



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

Notice of Decision

Decision Date: April 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014475

[REDACTED]

Dear [REDACTED],

On April 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 18, 2016 renewal notice and December 30, 2016 eligibility redetermination 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014475



Issues

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

Did NY State of Health (NYSOH) properly redetermine your child's eligibility for Medicaid, effective November 1, 2016 and coverage in Medicaid Fee-For-Service as of that date?

Did NYSOH properly determined that you were no longer eligible for Medicaid as of January 1, 2017?

Procedural History

On October 5, 2016, you updated your NYSOH application.

On October 6, 2016, NYSOH issued a disenrollment notice that stated your child's coverage in her Medicaid Managed Care plan would end October 31, 2016.

Also on October 6, 2016, NYSOH issued an enrollment notice confirming that your enrollment in a Medicaid Managed Care plan through Excellus Blue Cross Blue Shield was effective October 1, 2015.

On October 7, 2016, NYSOH issued another enrollment notice confirming your enrollment as of October 1, 2015 and indicating that the type of Medicaid coverage your child was eligible for does not require/allow her to enroll in a health plan.

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On October 9, 2016, NYSOH issued an eligibility redetermination notice stating that, based on a reported household income of \$10,400.00, you and your child remained eligible for Medicaid, and that your eligibility was effective October 1, 2016 and your child's eligibility was effective November 1, 2016.

On October 14, 2016, NYSOH issued an enrollment notice confirming as of October 1, 2015, they had enrolled you into the Medicaid Managed Care "health plan because it is similar to the coverage you had before with this insurance company. While this is the same insurance company, the name of the plan you are enrolled in is different. Please check with your insurance company to make sure that your doctors/health care providers participate in Medicaid." The notice also confirmed that your child was enrolled in Medicaid Fee-For-Service.

On October 18, 2016, NYSOH issued a renewal notice, stating that it was time to renew your and your child's health insurance for the upcoming coverage year. The notice stated that, based on information from federal and state sources, NYSOH could not decide whether you both would qualify for financial help paying for your respective health coverage, and that you needed to update your account by December 15, 2016 or you both might lose the financial assistance you were currently receiving.

On October 19, 2016, NYSOH issued another renewal notice, which stated the Medicaid your child was eligible for as of effective January 1, 2017, does not require/allow her to enroll in a health plan. The notice further stated that you were auto-enrolled in your Medicaid Managed Care plan (Excellus Blue Cross Blue Shield), effective January 1, 2017, because federal and state data sources showed your income was between \$0 and \$22,108.00, which is within the allowable income range for Medicaid based on your household size.

On December 19, 2016, NYSOH issued an eligibility redetermination notice that said you and your child did not qualify for any financial assistance through insurance affordability programs and could not enroll in a qualified health plan through NYSOH, effective January 1, 2017. The reason stated was because you did not respond to the renewal notice and complete your renewal within the required timeframe. As a result, you and your child no longer qualified to receive financial assistance to help pay for your health coverage.

Also on December 19, 2016, NYSOH issued a disenrollment notice that stated your coverage in your Medicaid Managed Care plan would end December 31, 2016, because you were no longer eligible to enroll in health insurance through NYSOH.

On December 30, 2016, you updated your NYSOH application, which caused NYSOH to prepare a preliminary eligibility redetermination. It found that the income information you provided does not match what they obtained from federal and state data sources and your eligibility could not be redetermined until you provided additional information.

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Also on December 30, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal of its preliminary eligibility redetermination insofar as you were not found eligible for Medicaid. You also requested that your coverage in your Medicaid Managed Care plan be continued during the appeal process.

On December 31, 2016, NYSOH issued a letter informing you that you needed to submit income documentation by January 14, 2017, to confirm eligibility for the members of your household.

On February 1 and 4, 2017, NYSOH issued eligibility redetermination notices acknowledging that your request for aid to continue in Medicaid was granted, effective January 1, 2017 and until a decision could be made on your appeal.

Also on February 1, 2017, NYSOH issued an enrollment notice confirming that you were put back in your Medicaid Managed Care plan on an aid to continue basis as of January 1, 2017.

On February 4, 2017, NYSOH issued another enrollment notice confirming your enrollment in your Medicaid Managed Care plan as of January 1, 2017, and your child's coverage under Medicaid Fee-For-Services. Your NYSOH account reflects your child's eligibility was effective February 1, 2017 and she also qualified for Medicaid retroactively during January 2017.

On March 30, 2017, NYSOH issued an eligibility redetermination notice stating that you remained eligible for Medicaid, effective March 1, 2017, and your child was eligible for Medicaid as of March 1, 2017.

Also on March 30, 2017, NYSOH issued an enrollment notice confirming your coverage in your Medicaid Managed Care plan as of January 1, 2017, and that your child needed to pick a health plan.

