



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

## Notice of Decision

Decision Date: August 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018328

[REDACTED]

Dear [REDACTED],

On August 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2016 eligibility determination notice, November 25, 2016 disenrollment notice, April 8, 2017 eligibility determination notice, and April 18, 2017 enrollment confirmation 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.

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

## Decision

Decision Date: August 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018328

[REDACTED]

## Issues

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

Was your appeal of NYSOH's November 17, 2016 eligibility determination notice and November 25, 2016 disenrollment notice timely?

Did NY State of Health properly determine that you were conditionally eligible for Medicaid effective January 1, 2017?

Did NY State of Health properly determine that you were disenrolled from your Medicaid Managed Care plan effective December 31, 2016?

Did NY State of Health properly determine that your newborn was conditionally eligible for Medicaid effective March 1, 2017 and enrolled in his Medicaid Managed Care plan effective June 1, 2017?

## Procedural History

On July 12, 2016 you updated your household's application for financial assistance. Specifically, you indicated that you were [REDACTED] with one child with a [REDACTED] due date.

On July 13, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were fully eligible for Medicaid, effective August 1, 2016.

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Also on July 13, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan effective August 1, 2016.

On October 15, 2016, NYSOH issued a renewal notice regarding your spouse's coverage. The notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your spouse would qualify for financial help paying for his health coverage, and that you needed to update your account by December 15, 2016 or your spouse might lose the financial assistance he was currently receiving.

On November 16, 2016, you updated your household's application for financial assistance.

On November 17, 2016, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective January 1, 2017. This notice directed you to submit income documentation by December 1, 2016 in order to confirm your eligibility for financial assistance.

On November 22, 2016, you uploaded income documents to your NYSOH account.

On November 25, 2016, NYSOH issued a notice of disenrollment stating that your enrollment in your Medicaid Managed Care plan would end on December 31, 2016. This was because you were no longer eligible to enroll in a Medicaid Managed Care plan.

On November 28, 2016, you updated your household's application for financial assistance.

On November 29, 2016, NYSOH issued a notice of eligibility determination stating that you would remain conditionally eligible for Medicaid, effective January 1, 2017. This notice directed you to submit income documentation by December 1, 2016 in order to confirm your eligibility for financial assistance.

On December 12, 2016, you uploaded additional income documents to your NYSOH account.

On December 13, 2016, NYSOH redetermined your household's eligibility for financial assistance.

On December 14, 2016, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid, but your Medicaid coverage would continue until June 30, 2017, effective January 1, 2017.

On December 14, 2016, NYSOH reviewed the income documentation that you submitted on November 22, 2016 and December 13, 2016 and recalculated your

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household's income based on this documentation. NYSOH updated the income information in your application and submitted an application on your behalf.

On December 15, 2016, NYSOH issued a notice of eligibility determination , based on the December 14, 2016 application, stating that you were no longer eligible for Medicaid, but your Medicaid coverage would continue until June 30, 2017, effective January 1, 2017.

On January 5, 2017, you updated your household's application for financial assistance.

On January 6, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective February 1, 2017. This notice directed you to submit income documentation by January 20, 2017 in order to confirm your eligibility for financial assistance.

On January 10, 2017, you uploaded income documents to your NYSOH account.

On January 14, 2017, you updated your household's application for financial assistance. Specifically, you added your newborn to your application.

On January 15, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid, but your Medicaid coverage would continue until June 30, 2017, effective January 1, 2017.

Also on January 15, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was required to determine your newborn's eligibility for financial assistance. This notice directed you to submit income documentation by January 29, 2017.

On January 25, 2017 and January 26, 2017, you uploaded income documents to your NYSOH account.

On January 26, 2017, you updated your household's application for financial assistance.

On January 27, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid, but your Medicaid coverage would continue until June 30, 2017, effective January 1, 2017.

Also on January 27, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was required to determine your newborn's eligibility for financial assistance. This notice directed you to submit income documentation by January 29, 2017.

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On February 2, 2017, NYSOH reviewed the income documentation you submitted on January 10, 2017, January 25, 2017, and January 26, 2017 and determined that this was insufficient proof of income.

On February 3, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application and that additional income documentation was due by January 29, 2017.

On February 9, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On February 10, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until June 30, 2017, effective February 1, 2017. This notice further stated that your newborn was conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2017. The notice also directed you to provide proof of your newborn's citizenship status and Social Security number by April 14, 2017.

On February 10, 2017, you uploaded income documentation to your NYSOH account.

On February 22, 2017, NYSOH verified the income documentation you submitted on February 10, 2017 and redetermined your household's eligibility for financial assistance.

On February 23, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until June 30, 2017, effective February 1, 2017. This notice further stated that your newborn was conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2017. The notice also directed you to provide proof of your newborn's citizenship status and Social Security number by April 14, 2017.

On March 16, 2017, you updated your household's application for financial assistance.

On March 17, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until June 30, 2017, effective March 1, 2017.

Also on March 17, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was required to determine your newborn's eligibility for financial assistance. This notice directed you to submit income documentation by March 31, 2017.

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On March 21, 2017, you uploaded income documents to your NYSOH account.

