDACTED]); and (b) Two paystubs from a second employer, dated July 6, 2016 and July 20, 2016, showing gross earnings each of \$480.00 that month (see Documents [REDACTED] and [REDACTED]). These documents were not verified by NYSOH.
- 7) On August 18, 2016, a copy of an employment verification letter on your employer's letterhead, dated August 16, 2016, was uploaded to your NYSOH account, which states that “[your] employment commenced on 08/24/2015,” and you continue to be employed as of the date of the letter, \$12.00 per hour for a 40 hour work week, and are paid on a biweekly basis (every two weeks) (see Document [REDACTED]). According to your NYSOH account, this document was verified by NYSOH on October 19, 2016.
- 8) On August 23, 2016, NYSOH invalidated one paystub that was uploaded on May 24, 2016 (see Document [REDACTED]), on the basis that:

Invalid for Proof of Income. [Consumer] attested to 2 employer. [Consumer] submitted an employer letter and 1 pay stub. [Consumer] needs to submit 2 bi-weekly pay stubs dated 30 days within the eligibility

date of 07/22/016. Refer to the Acceptable Documents list for acceptable income documents. Due date extended. Manual notice created. [REDACTED]

- 9) On October 11, 2016, a copy of another employment verification letter on your employer's letterhead, dated October 11, 2016, was uploaded to your NYSOH account, which contained the same employment information as stated in the August 16, 2016 employment verification letter from your employer (see Document [REDACTED]). According to your NYSOH account, this document was verified by NYSOH on October 19, 2016.
- 10) Also on October 11, 2016, two paystubs from your other employer were uploaded to your NYSOH account, dated September 7, 2016 and September 20, 2016 for four weeks of consecutive work, showing gross earnings of \$94.62 and \$154.22 respectively (see Documents [REDACTED] and [REDACTED]). According to your NYSOH account, these paystubs were verified by NYSOH on October 19, 2016.
- 11) You testified that you believed you had submitted the required income documents on several occasions and are seeking to have your youngest child's health insurance coverage restored for the month of June 2016.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

Timely Notice of Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant

submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)).

Medicaid for Children

A child who is under one year of age 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 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your September 8, 2015 application, that was the 2015 FPL, which was \$20,090.00 for a three-person household (81 Federal Register 4036).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which is \$20,090.00 for a three-person household (80 Federal Register 3236, 3237).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Medicaid – Continuous Coverage

A child who is under one year of age 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 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

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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)).

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 disenrolled your child from his MMC plan, effective April 30, 2016, due to your failure to provide income documentation by the required deadline.

NYSOH must provide Medicaid applicants who are children notice of their eligibility determination within 30 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

When the Marketplace cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation. On DATE the Marketplace issued a notice to advise you that you were conditionally eligible for WHAT but that additional information was needed.

NYSOH issued an eligibility determination notice on September 8, 2015 that in part stated your youngest child was conditionally eligible for Medicaid, effective September 1, 2015 and you needed to submit income documentation by September 19, 2015 so that his eligibility could be confirmed.

The record indicates that on September 3, 2015, you submitted two pay stubs issued in August 2015 for four consecutive weeks of work, totaling \$973.00. You testified that this was your only source of income for August 2015, because your second employment started August 24, 2015 and your pay from that second job was withheld for one week so you did not get paid until September 2015. Your income documents were not verified by NYSOH until July 22, 2016, which is well beyond the 30 days for NYSOH to have determined your child's unconditional eligibility for Medicaid. Therefore, NYSOH failed to timely redetermine your child's eligibility for Medicaid without condition.

The issue turns to whether your child should have been deemed fully eligible for Medicaid within 30 days of September 3, 2015, the date in which you uploaded proof of your monthly income.

Your child is in a three-person household for purposes of this analysis. According to the record, you expected to file your 2015 tax return as single and claimed your two children as dependents.

On your September 8, 2015 updated application, you attested to an expected household income of \$13,420.40.

Medicaid can be provided through NYSOH to children under one year of age who meet the non-financial requirements and have a household MAGI that is at or below 223% of the FPL for the applicable family size. On the date of your September 8, 2015 application, your child was under one year of age and the relevant FPL was \$20,090.00 for a three-person household. Since \$13,420.40 is well below 100% of the 2015 FPL, NYSOH properly found your child to be eligible for Medicaid on an expected annual income basis, using the information provided in your application, albeit conditionally.

Since your income for the month of August 2015 was ascertainable as of September 3, 2015, and showed you had gross earnings of \$973.00, your child's eligibility for Medicaid on a monthly basis could have been redetermined at that time had your monthly income been verified, but for some unknown reason was not.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You submitted two pay stubs from August 2015, totaling gross earnings of \$973.00 and credibly testified this was your only source of income that month.

