



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

Notice of Decision

Decision Date: February 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012552

[REDACTED]

Dear [REDACTED],

On February 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 15, 2016 eligibility determination.

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: February 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012552

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Issue

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

Did NY State of Health (NYSOH) properly determine that your oldest child was not eligible for Medicaid through NYSOH?

Procedural History

On October 14, 2016, you updated your household's application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that your oldest son was eligible to purchase a qualified health plan through NYSOH at full cost.

Also on October 14, 2016, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as your oldest son was not found eligible for Medicaid.

On October 15, 2016, NYSOH issued an eligibility determination notice stating that your oldest child was eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2016. The notice further stated that this was because federal and state data sources showed that your oldest child was already enrolled in Medicaid, Child Health Plus, or another program.

On February 6, 2017, 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.

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Findings of Fact

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

- 1) You testified that you are seeking for your oldest child to have Medicaid through NYSOH.
- 2) The record indicates that on October 14, 2016, NYSOH received information that your oldest child had active Medicaid coverage outside of NYSOH, which coverage began on September 1, 2016.
- 3) You testified that you applied for Medicaid for your oldest child when you were in the hospital after his birth. You testified that you continued to renew your oldest child's Medicaid coverage thereafter.
- 4) You testified that you are not sure when your oldest child's Medicaid coverage ended.
- 5) You testified that you were not sure if your oldest child had ever had Medicaid coverage through NYSOH.
- 6) Your NYSOH account reflects that your oldest child has never had coverage through NYSOH.
- 7) You testified that you first became aware that you could not enroll your oldest child through NYSOH in August 2016 or September 2016.
- 8) You testified that a representative of NYSOH advised you that the reason you could not enroll your oldest child through NYSOH was that your parent was claiming your oldest child as a dependent on their tax return.
- 9) A review of the phone recordings from phone calls you placed to NYSOH on June 23, 2016 and October 14, 2016 reveal that no NYSOH representative advised you that you could not enroll your oldest child through NYSOH because your oldest child was being claimed as a dependent by your parent. In fact, both representatives advised you that this should not affect your oldest child's ability to enroll through NYSOH. Furthermore, during the phone call on June 23, 2016, the NYSOH representative advised you that the reason you could not enroll your oldest son through NYSOH was because he was showing as having active Medicaid coverage outside of NYSOH. This representative recommended that you contact your Local Department of Social Services regarding your oldest child's coverage.

10) A review of the phone recording from October 14, 2016 reveals that you advised the NYSOH representative that you had recently renewed your oldest child's coverage on or around September 14, 2016. There is no indication that you contacted NYSOH or applied for financial assistance with health insurance for your oldest child in September of 2016 through NYSOH.

11) Information contained in the system shows that your oldest child continues to have coverage through the Local Department of Social Services or NYC Human Resources Administration.

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 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 FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 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 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).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if that individual was eligible at any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

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Legal Analysis

The issue for review is whether NYSOH properly determined that your oldest child was not eligible for Medicaid through NYSOH.

In order for a child who is at least one year of age but younger than nineteen years of age to be eligible for Medicaid through NYSOH, the child must meet the non-financial criteria and have a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size.

Children who are otherwise eligible for and enrolled in mandatory coverage outside of NYSOH are not eligible for Medicaid coverage through NYSOH.

In the present instance, the record reflects that your oldest child is enrolled in Medicaid through your Local Department of Social Services or NYC Human Resources Administration. As such, your oldest child is not eligible for Medicaid through NYSOH.

Therefore, the October 15, 2016 eligibility determination stating that your oldest child is not eligible for Medicaid through NYSOH is AFFIRMED.

NYSOH and the Local Department of Social Services or NYC Human Resources Administration are two separate and distinct entities. A finding that your oldest child is not eligible for Medicaid through NYSOH, has no bearing on his eligibility through your Local Department of Social Services or NYC Human Resources Administration.

If there is an issue with your oldest child's coverage, you will need to contact your Local Department of Social Services or NYC Human Resources Administration for assistance.

Decision

The October 15, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: February 14, 2017

How this Decision Affects Your Eligibility

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 oldest child is not eligible for Medicaid through NYSOH, because the system shows that your oldest child has Medicaid through your Local Department of Social Services or NYC Human Resources Administration.

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

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The October 15, 2016 eligibility determination notice is AFFIRMED.

Your oldest child is not eligible for Medicaid through NYSOH, because the system shows that your oldest child has Medicaid through your Local Department of Social Services or NYC Human Resources Administration.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

