



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

Notice of Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021592

[REDACTED]

[REDACTED]

On October 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's 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 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021592

[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 daughter was no longer eligible for Medicaid and was disenrolled from her Medicaid Managed Care (MMC) plan coverage effective August 31, 2017?

Procedural History

On August 17, 2016, NYSOH issued a notice of eligibility determination stating that your daughter was eligible for Medicaid because your household income of \$28,575.04 was at or below the allowable income limit. This eligibility was effective as of September 1, 2016.

Also on August 17, 2016, NYSOH issued a notice of enrollment confirmation, confirming your daughter's enrollment in a CDPHP MMC plan, beginning September 1, 2016.

On July 2, 2017, NYSOH issued a notice stating that it was time to renew your daughter's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether she would qualify for financial help paying for her health coverage, and that you needed to update your account between July 16, 2017 and August 15, 2017, or you might lose the financial assistance you were currently receiving.

On July 5, 2017, you updated your NYSOH account.

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On July 6, 2017, NYSOH issued a notice of eligibility determination stating that your daughter remained eligible for Medicaid, effective July 1, 2017.

Also on July 6, 2017, NYSOH issued a notice of enrollment confirmation, confirming your daughter's enrollment in her MMC plan, effective September 1, 2016.

On August 16, 2017, NYSOH redetermined your daughter's eligibility.

On August 17, 2017, NYSOH issued a notice of eligibility determination stating that your daughter was not eligible to enroll in coverage through NYSOH because you failed to respond to the renewal notice and failed to complete the renewal within the required timeframe. Your daughter's eligibility would end effective September 1, 2017.

On August 18, 2017, NYSOH issued a disenrollment notice stating that your daughter's enrollment in her CDPHP MMC plan was ending as of August 31, 2017 because she was no longer eligible to enroll in health insurance through NYSOH.

Also on August 18, 2017, you updated your NYSOH account. That same day, NYSOH prepared a preliminary eligibility determination stating that your child was eligible for Child Health Plus (CHP) with a \$9.00 monthly premium, beginning October 1, 2017.

Also on August 18, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as your daughter had no coverage for the month of September 2017.

On August 19, 2017, NYSOH issued a notice of eligibility determination, stating that your daughter was eligible to enroll in CHP with a \$9.00 monthly premium, effective October 1, 2017.

That same day, NYSOH issued a notice of enrollment confirmation, confirming her enrollment in a CDPHP CHP plan, beginning October 1, 2017.

On October 26, 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) Your daughter was found eligible for Medicaid in an eligibility determination dated July 6, 2017, and that eligibility determination is not under appeal.
- 2) You testified that you updated your NYSOH account on July 5, 2017 in response to a renewal notice that you received dated July 2, 2017.
- 3) According to the July 6, 2017 eligibility determination, your daughter's Medicaid eligibility was not conditional or limited, and NYSOH did not ask for any additional information or documentation in that notice.
- 4) You testified that you received a notice on August 17, 2017 stating that your daughter was no longer eligible for health insurance.
- 5) You testified that you immediately updated your application, and your daughter was found eligible for CHP, but that her coverage would not start until October 1, 2017.
- 6) Your NYSOH account reflects that you updated your application, and reenrolled your daughter in coverage on August 18, 2017.
- 7) You testified that you called NYSOH to ask why your daughter's coverage had ended even though you had just updated your application, and that you were told by a NYSOH representative that NYSOH automatically redetermines a person's eligibility on the fifteenth of every month.
- 8) You testified that you did not think this is right, as it did not leave you with enough time to update the account and prevent a gap in coverage for September 2017.
- 9) You testified that you had to take your daughter to the [REDACTED] [REDACTED] in September 2017, and you have an outstanding medical bill from that time month.

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 under one year of age 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 223% 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).

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).

A child under the age of 19 who is determined eligible for Medicaid shall remain eligible until the last day of the twelfth month following the determination, or redetermination, of Medicaid eligibility. 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)(b)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your daughter was no longer eligible for Medicaid, and was disenrolled from her MMC plan, effective August 31, 2017.

You were sent a renewal notice on July 2, 2017 indicating that it was time to renew your daughter’s eligibility for financial assistance, and stating that you should renew your application between July 16, 2017 and August 15, 2017.

You testified that you renewed your application on July 5, 2017, as soon as you received the renewal notice. Your daughter was subsequently found eligible for Medicaid, effective July 1, 2017. Her enrollment in her MMC plan was also re-confirmed. The July 6, 2017 eligibility determination notice placed no limitations or conditions on your daughter’s Medicaid eligibility. Additionally, that eligibility determination was not appealed, and is not under review here.

Under state and federal law, a child under the age of 19 who is found eligible for Medicaid will continue to receive Medicaid for a period of 12 months following the eligibility determination or redetermination. This also means that, if otherwise

eligible, the child will remain enrolled in their MMC plan coverage during that 12-month period.