To be eligible for Medicaid, your child would need to meet the non-financial criteria and be in a household with an income no greater than 223% of the FPL, which is \$1,675.00 per month. Since the documentation you provided shows that you earned \$973.00 in August 2015, your child qualified for Medicaid without condition on the basis of monthly income as of the date of your application.

Therefore, the September 9, 2015 eligibility determination notice is MODIFIED in relevant part to state that, based on the information you provided, your youngest child was eligible for Medicaid without condition as of September 1, 2015.

The second issue under review is whether NYSOH properly determined that your child was no longer eligible for Medicaid and was disenrolled from his MMC plan, effective April 30, 2016.

As already addressed herein, NYSOH erred in not timely verifying the income documentation you provided on September 3, 2015. This error was compounded by the system rerunning his eligibility on March 23, 2016 and redetermining him ineligible for Medicaid because you had not provided the required income documentation when the credible evidence of record shows that, in fact, you had. Therefore, the March 23, 2016 notices of eligibility and disenrollment as they relate to your youngest child were issued in error and must be RESCINDED.

Regardless of any increases in your income beyond the Medicaid limit because of your second employment as of August 24, 2015, if even applicable, your child was entitled to 12 months of continuous coverage in Medicaid. This is because under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 223% of the FPL. This provision is called “continuous coverage.”

Credible evidence confirms that your child was eligible for Medicaid effective September 1, 2015 and was enrolled in his MMC plan as of October 1, 2015. Therefore and based on the previous findings in this Decision, your child was entitled to remain in his MMC plan for the remainder of his 12-month eligibility period; that is, through August 31, 2016. Therefore, your case is returned to NYSOH to restore his coverage in his MMC plan as of May 1, 2016 through August 31, 2016 and to notify you accordingly.

Therefore, to bring the various determinations and enrollments in line with this Decision the following changes must occur:

The September 9, 2015 eligibility determination notice is MODIFIED in relevant part to state that, based on the information you provided, your youngest child was eligible for Medicaid without condition as of September 1, 2015.

The March 23, 2016 notices of eligibility and disenrollment as they relate to your youngest child were issued in error and must be RESCINDED.

Your child was entitled to remain in his MMC plan for the remainder of his 12-month eligibility period; that is, through August 1, 2016. Your case is RETURNED to NYSOH to restore his coverage in his MMC plan as of May 1, 2016 through August 31, 2016 and to notify you accordingly.

The May 17, 2016 eligibility redetermination notice as it relates to your youngest child’s eligibility for a QHP at full cost, effective June 1, 2016, is RESCINDED.

The May 27, 2016 eligibility redetermination notice as it relates to your youngest child’s eligibility for CHP with no monthly premium, effective July 1, 2016, is RESCINDED.

The June 27, 2016 enrollment confirmation notice confirming your youngest child's enrollment in a CHP plan with no premium, effective August 1, 2016, is RESCINDED.

The July 23, 2016 disenrollment notice stating your youngest child is disenrolled from his CHP plan, effective August 31, 2016, is rendered MOOT.

The October 10, 2016 eligibility redetermination notice stating in part that your youngest child was eligible to purchase a qualified health plan at full cost, effective November 1, 2016, is RESCINDED.

The October 20, 2016 eligibility redetermination stating in part that your youngest child is eligible for Medicaid, effective October 1, 2016, remains in full force and effect.

The October 20, 2016 eligibility determination notice, based on your October 6, 2016 request for help paying medical bills for your youngest child for three months before, stating that he was eligible for Medicaid from July 1, 2016 through September 30, 2016 is MODIFIED to state he is eligible for retroactive Medicaid from September 1, 2016 through September 30, 2016.

The October 20, 2016 enrollment confirmation notice confirming in part that our youngest child was enrolled in a Medicaid Managed Care plan with a start date of December 1, 2016, remains in full force and effect.

Decision

The September 9, 2015 eligibility determination notice is MODIFIED in relevant part to state that, based on the information you provided, your youngest child was eligible for Medicaid without condition as of September 1, 2015.

The March 23, 2016 notices of eligibility and disenrollment as they relate to your youngest child were issued in error and must be RESCINDED.

Your child was entitled to remain in his MMC plan for the remainder of his 12-month eligibility period; that is, through August 1, 2016. Your case is RETURNED to NYSOH to restore his coverage in his MMC plan as of May 1, 2016 through August 31, 2016 and to notify you accordingly.

The May 17, 2016 eligibility redetermination notice as it relates to your youngest child's eligibility for a QHP at full cost, effective June 1, 2016, is RESCINDED.

The May 27, 2016 eligibility redetermination notice as it relates to your youngest child's eligibility for CHP with no monthly premium, effective July 1, 2016, is RESCINDED.