On April 9, 2017, NYSOH issued an enrollment notice confirming your enrollment in your Medicaid Managed Care plan as of January 1, 2017 and your child's enrollment in a Medicaid Managed Care plan as of May 1, 2017.

On April 10, 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

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

- 1) According to your NYSOH account, you were eligible for Medicaid as of October 1, 2015 and were enrolled in a Medicaid Managed Care plan as of that date. You were redetermined eligible for Medicaid, effective October 1, 2016 and were continued in your Medicaid Managed Care plan until December 31, 2016. You were disenrolled as of that date on the basis that you no longer qualified for Medicaid because you had not responded to the October 18, 2016 renewal notice.
- 2) According to your NYSOH account, your child was determined Medicaid eligible as of January 1, 2016 and was enrolled in a Medicaid Managed Care plan as of February 1, 2016. She was then disenrolled from her Medicaid Managed Care plan, effective October 31, 2016 and put in Medicaid Fee-For-Service as of November 1, 2016 through December 31, 2016. She, too, was disenrolled as of December 31, 2016 on the basis that she no longer qualified for Medicaid because you had not responded to the October 18, 2016 renewal notice.
- 3) According to your NYSOH account and the October 19, 2016 renewal notice, both you and your child were redetermined eligible for Medicaid, effective January 1, 2017.
- 4) You testified that you updated your NYSOH account and application in October 2016 and both you and your child were determined eligible for Medicaid in 2017 and you were told by a NYSOH representative that you were "all set." According to your NYSOH account, this update occurred on October 5, 2016.
- 5) You testified that you received the October 18, 2016 and October 19, 2016 renewal notices but believed the information contained in the October 19, 2016 notice was the most current and accurate eligibility determinations and enrollments for you and your child. That notice indicated that you and your child had been re-enrolled in "your current healthy plan[s] for another year and you don't have to do anything more."
- 6) You testified that you also received insurance cards for coverage in 2017.
- 7) You testified that you learned your coverage was about to lapse from dental staff on [REDACTED] when you had a dental procedure performed.
- 8) You testified that this information prompted you to call NYSOH because you believed you and your child were all set for 2017 and were unaware that your coverage was about to lapse.

- 9) You testified that the NYSOH representative recognized that there was an error in that you and your child were being disenrolled from your respective Medicaid coverage as of December 31, 2016. You testified that the NYSOH representative referred to it as “glitch” in the system.
- 10) According to the Appeal Summary, dated March 6, 2017, as contained in the Evidence Packet located in your NYSOH account, an entry made on January 13, 2017 states that:

Valid Appeal. However, Appellant is correct. She was found eligible for Medicaid on 10/9/16 determination, effective 10/1/16. That should have continued for 12 months. Although 10/18 notice said to renew, 10/19 notice said she didn't have to do anything. 12/19/16 notice finding her ineligible seems to be because of a defect.

(see Document [REDACTED]).

- 11) The next entry in the Appeal Summary is dated January 20, 2017, and indicates a defect was created ([REDACTED]) and was waiting for resolution.

(see Document [REDACTED]).

- 12) The January 31, 2017 entry in the Appeal Summary indicates that the above-filed defect does not appear to be correct because income documents were pending in 2017 and not received.

(see Document [REDACTED]).

- 13) On March 29, 2017, you updated your NYSOH account and your and your child's eligibility for Medicaid was redetermined based on a two-person household with an expected income of \$12,840.75, which is 79.07% of the applicable FPL. You and your child were redetermined eligible for Medicaid, effective March 1, 2017.

- 14) You are seeking to have your eligibility for Medicaid to be made fully effective as of January 1, 2017.

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

Applicable Law and Regulations

Medicaid Continuous Coverage

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Generally, most adults determined eligible for Medicaid are guaranteed 12 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 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 a 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)).

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your child’s enrollment in her Medicaid Managed Care plan ended October 31, 2016, and not as of December 31, 2016.

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 138% of the FPL. This provision is called “continuous coverage.” In addition, with limited expectation, such as incarceration, lack of state residency, or no valid Social Security number, as well as having third party health insurance, an individual remains eligible for Medicaid throughout this 12 months of continuous coverage.

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The credible evidence of record confirms that your child was eligible for Medicaid effective January 1, 2016, such that she should have remained enrolled in Medicaid for the remainder of her 12-month eligibility period; specifically, with coverage in her Medicaid Managed Care plan until December 31, 2016, unless she experienced one of the limited exceptions that would disqualify her from remaining enrolled in her Medicaid Managed Care plan until then.

Since there is nothing in the record to indicate that your child experienced any of the limited exceptions that would disqualify her from continuing her Medicaid coverage until the end of the 12-month period, the October 6, 2016 disenrollment notice and the October 7 and 14, 2016 enrollment notices regarding your child's enrollment in Medicaid Fee-For-Service were incorrect when made and must be RESCINDED in relevant part.

