



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

Notice of Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020843

[REDACTED]

Dear [REDACTED]

On October 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 17, 2017 discontinuance notice and August 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020843

[REDACTED]

Issue

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

Did NY State of Health properly determine that your spouse was no longer eligible for health insurance through NYSOH, effective September 1, 2017?

Procedural History

On January 4, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance indicating that your spouse was pregnant with one child.

On January 5, 2017, NYSOH issued an eligibility determination stating in part that your spouse was conditionally eligible for Medicaid, effective February 1, 2017. This notice directed you to submit proof of your spouse's household income by January 19, 2017, and proof of your spouse's citizenship status by April 4, 2017.

On January 9, 2017, NYSOH received your updated application for financial assistance with health insurance. You also uploaded one document to your NYSOH account that day.

On January 10, 2017, NYSOH issued an eligibility determination notice stating in part that your spouse remained conditionally eligible for Medicaid, effective February 1, 2017. This notice directed you to submit proof of your spouse's household income by January 19, 2017, and proof of your spouse's citizenship status by April 4, 2017.

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On January 19, 2017, NYSOH validated the documentation that was submitted on January 9, 2017, and an updated application was submitted on your behalf.

On January 20, 2017, NYSOH issued an eligibility determination stating in part that your spouse remained eligible for Medicaid, effective February 1, 2017.

On January 25, 2017, NYSOH issued a plan enrollment notice confirming your spouse's enrollment in her Medicaid Managed Care plan, effective March 1, 2017.

On June 22, 2017, NYSOH received your updated application for financial assistance with health insurance, which included your newborn child.

On June 23, 2017, NYSOH issued an eligibility determination notice stating in part that your spouse remained eligible for Medicaid, effective June 1, 2017.

Also on June 23, 2017, NYSOH issued a plan enrollment notice confirming in part your spouse's enrollment in her Medicaid Managed Care plan, effective March 1, 2017.

On July 2, 2017, NYSOH issued a renewal notice stating that it was time for your spouse to renew her health insurance coverage through NYSOH. This notice directed you to update your NYSOH account between July 16, 2017 and August 15, 2017 so that NYSOH can make the appropriate decision. This notice further stated that if you missed the deadline that the financial assistance your spouse was receiving might end.

On July 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the fact that your spouse was receiving a renewal notice prior to December 2017.

No updates were made to the account by August 15, 2017.

On August 17, 2017, NYSOH issued a discontinuance notice stating that your spouse was no longer eligible for health insurance through NYSOH, effective September 1, 2017. This notice stated that this was because your spouse did not respond to the renewal notice and did not complete her renewal within the required timeframe.

On August 18, 2017, NYSOH issued a disenrollment notice stating that your spouse's coverage in her Medicaid Managed Care plan terminated effective August 31, 2017.

On October 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the Hearing Officer agreed to amend your appeal to include the disenrollment of your spouse from her Medicaid Managed Care plan, and the discontinuance of your spouse's coverage, as noted

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in the August 17, 2017 discontinuance notice. 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, you submitted an application on January 4, 2017 which indicated that your spouse was pregnant with one child.
- 2) According to your NYSOH account, your spouse was found fully eligible for Medicaid, effective February 1, 2017.
- 3) According to your NYSOH account and your testimony, your newborn child was born on [REDACTED]
- 4) According to your NYSOH account, you updated your account on June 22, 2017 to include your newborn child.
- 5) According to your NYSOH account, you receive all of your notices from NYSOH by regular mail.
- 6) You testified that you received the July 26, 2017 notice telling you that you needed to update your application in order to renew your spouse's health insurance coverage.
- 7) You testified that you did not updated your NYSOH account by August 15, 2017, because you did not want your spouse to lose her Medicaid coverage.
- 8) You testified that you were under the impression that your spouse was eligible for Medicaid until January 31, 2018.
- 9) According to your NYSOH account, there were no updates made to your NYSOH by August 15, 2017.
- 10) According to your NYSOH account, NYSOH found your spouse ineligible for health insurance through NYSOH, effective September 1, 2017.
- 11) You testified that you would like your spouse reenrolled into her Medicaid Managed Care plan as of September 1, 2017, because you stated that you received notice that she was entitled to coverage until January 31, 2018,

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

Applicable Law and Regulations

Medicaid-Pregnant Women

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also 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).

