



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

### **Notice of Decision**

Decision Date: March 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013711

[REDACTED]

Dear [REDACTED]

On March 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 2, 2016 cancellation notice, and November 5, 2016 eligibility redetermination 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).

This page intentionally left blank.



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

## Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013711

[REDACTED]

## Issue

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

Did NY State of Health properly determine that your child was no longer eligible to remain enrolled in his Medicaid Managed Care plan effective November 1, 2016?

## Procedural History

On October 7, 2016, NY State of Health (NYSOH) received your child's application for financial assistance. That day a preliminary eligibility determination was made finding him eligible for Medicaid effective October 1, 2016.

You enrolled your child into a Medicaid Managed Care plan on October 7, 2016.

On October 8, 2016, an enrollment confirmation notice was issued confirming your child's enrollment in a Medicaid Managed Care plan starting November 1, 2016.

On October 11, 2016, NYSOH issued a notice of eligibility determination, based on your October 7, 2016 application, stating that your child was eligible for Medicaid, effective October 1, 2016.

On November 2, 2016, a cancellation notice was issued stating your child's enrollment in his Medicaid Managed Care plan would end effective November 1,

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).

2016. The notice stated this was because your child was no longer eligible to remain enrolled in health insurance through NYSOH.

On November 5, 2016, NYSOH issued an eligibility redetermination notice stating your child was no longer eligible for health insurance through NYSOH because NYSOH sent information including notices about your eligibility and coverage by U.S. mail to the mailing address provided in your account, and this information was returned as undeliverable. The notice asked that you update your mailing address.

On November 9, 2016, NYSOH received your child's updated application for financial assistance.

On November 10, 2016, NYSOH issued an eligibility determination notice based on your last application stating your child was eligible for Medicaid effective November 1, 2016.

Also on November 10, 2016, NYSOH issued a notice of enrollment in the plan you selected on November 9, 2016, stating that your child was enrolled in a Medicaid Managed Care plan, and that his coverage would start on December 1, 2016.

On December 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his Medicaid Managed Care plan, insofar as it did not begin November 1, 2016.

On March 8, 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.

## **Findings of Fact**

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

- 1) You are seeking insurance for your child.
- 2) You submitted an application for financial assistance on October 7, 2016.
- 3) Your application states you will be filing your 2016 taxes as single and will claim one dependent. You testified this was correct.
- 4) You testified, and the record reflects, you selected your child's Medicaid Managed Care Plan on October 7, 2016, and his enrollment was effective on November 1, 2016.

- 5) You testified, and your account confirms, that on November 1, 2016 your child was disenrolled from his Medicaid Managed Care plan because NYSOH determined your address was invalid.
- 6) Two letters from NYSOH were returned as undeliverable and scanned into your NYSOH account on November 1, and November 2, 2016. The documents consisted of an August 5, 2016 eligibility determination notice, and an August 5, 2016 enrollment confirmation notice.
- 7) You testified your address has not changed since you initially applied for health insurance with NYSOH for 2016, and that you were unsure why the U.S. Post office was stating your address was undeliverable.
- 8) The documents which were returned as undelivered were stamped as "RETURN MAIL" on September 2, 2016.
- 9) You testified the address on each returned mail document was correct.
- 10) You testified you realized your child was disenrolled from his Medicaid Managed Care plan after setting up appointments for him.
- 11) The record supports you contacted NYSOH on November 9, 2016 to reenroll your child and request a back date in coverage. See Incident [REDACTED].

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

## **Applicable Law and Regulations**

### Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible 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 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

### Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace 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-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 any subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; NY Social Services Law (NY SSL § 366(4)(c))).

### Disenrollment from Medicaid Fee for Service

Medicaid enrollees will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid social security number (NY SSL § 366(4)(c)).

### State Residence

Individuals are ineligible for medical assistance unless he or she is a resident of NY State (NY SSL § 366(d)(1)).

### Timely Notice Concerning Adverse Actions

NYSOH must give Medicaid beneficiaries timely and adequate notice of proposed action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid (42 CFR §435.917 (a)).

## **Legal Analysis**

The first issue is whether NYSOH properly determined that your child was no longer eligible to remain enrolled in his Medicaid Managed Care plan effective November 1, 2016.

Your child was found eligible for Medicaid effective October 1, 2016, based on the application you submitted on October 7, 2016. You enrolled him into a Medicaid Managed Care plan that day with a start date of November 1, 2016.

To receive Medicaid benefits and enroll in a Medicaid Managed Care plan in New York State, a beneficiary must be a New York State resident

On September 2, 2016, NYSOH had received two instances of notices being returned as undeliverable from the U.S. Post office. These two letters were scanned into your NYSOH account on November 1, and November 2, 2016. The documents consisted of an August 5, 2016 eligibility determination notice, and an August 5, 2016 enrollment confirmation notice.

As a result of receiving the returned notices, NYSOH marked your address as invalid and a cancellation notice was issued on November 2, 2016, stating your child's enrollment in his Medicaid Managed Care plan would end effective November 1, 2016.

On November 5, 2016 NYSOH issued an eligibility determination notice, stating your child was no longer eligible for health insurance through NYSOH because NYSOH sent information including notices about your eligibility and coverage by U.S. mail to the mailing address provided in your account, and this information was returned as undeliverable.

NYSOH must give Medicaid beneficiaries timely and adequate notice of proposed action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid.

You testified your address had not changed since you initially applied for health insurance with NYSOH for 2016. You were unsure why the U.S. Post Office was stating your address was undeliverable. You then confirmed your address again with a NYSOH representative on November 9, 2016 in order to reenroll your child into a health plan.

Since NYSOH issued a notice terminating your child's eligibility for Medicaid and disenrollment from his Medicaid Managed Care plan in letters dated November 2, and November 5, 2016, there was not enough time provided to you to confirm his eligibility before it was terminated effective November 1, 2016. NYSOH had evidence of the returned mail which was stamped September 2, 2016, but did not mark it as invalid until November 1, 2016.

Therefore, the November 2, 2016 cancellation, and November 5, 2016 eligibility redetermination notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child's Medicaid Managed Care plan effective November 1, 2016.

## **Decision**

The November 2, 2016 cancellation, and November 5, 2016 eligibility redetermination notices are **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 case is RETURNED to NYSOH to reinstate your child's Medicaid Managed Care plan effective November 1, 2016.

**Effective Date of this Decision:** March 31, 2017

### **How this Decision Affects Your Eligibility**

Your child's Medicaid Managed Care plan is effective November 1, 2016.

### **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

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).



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 November 2, 2016 cancellation, and November 5, 2016 eligibility redetermination notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's Medicaid Managed Care plan effective November 1, 2016.

Your child's Medicaid Managed Care plan is effective November 1, 2016.

### **Legal Authority**

We are issuing this determination 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।

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).

### **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. y&b&tumi ama wo obi a okyer& 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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).