Your case is RETURNED to NYSOH to reinstate her coverage in her Medicaid Managed Care plan from November 1, 2016 through December 31, 2016, and to notify you accordingly.

We note that NYSOH properly redetermined you eligible for Medicaid as of October 1, 2016 and enrolled you in the Medicaid Managed Care plan you had since October 1, 2015. However, the issuance of the October 18, 2016 renewal notice caused the system to redetermine your eligibility after December 15, 2016, as though you had not updated the information in your NYSOH account by then.

Therefore, the second issue under review is whether you and your child were properly redetermined ineligible for Medicaid, effective January 1, 2017, and disenrolled from Medicaid, effective January 1, 2017.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's October 18, 2016 renewal notice stated that you need to take action and renew your and your child's coverage by December 15, 2016, before your respective Medicaid coverages ended next on December 31, 2016, to continue health insurance coverage in the upcoming year.

However, on October 19, 2016, NYSOH issued an eligibility redetermination notice finding you and your child Medicaid eligible as of January 1, 2017. That notice further stated that you were both enrolled with your respective Medicaid plans, with your child in Medicaid Fee-For-Service and you auto-enrolled in a Medicaid Managed Care plan and that you did not need to anything more.

Because NYSOH's system did not detect that the October 19, 2016 eligibility redetermination superseded (replaced) its October 18, 2016 renewal notice, NYSOH redetermine your and your child's eligibility for financial assistance in 2017 on the basis that you did not update your NYSOH account by the

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December 15, 2016 deadline. As a result, NYSOH's system redetermined you and your child to be ineligible for any financial assistance through insurance affordability programs and also redetermined that neither of you could enroll in a qualified health plan through NYSOH, effective January 1, 2017, as stated in the December 19, 2016 renewal notice. Further the December 19, 2016 disenrollment notice took you out of your Medicaid Managed Care plan as of December 31, 2016.

Since the December 19, 2016 eligibility redetermination notice was based on incorrect and outdated information, both that notice and the December 19, 2016 disenrollment notice are incorrect and must be RESCINDED.

The record reflects that you next updated your NYSOH account on [REDACTED] [REDACTED] after finding out from your dentist's staff that day that your coverage in your Medicaid Managed Care plan was about to lapse. NYSOH was not able to redetermine your eligibility at that time because the income you reported did not match what was obtained from federal and state data sources. However, your coverage in your Medicaid Managed Care plan was continued pending the outcome of your appeal filed that day, and you were put back in your Medicaid Managed Care plan, effective January 1, 2017 on an aid to continue basis.

Thereafter, your child was redetermined eligible for Medicaid as of February 1, 2017, found eligible for retroactive Medicaid for the month of January 2017, and was enrolled in a Medicaid Managed Care plan, effective May 1, 2017. You are not disputing these facts nor your child's eligibility or enrollment in 2017. Therefore, this decision will not address any issues related to her 2017 eligibility or enrollment.

As to your Medicaid eligibility and enrollment, the evidence of record substantially supports your claim that you did in fact, update or attempt to update your NYSOH application in October 2016, and reasonably relied upon the October 19, 2016 eligibility redetermination notice that you were auto-enrolled in a similar Medicaid Managed Care plan through the same insurance company as of January 1, 2017 and did not do anything more. You, too, were entitled to 12 months of continuous coverage in your Medicaid managed Care plan as of October 1, 2016, as stated in the October 9, 2016 eligibility redetermination notice.

Therefore, the October 9, 2016 eligibility redetermination notice stating you were Medicaid eligible as of October 1, 2016 is AFFIRMED in relevant part. Likewise, the October 14, 2016 enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan as of October 1, 2015 and enrolled in a similar plan with the same insurance company as of October 1, 2016 is AFFIRMED in relevant part. As such, you are entitled to 12 months of full continuous coverage in your Medicaid Managed Care plan as of October 1, 2016 through September 31, 2017, unless one of the exceptions to this rule applies during this policy period.

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 effectuate the changes necessary to bring your Medicaid eligibility and Medicaid Managed Care enrollment in line with this decision and to notify you accordingly.

Based on the foregoing, the February 1 and 4, 2017 eligibility redeterminations and the February 1, 2017 enrollment notice regarding your aid to continue in your Medicaid Managed Care plan during the appeal process are rendered moot by this decision.

The effect of this decision is that your 12 months of Medicaid coverage will end on September 30, 2017, unless one of the limited exceptions occurs before then to disqualify you from Medicaid. Similarly, your child's 12 months of Medicaid eligibility and coverage will end January 31, 2018, unless one of the limited exceptions occurs before then to disqualify her from Medicaid.

