



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

Notice of Decision

Decision Date: October 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020820

[REDACTED]

Dear [REDACTED],

On October 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 30, 2017 discontinuance and disenrollment 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).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: October 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020820

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were no longer eligible for Medicaid, and that you were disenrolled from your Medicaid Managed Care (MMC) plan, effective June 30, 2017?

Procedural History

On March 22, 2017, you filed an application for financial assistance with health insurance through NYSOH.

On March 23, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit. This eligibility was effective as of March 1, 2017.

Also on March 23, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MMC plan, effective May 1, 2017.

On May 5, 2017, NYSOH redetermined your eligibility.

On May 6, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible to enroll in coverage through NYSOH because mail that was sent by NYSOH to the mailing address provided in your account was returned to NYSOH as undeliverable. This eligibility was effective May 6, 2017.

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).

Also on May 6, 2017, NYSOH issued a disenrollment notice, stating that your enrollment in your MMC plan was ending, effective May 31, 2017, because you were no longer eligible to enroll in health insurance through NYSOH.

On May 17, 2017, you contacted NYSOH and updated your NYSOH account, including your mailing address.

On May 18, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective May 1, 2017.

Also on May 18, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MMC plan, beginning July 1, 2017.

On May 23, 2017, NYSOH issued a second notice of enrollment confirmation, confirming that your enrollment in your MMC plan would begin as of June 1, 2017.

On June 29, 2017, NYSOH redetermined your eligibility.

On June 30, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible to enroll in coverage through NYSOH because mail that was sent by NYSOH to the mailing address provided in your account was returned to NYSOH as undeliverable. This eligibility was effective June 30, 2017.

Also on June 30, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan was ending, effective June 30, 2017, because you were no longer eligible to enroll in health insurance through NYSOH.

On July 25, 2017, you updated your application with NYSOH, and your mailing address was again updated. That same day, NYSOH prepared a preliminary eligibility determination stating that you were eligible for Medicaid, effective July 1, 2017. You also selected an MMC plan for enrollment.

Also on July 25, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal, insofar as you had been disenrolled from your MMC coverage in the months of July and August 2017.

On October 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

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

- 1) You filed an application for financial assistance with NYSOH on March 22, 2017.
- 2) You testified that, when you first filed your application, you accidentally provided your address without an apartment number. Your NYSOH account confirms that the address you provided with your initial application was as follows:

[REDACTED]

- 3) You testified that there are only four units in your building, and that everyone in the building is like family, so even if your mail goes to the wrong mailbox, the tenant who received it will give it to you.
- 4) Your NYSOH account reflects that, on April 14, 2017, NYSOH received the notices of eligibility determination and enrollment confirmation, issued on March 23, 2017, as returned mail from the US Post Office (USPO) with the label "Return to Sender, Not Deliverable as Addressed, Unable to Forward" (Documents [REDACTED] and [REDACTED]).
- 5) According to your NYSOH account, on May 5, 2017, a NYSOH representative marked your mailing address as "invalid," and your eligibility was redetermined.
- 6) On May 6, 2017, NYSOH sent you a notice stating that you were not eligible to enroll in coverage because of returned mail, and a notice stating that you were disenrolled from your MMC plan as of May 31, 2017.
- 7) On May 17, 2017, you contacted NYSOH and updated your application, changing your mailing address to:

[REDACTED]

- 8) After the hearing, the Hearing Officer listened to the recording of your conversation with a NYSOH agent on May 17, 2017. In that conversation, you informed the agent that you had received a notice stating that your coverage was being discontinued because of a problem with your mail, and that you did not understand why, as you

had received the May 6, 2017 notices, which were what prompted you to call.

- 9) Also during the call on May 17, 2017, when you were first asked if there was an apartment number, you responded “no.” However, later in the call, you informed the agent that there was an apartment “number,” and that it was [REDACTED]. The agent added this to your application, as reflected by the change to your mailing address made on May 17, 2017.
- 10) On May 18, 2017, NYSOH issued a new eligibility determination stating that you were eligible for Medicaid, effective June 1, 2017, and an enrollment confirmation notice stating that you were enrolled in an MMC plan as of July 1, 2017. These notices listed a mailing address of “[REDACTED].”
- 11) On May 23, 2017, NYSOH issued a second notice of enrollment confirmation, reflecting that your enrollment in your MMC plan was backdated, and that it would begin on June 1, 2017.
- 12) Your NYSOH account reflects that, on June 15, 2017, NYSOH received the notices of eligibility determination and enrollment confirmation, issued on May 18, 2017, as returned mail from the USPO with the label “Return to Sender, Not Deliverable as Addressed, Unable to Forward” (Documents [REDACTED] and [REDACTED]).
- 13) On June 30, 2017, NYSOH sent you a notice stating that you were not eligible to enroll in coverage because of returned mail, and a notice stating that you were disenrolled from your MMC plan as of June 30, 2017.
- 14) On July 25, 2017, you contacted NYSOH and again updated your account.
- 15) After the hearing, the Hearing Officer listened to the recording of your phone calls with NYSOH on that day. During the first call, you informed that NYSOH agent that you had again received a notice stating that your Medicaid was being cut off because of an issue with your mail.
- 16) You also informed the NYSOH agent that you were very upset that this happened again, and that you did not understand why it kept happening, as you provided your correct address in May 2017. Additionally, you told the NYSOH that it did not make sense that NYSOH was discontinuing your coverage for returned mail when you were receiving notices from NYSOH.