On April 7, 2017, NYSOH verified the income documentation you submitted on March 21, 2017 and redetermined your household's eligibility for financial assistance.

On April 8, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for Medicaid, but that your Medicaid coverage would continue until June 30, 2017, effective April 1, 2017. This notice further stated that your newborn was conditionally eligible for Medicaid, effective March 1, 2017. The notice directed you to submit proof of your newborn's citizenship status and Social Security number by October 26, 2017 in order to confirm his eligibility for financial assistance.

On April 18, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on April 17, 2017, stating that your newborn was enrolled in his Medicaid Managed Care plan with an enrollment start date of June 1, 2017.

On April 24, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as you had been disenrolled from your Medicaid Managed Care plan and were unable to reenroll into a Medicaid Managed Care plan, and your newborn was not found eligible for Medicaid until March 1, 2017 and his Medicaid Managed Care plan did not begin until June 1, 2017.

On August 8, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for fourteen days to allow you the opportunity to submit additional income documentation.

On August 17, 2017 you uploaded nine paystubs to your NYSOH account.

These are marked as documents [REDACTED]

[REDACTED] These documents are hereby incorporated into the record. The record is now closed.

## **Findings of Fact**

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

- 1) You testified that you were advised that you were found eligible for presumptive Medicaid and therefore, you were unable to select a Medicaid Managed Care plan for enrollment. You further testified that you previously were seeking to be able to enroll yourself into a Medicaid Managed Care plan, and that you are seeking to have your newborn's Medicaid Managed Care plan begin as of his date of birth.

- 2) You testified that your newborn was born on [REDACTED].
- 3) You testified that you reported your recent pregnancy to NYSOH in mid-2016.
- 4) Your NYSOH account indicates that you updated your account to reflect your pregnancy on July 12, 2016. As a result of this update, you were found fully eligible for Medicaid. You selected a Medicaid Managed Care plan for enrollment on July 12, 2016.
- 5) Your NYSOH account reflects that, on November 16, 2016, you updated your household's application for financial assistance. As a result of this update, you were found presumptively eligible for Medicaid, effective January 1, 2017 and disenrolled from your Medicaid Managed Care plan, effective December 31, 2016.
- 6) On November 23, 2016, you contacted NYSOH as you had concerns regarding which coverage you had for which months. As a result of this contact, a complaint ([REDACTED]) was created.
- 7) On January 24, 2017 you contacted NYSOH, following up on the complaint filed on November 23, 2016. As a result of this contact, a complaint ([REDACTED]) was created.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR §155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

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However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

### Presumptive Eligibility for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for 2 months after the month in which the pregnancy ends (N.Y. Soc. Serv. Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

### Medicaid for Pregnant Women

Medicaid can be provided through the Marketplace 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)), N.Y. Soc. Serv. Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) for the applicable family size (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual’s household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

For purposes of Medicaid eligibility, the family size of a pregnant woman includes the pregnant woman and the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

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## Medicaid Continuous Coverage for Pregnant Women

A pregnant woman who was eligible for Medicaid on any day of her pregnancy will continue to be eligible for Medicaid through the end of the month in which the sixtieth day following the end of the pregnancy occurs, regardless of any changes in income, even if the change otherwise would have resulted in the pregnant woman being ineligible for Medicaid (N.Y. Soc. Serv. Law §366(4)(b)(10)).

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number (N.Y. Soc. Serv. Law § 366(4)(c)).

## Medicaid for Newborns

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

## **Legal Analysis**

The first issue under review is whether your appeal of NYSOH's November 17, 2016 eligibility determination and November 25, 2016 disenrollment notice was timely.

On November 17, 2016, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective January 1, 2017. On November 25, 2016, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid Managed Care plan was ending effective December 31, 2016 as you were no longer eligible to remain enrolled in your plan.

The record reflects that you first contacted NYSOH to file a formal appeal on April 24, 2017.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your conditional eligibility for Medicaid, an appeal should have been filed by January 16, 2017. For an appeal

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to have been valid on the issue of your disenrollment from your Medicaid Managed Care plan, an appeal should have been filed January 24, 2017. The record reflects that you filed your appeal on April 24, 2017, which is beyond the 60-day deadline.

Although your appeal was untimely on its face, you contacted NYSOH on November 23, 2016 regarding your plan enrollment and a complaint was created in response to that contact, which was within the 60-day time frame to appeal. You followed-up on the issue of your plan enrollment on January 24, 2017 and a separate complaint was created that day.

As you contacted NYSOH's Account Review Unit on November 23, 2016 regarding issues with your plan enrollment, which was within 60-days of the November 17, 2016 decision, and a complaint was created in response to your November 23, 2016 contact, and you followed-up on January 24, 2017, which was within 60-days of the November 25, 2016 disenrollment notice, your appeal is considered timely and will be addressed.

The second issue under review is whether NYSOH properly determined that you were conditionally eligible for Medicaid, effective January 1, 2017.

On July 13, 2016, NYSOH issued a notice of eligibility determination stating that you were fully eligible for Medicaid, effective August 1, 2016. That determination has not been appealed and is not under review.