Decision

The October 6, 2016 disenrollment notice and the October 7 and 14, 2016 enrollment notices regarding your child's enrollment in Medicaid Fee-For-Service are RESCINDED in relevant part.

Your case is RETURNED to NYSOH to reinstate your child's coverage in her Medicaid Managed Care plan from November 1, 2016 through December 31, 2016, and to notify you accordingly.

The October 9, 2016 eligibility redetermination notice stating you were Medicaid eligible as of October 1, 2016 is AFFIRMED in relevant part.

The October 14, 2016 enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan as of October 1, 2015 and enrolled in a similar plan with the same insurance company as of October 1, 2016 is AFFIRMED in relevant part. You are entitled to 12 months of full continuous coverage in your Medicaid Managed Care plan as of October 1, 2016 through September 31, 2017, unless one of the exceptions to this rule applies during this policy period.

Your case is also RETURNED to NYSOH to effectuate the changes necessary to bring your Medicaid eligibility and Medicaid Managed Care enrollment in line with this decision and to notify you accordingly.

The December 19, 2016 eligibility redetermination and disenrollment notices are RESCINDED.

The February 1 and 4, 2017 eligibility redeterminations and the February 1, 2017 enrollment notices regarding your aid to continue in your Medicaid Managed Care plan during the appeal process are rendered moot by this decision.

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).

Effective Date of this Decision: April 17, 2017

How this Decision Affects Your Eligibility

Your child was entitled to 12 months of continuous coverage in 2016. Your case is being sent back to NYSOH to put her back in her Medicaid Managed Care plan for the months of November 2016 and December 2016 so that she has 12 months of continuous coverage. NYSOH will notify you once this has been done.

You were entitled to 12 months of continuous coverage as of October 1, 2016 through September 30, 2017. Your case is also being sent back to NYSOH to put you back in full Medicaid Managed Care plan coverage as of October 1, 2016 through September 30, 2017 and to take down the aid to continue coverage that was provided during the appeals process. NYSOH will also notify you once this has been done.

The effect of this decision is that your 12 months of Medicaid coverage will end on September 30, 2017, unless one of the limited exceptions occurs before then to disqualify you from Medicaid. Similarly, your child's 12 months of Medicaid eligibility and coverage will end January 31, 2018, unless one of the limited exceptions occurs before then to disqualify her from Medicaid.

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 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 October 6, 2016 disenrollment notice and the October 7 and 14, 2016 enrollment notices regarding your child's enrollment in Medicaid Fee-For-Service are RESCINDED in relevant part.

Your case is RETURNED to NYSOH to reinstate your child's coverage in her Medicaid Managed Care plan from November 1, 2016 through December 31, 2016, and to notify you accordingly.

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The October 9, 2016 eligibility redetermination notice stating you were Medicaid eligible as of October 1, 2016 is AFFIRMED in relevant part.

The October 14, 2016 enrollment confirmation notice stating you were enrolled in a Medicaid Managed Care plan as of October 1, 2015 and enrolled in a similar plan with the same insurance company as of October 1, 2016 is AFFIRMED in relevant part. You are entitled to 12 months of full continuous coverage in your Medicaid Managed Care plan as of October 1, 2016 through September 31, 2017, unless one of the exceptions to this rule applies during this policy period.

Your case is also RETURNED to NYSOH to effectuate the changes necessary to bring your Medicaid eligibility and Medicaid Managed Care enrollment in line with this decision and to notify you accordingly.

The December 19, 2016 eligibility redetermination and disenrollment notices are RESCINDED.

The February 1 and 4, 2017 eligibility redeterminations and the February 1, 2017 enrollment notices regarding your aid to continue in your Medicaid Managed Care plan during the appeal process are rendered moot by this decision.

Your child was entitled to 12 months of continuous coverage in 2016. Your case is being sent back to NYSOH to put her back in her Medicaid Managed Care plan for the months of November 2016 and December 2016 so that she has 12 months of continuous coverage. NYSOH will notify you once this has been done.

You were entitled to 12 months of continuous coverage as of October 1, 2016 through September 30, 2017. Your case is also being sent back to NYSOH to put you back in full Medicaid Managed Care plan coverage as of October 1, 2016 through September 30, 2017 and to take down the aid to continue coverage that was provided during the appeals process. NYSOH will also notify you once this has been done.

The effect of this decision is that your 12 months of Medicaid coverage will end on September 30, 2017, unless one of the limited exceptions occurs before then to disqualify you from Medicaid. Similarly, your child's 12 months of Medicaid eligibility and coverage will end January 31, 2018, unless one of the limited exceptions occurs before then to disqualify her from Medicaid.

Legal Authority

We are issuing this determination in accordance with 45 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).

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।

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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. ye&btumi ama wo obi a okyerE 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).