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The June 27, 2016 enrollment confirmation notice confirming your youngest child's enrollment in a CHP plan with no premium, effective August 1, 2016, is RESCINDED.

The July 23, 2016 disenrollment notice stating your youngest child is disenrolled from his CHP plan, effective August 31, 2016, is rendered MOOT.

The October 10, 2016 eligibility redetermination notice stating in part that your youngest child was eligible to purchase a qualified health plan at full cost, effective November 1, 2016, is RESCINDED.

The October 20, 2016 eligibility redetermination stating in part that your youngest child is eligible for Medicaid, effective October 1, 2016, remains in full force and effect.

The October 20, 2016 eligibility determination notice, based on your October 6, 2016 request for help paying medical bills for your youngest child for three months before, stating that he was eligible for Medicaid from July 1, 2016 through September 30, 2016 is MODIFIED to state he is eligible for retroactive Medicaid from September 1, 2016 through September 30, 2016.

The October 20, 2016 enrollment confirmation notice confirming in part that our youngest child was enrolled in a Medicaid Managed Care plan with a start date of December 1, 2016, remains in full force and effect.

Effective Date of this Decision: January 18, 2017

How this Decision Affects Your Eligibility

Your youngest child should have been determined eligible for Medicaid without condition as of September 1, 2015 and remained in his MMC plan until August 31, 2016 for 12 months of continuous coverage but for NYSOH's error in not timely verifying your August 2015 income documentation.

NYSOH has been instructed to reinstate his MMC plan coverage as of May 1, 2016 through August 31, 2016, so that he has 12 months of continuous coverage and no gap in coverage during June 2016. The only other impact these changes will have is on his retroactive Medicaid (Fee-For-Service) for the months of July 2016 and August 2016. It is no longer needed because his MMC plan coverage will be restored during those months. All subsequent determinations and enrollments regarding your youngest child remain in full force and effect.

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

Summary

The September 9, 2015 eligibility determination notice is MODIFIED in relevant part to state that, based on the information you provided, your youngest child was eligible for Medicaid without condition as of September 1, 2015.

The March 23, 2016 notices of eligibility and disenrollment as they relate to your youngest child were issued in error and must be RESCINDED.

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).

Your child was entitled to remain in his MMC plan for the remainder of his 12-month eligibility period; that is, through August 1, 2016. Your case is returned to NYSOH to restore his coverage in his MMC plan as of May 1, 2016 through August 31, 2016 and to notify you accordingly.

The May 17, 2016 eligibility redetermination notice as it relates to your youngest child's eligibility for a QHP at full cost, effective June 1, 2016, is RESCINDED.

The May 27, 2016 eligibility redetermination notice as it relates to your youngest child's eligibility for CHP with no monthly premium, effective July 1, 2016, is RESCINDED.

The June 27, 2016 enrollment confirmation notice confirming your youngest child's enrollment in a CHP plan with no premium, effective August 1, 2016, is RESCINDED.

The July 23, 2016 disenrollment notice stating your youngest child is disenrolled from his CHP plan, effective August 31, 2016, is rendered MOOT.

The October 10, 2016 eligibility redetermination notice stating in part that your youngest child was eligible to purchase a qualified health plan at full cost, effective November 1, 2016, is RESCINDED.

The October 20, 2016 eligibility redetermination stating in part that your youngest child is eligible for Medicaid, effective October 1, 2016, remains in full force and effect.

The October 20, 2016 eligibility determination notice, based on your October 6, 2016 request for help paying medical bills for your youngest child for three months before, stating that he was eligible for Medicaid from July 1, 2016 through September 30, 2016 is MODIFIED to state he is eligible for retroactive Medicaid from September 1, 2016 through September 30, 2016.

The October 20, 2016 enrollment confirmation notice confirming in part that our youngest child was enrolled in a Medicaid Managed Care plan with a start date of December 1, 2016, remains in full force and effect.

Your youngest child should have been determined eligible for Medicaid without condition as of September 1, 2015 and remained in his MMC plan until August 31, 2016 for 12 months of continuous coverage but for NYSOH's error in not timely verifying your August 2015 income documentation.

NYSOH has been instructed to reinstate his MMC plan coverage as of May 1, 2016 through August 31, 2016, so that he has 12 months of continuous coverage and no gap in coverage during June 2016. The only other impact these changes

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will have is on his retroactive Medicaid (Fee-For-Service) for the months of July 2016 and August 2016. It is no longer needed because his MMC plan coverage will be restored during those months. All subsequent determinations and enrollments regarding your youngest child remain in full force and effect.

NYSOH will notify you once your youngest child's coverage in his MMC plan has been restored.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