Your renewal of your daughter's application for financial assistance was, admittedly, before the renewal prescribed time period of July 16, 2017 and August 15, 2017. Nevertheless, after you updated your account on July 5, 2017, NYSOH issued a notice stating that she was eligible for Medicaid, effective July 1, 2017. This notice contained no indication that her eligibility was for a limited time, or conditioned on the fulfillment of any other requirements. As such, the July 6, 2017 eligibility determination started a new 12-month period of Medicaid eligibility for your child. NYSOH's decision to terminate her eligibility and enrollment as of August 31, 2017 on the basis that you did not renew her application was, therefore, incorrect.

As such, NYSOH's August 18, 2017 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your daughter in her Medicaid and MMC plan coverage for the month of September 2017.

With regard to your child's coverage as of October 1, 2017: your daughter should have remained enrolled in her Medicaid and MMC plan through June 30, 2018, as that would be the end of her 12-month eligibility period. However, because of NYSOH's actions, you were compelled to update your account again, and your daughter was consequently found eligible for CHP, as of October 1, 2017. As you may have paid for and utilized this coverage, placing your daughter into her Medicaid and MMC plan coverage as of October 1, 2017 could have negative consequences for you if you utilized providers who would not have accepted her MMC plan.

For this reason, you may choose to:

1. Re-enroll your daughter in her Medicaid and MMC coverage for the entire 12-month coverage period, from July 1, 2017 through June 30, 2018; OR
2. Keep your daughter's CHP coverage for the month of October and November 2017 and re-enroll her in her Medicaid and MMC plan as of December 1, 2017; OR
3. Keep your daughter's CHP coverage for the period of October 1, 2017 through September 30, 2018.

Your case is **RETURNED** to NYSOH, and NYSOH is directed to immediately contact you to assist you in choosing one of these options.

Decision

The August 18, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your daughter's Medicaid and MMC plan coverage for the month of September 2017.

Your case is RETURNED to NYSOH to assist you in enrolling your daughter in coverage in accordance with one of the following options:

1. Re-enroll your daughter in her Medicaid and MMC plan coverage from July 1, 2017 through June 30, 2018; OR
2. Keep your daughter's CHP coverage for the months of October and November 2017, and reenroll her in her Medicaid and MMC coverage as of December 1, 2017; OR
3. Keep your daughter's CHP coverage for the period of October 1, 2017 through September 30, 2018.

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

Your daughter's Medicaid coverage, which began on July 1, 2017, should have continued until June 30, 2018.

Your case is being sent back to NYSOH to reinstate your daughter in her Medicaid and MMC plan coverage for the month of September 2017.

Your case is also being sent back to NYSOH, and NYSOH will contact you immediately, so that you can choose whether you want to:

1. Reenroll your daughter in her Medicaid and MMC plan for the period of July 1, 2017 through June 30, 2018, keeping in mind that her CHP plan may have paid for bills that her MMC plan will not; OR
2. Keep your daughter's CHP coverage for the months of October and November 2017, and then reenroll her in her Medicaid and MMC plan as of December 1, 2017; OR
3. Keep your daughter's CHP coverage for the period of October 1, 2017 through September 30, 2018, provided that she remains otherwise eligible for CHP coverage.

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 August 18, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your daughter's Medicaid and MMC plan coverage for the month of September 2017.

Your case is RETURNED to NYSOH to assist you in enrolling your daughter in coverage in accordance with one of the following options:

4. Re-enroll your daughter in her Medicaid and MMC plan coverage from July 1, 2017 through June 30, 2018; OR
5. Keep your daughter's CHP coverage for the months of October and November 2017, and reenroll her in her Medicaid and MMC coverage as of December 1, 2017; OR
6. Keep your daughter's CHP coverage for the period of October 1, 2017 through September 30, 2018.

Your daughter's Medicaid coverage, which began on July 1, 2017, should have continued until June 30, 2018.

Your case is being sent back to NYSOH to reinstate your daughter in her Medicaid and MMC plan coverage for the month of September 2017.

Your case is also being sent back to NYSOH, and NYSOH will contact you immediately, so that you can choose whether you want to:

4. Reenroll your daughter in her Medicaid and MMC plan for the period of July 1, 2017 through June 30, 2018, keeping in mind that her CHP plan may have paid for bills that her MMC plan will not; OR
5. Keep your daughter's CHP coverage for the months of October and November 2017, and then reenroll her in her Medicaid and MMC plan as of December 1, 2017; OR
6. Keep your daughter's CHP coverage for the period of October 1, 2017 through September 30, 2018, provided that she remains otherwise eligible for CHP coverage.

Legal Authority

We are sending you this notice in accordance with 45 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).

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।

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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&etumi 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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