On November 16, 2016, you updated your household's application for financial assistance. As a result, you were found eligible for presumptive Medicaid, effective January 1, 2017.

However, under New York State law, once a pregnant woman is found eligible for Medicaid, her Medicaid coverage continues until the end of the month in which the sixtieth day following the end of the pregnancy occurs, even if the household income rises above 223% of the FPL.

The record is devoid of any reason that you would not have been eligible for Medicaid coverage until 60-days following the end of your pregnancy.

The record reflects that your pregnancy ended on [REDACTED], with the birth of your newborn. Therefore, you should have had Medicaid until the end of the month in which 60-days after [REDACTED] falls; that is, until March 31, 2017.

As such, the November 17, 2016 notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective January 1, 2017, is **RESCINDED**.

The third issue under review is whether NYSOH properly disenrolled you from your Medicaid Managed Care plan effective December 31, 2016.

On July 13, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan effective August 1, 2016.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number. Pregnant women who are eligible for presumptive Medicaid are not eligible to enroll in a Medicaid Managed Care plan.

There is no indication in the record that you became ineligible to remain enrolled in your Medicaid Managed Care plan due to incarceration or moving out of state. Additionally, you provided a valid Social Security number at the time of completing your application.

On November 16, 2016, you updated your household's application for financial assistance. As a result, you were found conditionally eligible for Medicaid, effective January 1, 2017 and disenrolled from your Medicaid Managed Care plan as of December 31, 2016.

However, as you should not have been found conditionally eligible for Medicaid effective January 1, 2017, as is noted above, you should not have been disenrolled from your Medicaid Managed Care plan effective December 31, 2016.

Therefore, the November 25, 2016 disenrollment notice is **RESCINDED**.

The fourth issue under review is whether NYSOH properly determined that your newborn was conditionally eligible for Medicaid effective March 1, 2017, and enrolled in his Medicaid Managed Care plan effective June 1, 2017.

In New York State, Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth.

The record reflects that your newborn was born on [REDACTED]. As you should have been eligible for Medicaid and enrolled in your Medicaid Managed Care plan on [REDACTED], as is noted above, your newborn should have been found eligible for Medicaid and enrolled in his Medicaid Managed Care plan as of the date of his birth.

Therefore, the April 8, 2017 notice of eligibility determination is **MODIFIED** to reflect that your newborn's eligibility for Medicaid was effective January 1, 2017,

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and the April 18, 2017 notice of enrollment confirmation is MODIFIED to reflect that your newborn was enrolled in his Medicaid Managed Care plan effective January 1, 2017.

## **Decision**

The November 17, 2016 notice of eligibility determination is RESCINDED.

The November 25, 2016 disenrollment notice is RESCINDED.

The April 8, 2017 notice of eligibility determination is MODIFIED to reflect that your newborn's eligibility for Medicaid was effective January 1, 2017.

The April 18, 2017 notice of enrollment confirmation is MODIFIED to reflect that your newborn's enrollment in his Medicaid Managed Care plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to reinstate you into Medicaid and your Medicaid Managed Care plan as of January 1, 2017, and to begin your newborn's eligibility for Medicaid and enrollment in his Medicaid Managed Care plan as of January 1, 2017, and to notify you accordingly.

**Effective Date of this Decision:** August 29, 2017

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

You should not have been found conditionally eligible for Medicaid as of January 1, 2017, and disenrolled from your Medicaid Managed Care plan as of December 31, 2016.

Your newborn should have been found eligible for and enrolled in his Medicaid Managed Care plan as of January 1, 2017.

Your case is being sent back to NYSOH to reinstate you into your Medicaid Managed Care plan as of January 1, 2017 and to begin your newborn's Medicaid and Medicaid Managed Care plan as of January 1, 2017. NYSOH will notify you once this has been done.

## **If You Disagree with this Decision (Appeal Rights)**

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 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

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## **Summary**

The November 17, 2016 notice of eligibility determination is RESCINDED.

The November 25, 2016 disenrollment notice is RESCINDED.

The April 8, 2017 notice of eligibility determination is MODIFIED to reflect that your newborn's eligibility for Medicaid was effective January 1, 2017.

The April 18, 2017 notice of enrollment confirmation is MODIFIED to reflect that your newborn's enrollment in his Medicaid Managed Care plan was effective January 1, 2017.

Your case is RETURNED to NYSOH to reinstate you into Medicaid and your Medicaid Managed Care plan as of January 1, 2017, and to begin your newborn's eligibility for Medicaid and enrollment in his Medicaid Managed Care plan as of January 1, 2017, and to notify you accordingly.

You should not have been found conditionally eligible for Medicaid as of January 1, 2017, and disenrolled from your Medicaid Managed Care plan as of December 31, 2016.

Your newborn should have been found eligible for and enrolled in his Medicaid Managed Care plan as of January 1, 2017.

Your case is being sent back to NYSOH to reinstate you into your Medicaid Managed Care plan as of January 1, 2017 and to begin your newborn's Medicaid and Medicaid Managed Care plan as of January 1, 2017. NYSOH will notify you once this has been done.

## **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 مجانًا.

### **বাংলা (Bengali)**

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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।

### **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).

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