- 17) The NYSOH agent you spoke with told you that the previous agent placed all of your address information in one field instead of separating it out, and that she would fix it. You informed the agent that your address was [REDACTED].”
- 18) On July 25, 2017, a NYSOH agent updated your address to read:
[REDACTED]
- 19) The NYSOH agent you spoke with also re-enrolled you into your MMC plan coverage, with a start date of September 1, 2017. This prompted you to speak with the Accounts Review Unit and file an appeal, insofar as you were left without MMC coverage in the months of July and August 2017.
- 20) On July 26, 2017, NYSOH issued a new eligibility determination stating that you were eligible for Medicaid, effective July 1, 2017; an enrollment confirmation notice stating that you were enrolled in an MMC plan as of September 1, 2017; and a notice acknowledging your appeal request. These notices listed a mailing address of [REDACTED].”
- 21) Your NYSOH account reflects that, on August 21, 2017, NYSOH received the notice acknowledging your appeal request, issued on July 26, 2017, as returned mail from the USPO with the label “Return to Sender, Not Deliverable as Addressed, Unable to Forward” (Document [REDACTED]). The other two notices issued on that date were not returned to NYSOH.
- 22) During the hearing, you testified that you have ongoing medical needs, and that you cannot afford for your Medicaid to be cut off repeatedly.
- 23) You testified that you have been living at the same address since you applied and that, other than when you initially applied, you have always told NYSOH that you live in apartment [REDACTED]” and never told them that you live in apartment [REDACTED].”
- 24) You testified that you do not understand why your coverage is being cut off for returned mail, when you are receiving mail from NYSOH.
- 25) You testified that you received the notice informing you of your scheduled hearing, and that you think it was addressed to apartment

█.” The notice of telephone hearing reflects that it was mailed to apartment █” (Document █).

- 26) You testified that you have a medical bill from July or August that was not covered by your fee-for-service Medicaid coverage.
- 27) You testified that nothing has changed since you filed your application in March 2017.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); NY Social Services Law § 366(1)(b)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for Medicaid, and your enrollment in your MMC plan, ended as of June 30, 2017.

You were initially found eligible for Medicaid effective March 1, 2017. The March 23, 2017 notice of eligibility determination does not indicate that your eligibility was conditional or limited in any way. This eligibility is not under appeal.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months with limited exceptions. One of these exceptions is if the individual lacks NY State residence.

According to the record, since your initial application for Medicaid in March 2017, a total of eight notices have been returned to NYSOH by the post office as undeliverable mail. You testified that you initially failed to provide your apartment number to NYSOH when you filed your application, but that you informed the agent you spoke with in May 2017 that you lived in apartment ■■■, and your NYSOH account reflects that this apartment number was added to your account on May 17, 2017.

However, even once this apartment number was added, mail continued to be come back to NYSOH as undeliverable. The post office returned mail that was sent to you: with no apartment number; with apartment ■■■; and with apartment ■■■. Additionally, even though the NYSOH agent you spoke with on July 25, 2017 incorrectly entered your apartment number as ■■■, this is not the sole problem, since, as stated above, even mail address to apartment "■■■" was returned as undeliverable.

You credibly testified that you have been living in the same place since you filed your application in March 2017, and that it is a small building, so even when mail goes to the wrong tenant, you will still receive it because the tenants know one another. Additionally, you testified that you have received mail from NYSOH, and this is supported by the fact that you contacted NYSOH in May, and again in July, when you received notices informing you that your coverage was coming to an end.

The credible evidence of record confirms that you have maintained your residency in NY State, and that you have lived in the same place since filing your application. As there is no indication that your eligibility for Medicaid should not be continued for 12 months, NYSOH's decision to discontinue your Medicaid and your MMC plan enrollment was incorrect. The June 30, 2017 discontinuance notice and disenrollment notices are **RESCINDED**.

However: The post office has returned several notices to NYSOH as undeliverable: even those correctly addressed to you at apartment [REDACTED].” NYSOH has no control over the post office’s decision to mark mail as undeliverable, and there is no guarantee that mail will not be returned to NYSOH in the future.

Therefore, it is recommended that you either find an alternative, more reliable mailing address to utilize, or that you regularly contact NYSOH to ensure that there are no problems with your account and/or coverage.

Finally: NYSOH is directed to update your residential and mailing address to the following:

[REDACTED]

Decision

The June 30, 2017 discontinuance notice is RESCINDED.

The June 30, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan coverage for the months of July and August 2017.

NYSOH is further directed to update your residential and mailing address to:

[REDACTED]

Effective Date of this Decision: October 23, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on March 1, 2017, continues until February 28, 2017, barring subsequent changes in your eligibility.

Your case is being returned to NYSOH to reinstate you in your MMC plan for the months of July and August 2017.

You are advised to consider an alternative mailing address, as NYSOH cannot guarantee that mail will not be returned by the post office in the future.

Alternatively, you are advised to contact NYSOH regularly to make sure that there are no problems with your account/coverage.

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).

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The June 30, 2017 discontinuance notice is RESCINDED.

The June 30, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your MMC plan coverage for the months of July and August 2017.

NYSOH is further directed to update your residential and mailing address to:



Your Medicaid coverage, which began on March 1, 2017, continues until February 28, 2017, barring subsequent changes in your eligibility.

Your case is being returned to NYSOH to reinstate you in your MMC plan for the months of July and August 2017.

You are advised to consider an alternative mailing address, as NYSOH cannot guarantee that mail will not be returned by the post office in the future. Alternatively, you are advised to contact NYSOH regularly to make sure that there are no problems with your account/coverage.

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. ye&btumi ama wo obi a okyerε 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.

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