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); New York State Department of Health 13 OHIP/ADM-03). Once eligible, a pregnant woman will remain eligible until the end of the month in which the sixtieth day following the end of the pregnancy occurs, regardless of any change in household income, even if such change would render her ineligible for financial assistance (NY Social Services Law § 366(4)(b)(1)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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)).

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).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse was no longer eligible for health insurance through NYSOH as of September 1, 2017.

The record indicates that you updated your NYSOH account on January 4, 2017, and listed your spouse was pregnant with one child. Subsequently, your spouse was found fully eligible for Medicaid, effective February 1, 2017, and enrolled into a Medicaid Managed Care plan, effective March 1, 2017.

Once eligible, a pregnant woman will remain eligible until the end of the month in which the sixtieth day following the end of the pregnancy occurs, regardless of any change in household income, even if such change would render her ineligible for financial assistance.

The record indicates, and you testified, that your newborn child was born on [REDACTED]. Therefore, your spouse's enrollment in her Medicaid Managed Care plan properly continued until the end of the month in which the sixtieth day following the end of pregnancy occurred, or [REDACTED].

NYSOH must predetermine a qualified individual's eligibility for Medicaid when it receives information about a change in the applicant's circumstances that may affect eligibility (*i.e.*, the end of a pregnancy) 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 July 2, 2017 renewal notice stated that there was not enough information to determine whether your spouse was eligible to continue her financial assistance for health insurance, and that you needed to supply additional information by August 15, 2017, or your spouse's financial assistance and health insurance coverage might end.

Because there was no timely response to this notice, your spouse was terminated from her Medicaid Managed Care plan effective August 31, 2017 and found ineligible for health insurance through NYSOH as of September 1, 2017.

You testified that you received the notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified that you did not update the information in your NYSOH account because you did not want your spouse to lose her Medicaid eligibility and you were under the impression that your spouse was entitled to Medicaid benefits until January 31, 2018.

Therefore, the record reflects that NYSOH properly notified you of the need for your spouse to submit a renewal and that information in your NYSOH account needed to be updated in order to ensure your spouse's enrollment in her health plan and eligibility for financial assistance would continue.

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Since you did not update your NYSOH account by August 15, 2017, NYSOH properly determined that your spouse was no longer eligible for financial assistance with health insurance, due to the failure to renew your spouse's eligibility, effective September 1, 2017.

Therefore, NYSOH's August 17, 2017 discontinuance and August 18, 2017 disenrollment notices are AFFIRMED.

Decision

The August 17, 2017 discontinuance notice is AFFIRMED.

The August 18, 2017 disenrollment notice is AFFIRMED.

This Decision has no effect on any subsequent eligibility determination notices issued by NYSOH.

Effective Date of this Decision: November 6, 2017

How this Decision Affects Your Eligibility

This Decision does not change your spouse's current eligibility.

The effective end date of your spouse's Medicaid Managed Care plan is August 31, 2017.

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 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 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 August 17, 2017 discontinuance notice is AFFIRMED.

The August 18, 2017 disenrollment notice is AFFIRMED.

This Decision has no effect on any subsequent eligibility determination notices issued by NYSOH.

This Decision does not change your spouse's current eligibility.

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).

The effective end date of your spouse's Medicaid Managed Care plan is August 31, 2017.

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 مجانًا.

বাংলা (Bengali)

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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 b&tumi 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.

שׂוֹדִיִּשׁ (Yiddish)

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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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