



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

Notice of Decision

Decision Date: October 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019551

[REDACTED]

Dear [REDACTED],

On September 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 18, 2017 disenrollment 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019551

[REDACTED]

Issue

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

Did NY State of Health properly disenroll your oldest child from her Medicaid Managed Care plan, effective May 31, 2017?

Procedural History

On July 11, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating you and your youngest child were eligible for Medicaid effective July 1, 2016. The notice also stated that your oldest child (Market Place ID: [REDACTED]) was eligible for Medicaid, effective August 1, 2016. You and your children were enrolled in a Medicaid Managed Care (MMC) plan with a plan enrollment start date of August 1, 2016.

On April 6, 2017, NYSOH issued a notice stating that it was time to renew your and your youngest child's health insurance for the next coverage period and you needed to update your account by May 15, 2017, for your and your youngest child's eligibility to be determined. That notice also stated that no action was needed for your oldest child and that you would get a notice about renewing her coverage around May 16, 2017. The notice stated your oldest child's coverage would end on June 30, 2017.

No updates were made to your account by May 15, 2017.

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On May 16, 2017, a systematic update was made to your account by NYSOH. Based on this systematic update your and your children's enrollments in your MMC plan were terminated.

On May 17, 2017, NYSOH issued an eligibility determination notice, based on the system update of May 16, 2017, stating that you had not responded to the renewal notice and had not completed the renewal within the required time frame such that your and your youngest child's eligibility ended effective June 1, 2017. The notice did not refer to your oldest child or her eligibility.

On May 18, 2017, NYSOH issued a disenrollment notice stating that you and both your children's coverage in your MMC plan would end on May 31, 2017. The notice stated this was because you and your children were no longer eligible to enroll in health insurance through NYSOH.

On June 5, 2017, NYSOH received your updated application for financial assistance for you and your children. That day, a preliminary eligibility determination was prepared stating in part that your children were eligible for Child Health Plus with a \$15.00 monthly premium each, effective July 1, 2017. At that time, you enrolled your children in a Child Health Plus plan with an enrollment start date of July 1, 2017.

Also on June 5, 2017, you spoke to NYSOH's Account Review Unit and appealed your oldest child's lack of insurance coverage for the month of June 2017.

On June 6, 2017, NYSOH issued eligibility determination and plan enrollment notices stating respectively that your children were eligible for Child Health Plus with a \$15.00 monthly premium each and enrolled in a Child Health Plus plan, effective July 1, 2017.

On September 5, 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) According to your NYSOH account your oldest child was determined eligible for Medicaid and enrolled in an MMC plan, effective August 1, 2016.
- 2) According to your NYSOH account, your oldest child's MMC plan ended May 31, 2017.

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- 3) According to your NYSOH account, your oldest child was enrolled in a Child Health Plus plan with a plan start date of July 1, 2017.
- 4) You testified that your oldest child received medical services in the month of June 2017 that are uncovered by health insurance.
- 5) You testified that you are only appealing the loss of insurance coverage for your oldest child for the month of June 2017.

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

Applicable Law and Regulations

Medicaid for Children

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).

Generally, most persons 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)).

Legal Analysis

The issue under review is whether NYSOH properly disenroll your oldest child from her MMC plan, effective May 31, 2017.

According to your NYSOH account your oldest child was eligible for Medicaid and enrolled in a MMC plan, effective August 1, 2016. According to your NYSOH account, you and your youngest child were also eligible for Medicaid effective July 1, 2016 and were enrolled in a MMC plan effective August 1, 2016.

According to your NYSOH account, you and your youngest child should have renewed your application for financial assistance with NYSOH before May 15, 2017. As you did not renew before that date, NYSOH ran a systemic update of your account that included all your family members, including your oldest child. On May 18, 2017, NYSOH issued a disenrollment notice stating that your and both your children's enrollment in the MMC plan would end on May 31, 2017.

Generally, under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. This 12-month period is referred to as "continuous coverage" and is set based on the start date of the original Medicaid eligibility determination. An individual will be enrolled or remain in their MMC plan, with limited exceptions that are not applicable here, for the 12-month continuous coverage period.

The credible evidence of record confirms that your oldest child was eligible for Medicaid and she was enrolled in a MMC plan, effective August 1, 2017. The record does not indicate that there is any exception that exist that would otherwise end your oldest child's 12-months of continuous coverage in her MMC plan before July 31, 2017. Therefore, it is reasonable to conclude that NYSOH erred in ending your oldest child's MMC plan on May 31, 2017, instead of July 31, 2017.

The record indicates that on June 5, 2017, you updated your account and your children were determined eligible for Child Health Plus at a \$15.00 monthly premium effective July 1, 2017. The record further reflects that you enrolled your children in a Child Health Plus plan at that time with a plan enrollment start date of July 1, 2017.

You testified that you are appealing only the lapse in your oldest child's insurance coverage for the month of June 2017 because she had medical services in that month that are uncovered.

Therefore, so as to not disturb the start date of your oldest child's July 1, 2017 Child Health Plus plan, that portion of the May 18, 2017 disenrollment notice that states your oldest child's MMC plan will end on May 31, 2017 is MODIFIED to state that her MMC coverage will end June 30, 2017.

Your case is RETURNED to NYSOH to re-enroll your oldest child in her MMC plan for the month of June 2017, and to notify you accordingly.

Decision

That portion of the May 18, 2017 disenrollment notice that states your oldest child's MMC plan will end on May 31, 2017 is MODIFIED to state that her MMC coverage will end June 30, 2017.

Your case is RETURNED to NYSOH to re-enroll your oldest child in her MMC plan for the month of June 2017 and to notify you accordingly.

This Decision does not affect any subsequent eligibility determinations or plan enrollment notices issued by NYSOH.

Effective Date of this Decision: October 10, 2017

How this Decision Affects Your Eligibility

Your child was entitled to coverage in her MMC plan to July 31, 2017, under the 12-months continuous coverage rule; however, so as to not disturb the start date of your child's July 1, 2017 Child Health Plus plan, her MMC plan will continue until June 30, 2017.

Your case is being sent back to NYSOH to re-enroll your oldest child in her MMC plan for the month of June 2017. NYSOH will notify you once this is done.

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:

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).

- 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

That portion of the May 18, 2017 disenrollment notice that states your oldest child's MMC plan will end on May 31, 2017 is MODIFIED to state that her MMC coverage will end June 30, 2017.

Your case is RETURNED to NYSOH to re-enroll your oldest child in her MMC plan for the month of June 2017 and to notify you accordingly.

This Decision does not affect any subsequent eligibility determinations or plan enrollment notices issued by NYSOH.

Your child was entitled to coverage in her MMC plan to July 31, 2017, under the 12-months continuous coverage rule; however, so as to not disturb the start date

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of your child's July 1, 2017 Child Health Plus plan, her MMC plan will continue until June 30, 2017.

Your case is being sent back to NYSOH to re-enroll your oldest child in her MMC plan for the month of June 2017. NYSOH will notify you once this is done.

Legal Authority

We are sending you this notice 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。我们可以为您免费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.

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).

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।

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.

Twí (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi 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.