



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: AP000000021013

[REDACTED]

Dear [REDACTED],

On October 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 17, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021013

[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 your oldest child was no longer eligible for Medicaid, and that her enrollment in her Medicaid Managed Care (MMC) plan ended, effective July 31, 2017?

Procedural History

On March 3, 2017, NYSOH issued a renewal notice stating that it was time to renew your oldest child's NYSOH coverage. The notice further stated that, based on the information from federal and state sources, NYSOH could not determine whether your oldest child qualified for financial help paying for her health coverage, and you needed to update her application between March 16, 2017 and April 15, 2017, or the financial assistance she was currently receiving could end.

On April 3, 2017, you updated your NYSOH account.

On April 4, 2017, NYSOH issued a notice stating that the income information in your April 3, 2017 did not match what NYSOH received from state and federal data sources. The notice asked you to submit documentation to confirm your oldest child's income by April 18, 2017.

Also on April 4, 2017, NYSOH issued a disenrollment notice, stating that your oldest child's coverage in her MMC plan would end, effective April 30, 2017, because she was no longer eligible to remain enrolled in that plan.

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On April 27, 2017, you updated your NYSOH account again.

On April 28, 2017, NYSOH issued a notice of eligibility determination stating that your oldest child was eligible for Medicaid. This eligibility was effective as of May 1, 2017.

Also on April 28, 2017, NYSOH issued a notice of enrollment confirmation, confirming your oldest child's enrollment in an MMC plan, beginning June 1, 2017.

On June 3, 2017, NYSOH issued another renewal notice. This notice again stated that you needed to update your oldest child's application for health insurance. This time, the notice directed you to update your application between June 16, 2017 and July 15, 2017.

On July 16, 2017, NYSOH redetermined your oldest child's eligibility.

On July 17, 2017, NYSOH issued a discontinuance notice, stating that your oldest child was not eligible to enroll in coverage through NYSOH, effective August 1, 2017, because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

Also on July 17, 2017, NYSOH issued a disenrollment notice, stating that your oldest child's enrollment in her MMC plan was ending, effective July 31, 2017, because she was no longer eligible to enroll in coverage through NYSOH.

On July 31, 2017, you updated your NYSOH account. That day, NYSOH prepared a preliminary eligibility determination stating that your oldest daughter was eligible for the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017. You also selected an Essential Plan for enrollment on her behalf.

Also on July 31, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal, insofar as your oldest child's enrollment in her Medicaid and MMC plan ended, effective July 31, 2017.

On October 12, 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 testified that you renewed your oldest child's application for health insurance in April or May 2017, and that she was found eligible for Medicaid.
- 2) You testified that you did not receive the second renewal notice that was issued on June 3, 2017.
- 3) You testified that you called NYSOH because you received a notice saying that your oldest child's coverage was going to end, and you asked the NYSOH agent why this was happening.
- 4) You testified that you were told that you had not responded to a renewal notice from June 2017. You testified that you informed the NYSOH agent you spoke with that you had just renewed your child's application, and you asked why you needed to renew again, and the agent could not provide you with an explanation.
- 5) You testified that you updated your child's application again, and the NYSOH agent put in that your oldest child works 30 hours a week, when she only works 20 to 25 hours.
- 6) You testified that your oldest child was found eligible for the Essential Plan.
- 7) You testified that you called back in August 2017 and updated your application again because NYSOH had overstated your oldest child's hours.
- 8) Your NYSOH account reflects that your application was updated on August 16, 2017, and your daughter's hours were reduced to 25 hours a week.
- 9) After that application update, you were asked to provide income documentation to confirm your oldest child's income, but NYSOH did not receive any documentation, though you testified that you tried to send documentation several times.
- 10) Your NYSOH account reflects that, because NYSOH did not receive the requested documentation, they disenrolled your oldest child from her Essential Plan coverage as of September 30, 2017.

- 11) You testified, and your NYSOH account confirms, that your oldest child currently has no health insurance coverage.
- 12) You testified that you want your oldest child to be put back into her Medicaid and MMC plan.
- 13) You testified that there have been no other changes in your oldest child's circumstances or income.

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 disenrolled your oldest child from her Medicaid and MMC plan, effective July 31, 2017, for failure to renew her application.

Your oldest child was found eligible for Medicaid in an eligibility determination dated April 28, 2017. This eligibility was effective May 1, 2017, and there is no indication that it was limited or conditional in any way. This eligibility determination is not under appeal.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

Despite the fact that you had just renewed your oldest child’s application for health insurance in April 2017, which resulted in her being found eligible for Medicaid effective May 1, 2017, NYSOH issued another renewal notice asking you to renew your oldest child’s coverage by July 15, 2017. When no updates were made by July 15, 2017, NYSOH discontinued your oldest child’s Medicaid coverage and disenrolled her from her MMC plan, as stated in the July 17, 2017 discontinuance and disenrollment notices.

As a result of this, you had to update your NYSOH account again, which you did on July 31, 2017. This resulted in a finding that your oldest child was eligible for the Essential Plan. However, you testified that this eligibility was incorrect because NYSOH put in the application that she works 30 hours, when she only works 20 to 25 hours a week. You updated her application again on August 16, 2017, and she was placed into a pending Medicaid status, and income documents were requested. You testified that you tried to send documents, but NYSOH did not receive them. Consequently, your oldest child’s Essential Plan coverage ended as of September 30, 2017, and she is currently without coverage.

NYSOH’s decision to issue a second renewal notice three months after the first notice was issued is not explained anywhere in the record, and is deemed to be improper. After you updated your child’s application in April, and she was found eligible for Medicaid, her Medicaid should have continued for 12 months. There is no evidence that she gained other coverage, left the state, or entered a facility that provided medical care. Therefore, there was no reason that she should have been disenrolled from her Medicaid and MMC coverage as of July 31, 2017.

For this reason, the July 17, 2017 discontinuance and disenrollment notices are **RESCINDED**.

Your case is RETURNED to NYSOH to reinstate your oldest child in her Medicaid and MMC plan coverage, beginning August 1, 2017.

Decision

The July 17, 2017 discontinuance notice is RESCINDED.

The July 17, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your oldest child in her Medicaid and MMC plan coverage, beginning August 1, 2017.

Effective Date of this Decision: October 23, 2017

How this Decision Affects Your Eligibility

Your oldest child's Medicaid coverage, which began on May 1, 2017, continues until April 30, 2018, barring subsequent changes in her eligibility.

Your case is being sent back to NYSOH to reinstate your oldest child into her Medicaid and MMC plan coverage, beginning August 1, 2017.

If your oldest daughter utilized her Essential Plan coverage in September 2017, you may need to resubmit that bill for payment to Medicaid.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you 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 July 17, 2017 discontinuance notice is RESCINDED.

The July 17, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your oldest child in her Medicaid and MMC plan coverage, beginning August 1, 2017.

Your oldest child's Medicaid coverage, which began on May 1, 2017, continues until April 30, 2018, barring subsequent changes in her 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).

Your case is being sent back to NYSOH to reinstate your oldest child into her Medicaid and MMC plan coverage, beginning August 1, 2017.

If your oldest daughter utilized her Essential Plan coverage in September 2017, you may need to resubmit that bill for payment to Medicaid.

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 okyer& 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).