

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

Notice of Decision

Decision Date: November 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022019

[REDACTED]

[REDACTED]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 26, 2017 eligibility determination notice and August 26, 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: November 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022019

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your child was no longer eligible for health insurance through NYSOH and disenrolled from Medicaid and her Medicaid Managed Care plan, effective August 31, 2017?

Procedural History

On March 30, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Medicaid, effective March 1, 2017.

Also on March 30, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Medicaid Managed Care plan, effective April 1, 2017.

On May 11, 2017, you updated your household's application for financial assistance.

On May 12, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan, effective June 1, 2017, and that your child was no longer eligible for Medicaid, however, her Medicaid coverage would continue until February 28, 2018, effective May 1, 2017.

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Also on May 12, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in the Essential Plan, effective June 1, 2017, and that your child was enrolled in a Medicaid Managed Care plan, effective April 1, 2017.

On August 15, 2017, NYSOH issued a disenrollment notice stating that your coverage with your Essential Plan ended on July 31, 2017. This was because you did not pay your insurance bill by the payment deadline. This notice was mailed to [REDACTED]. This notice was returned to NYSOH on August 21, 2017 as undeliverable by the United States Postal Service (USPS) as this could not be forwarded.

Also on August 21, 2017, NYSOH received information from USPS that your mailing address was [REDACTED].

On August 26, 2017, NYSOH issued a notice of eligibility determination stating that your child was no longer eligible for health insurance through NYSOH, effective August 26, 2017. This was because notices sent to you by U.S. mail to the address provided in your account were returned to NYSOH as undeliverable.

Also on August 26, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in her Medicaid Managed Care plan would end on August 31, 2017.

On August 31, 2017, you updated your child's application for financial assistance. That day, a preliminary determination was prepared with regard to that application, stating that your child was eligible for Child Health Plus, effective October 1, 2017.

Also on August 31, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your child had been disenrolled from Medicaid and her Medicaid Managed Care plan as of August 31, 2017.

On September 1, 2017, NYSOH issued a notice of eligibility determination, based on the August 31, 2017 application, stating that your child was eligible for Child Health Plus, effective October 1, 2017.

Also on September 1, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Child Health Plus plan, effective October 1, 2017.

On September 8, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Medicaid through NYSOH, effective September 1, 2017. This was because you had been granted Aid to Continue until a decision was made on your appeal.

Also on September 8, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Medicaid Managed Care plan, effective September 1, 2017.

On November 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for fourteen days. No documentation was received within the allotted time. The record is now closed.

Findings of Fact

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

- 1) You testified that as of August 2017 your child resides at [REDACTED] [REDACTED] explained that this is your parents' residence.
- 2) You testified that in August 2017 you moved to [REDACTED]. However, your child moved in with your parents' as your child attends school in New York State.
- 3) You testified that from 2016 to 2017 your child's residence was [REDACTED].
- 4) You testified that your child has lived in New York State since her birth and has never lived outside of New York State.
- 5) On August 21, 2017, NYSOH received returned mail, addressed to you, which indicates that your forwarding address is [REDACTED]. However, mail from NYSOH cannot be forwarded.
- 6) On August 25, 2017, NYSOH updated your child's residential address to be [REDACTED].
- 7) On August 31, 2017, you contacted NYSOH and updated your child's residential address to be [REDACTED].
- 8) Also on August 31, 2017, you updated your child's application for financial assistance.

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).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

Most individuals 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)).

Under 42 CFR § 435.403 Medicaid must be provided to “eligible residents of the State” (42 CFR § 435.403(a)). A person shall not be eligible for Medicaid unless he or she is a resident of the state, or, while temporarily in the state, requires immediate medical care which is not otherwise available (N.Y. Soc. Serv. Law § 366(1)(d)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child was no longer eligible for health insurance through NYSOH and disenrolled from Medicaid and her Medicaid Managed Care plan, effective August 31, 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).

You child was found eligible for Medicaid in the March 30, 2017 eligibility determination notice. On May 12, 2017, NYSOH issued an eligibility determination stating that your child was no longer eligible for Medicaid, but that her Medicaid coverage would continue until February 28, 2018.

On August 15, 2017, NYSOH issued a disenrollment notice stating that your coverage with your Essential Plan ended as of July 31, 2017. This was because you had failed to pay your premium. This notice was addressed to you at [REDACTED].

On August 21, 2017, the August 15, 2017 disenrollment notice was returned to NYSOH as undeliverable, because, although you had provided a forwarding address to USPS, mail from NYSOH cannot be forwarded.

Generally, an individual remains eligible for Medicaid for twelve continuous months unless the person becomes otherwise ineligible. If a person lacks state residence or is unable to prove state residence during those twelve months they become ineligible for Medicaid and continuous coverage.

However, you testified that although you moved to Connecticut, your child moved in with your parents' at [REDACTED], as she is enrolled in school in New York State. You further testified that your child has lived in New York State since the time of her birth.

As there is sufficient evidence in the record to conclude that your child has continuously retained New York State residency during the relevant time period, your child was improperly disenrolled from Medicaid and her Medicaid Managed Care plan as of August 31, 2017 for failure to meet residency requirements. There are no other facts present in the record that would support your child being disenrolled from Medicaid and her Medicaid Managed Care plan.

Therefore, the August 26, 2017 eligibility determination and the August 26, 2017 disenrollment notice are RESCINDED.

Accordingly, your case is RETURNED to NYSOH to reinstate your child into Medicaid and her Medicaid Managed Care plan, effective September 1, 2017 and to continue her Medicaid barring subsequent changes in her eligibility until February 28, 2018.

Decision

The August 26, 2017 eligibility determination notice is RESCINDED.

The August 26, 2017 disenrollment notice is RESCINDED.

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 RETURNED to NYSOH to reinstate your child into Medicaid and her Medicaid Managed Care plan, effective September 1, 2017 and to continue her Medicaid barring subsequent changes in her eligibility until February 28, 2018.

Effective Date of this Decision: November 29, 2017

How this Decision Affects Your Eligibility

Your child should have remained eligible for Medicaid Continuous Coverage until February 28, 2018 and enrolled in her Medicaid Managed Care plan.

Your case is being sent back to NYSOH to reinstate your child into her Medicaid Managed Care plan as of September 1, 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 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

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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 26, 2017 eligibility determination notice is RESCINDED.

The August 26, 2017 disenrollment notice is RESCINDED.

Your child should have remained eligible for Medicaid Continuous Coverage until February 28, 2018 and enrolled in her Medicaid Managed Care plan.

Your case is RETURNED to NYSOH to reinstate your child into Medicaid and her Medicaid Managed Care plan, effective September 1, 2017 and to continue her Medicaid barring subsequent changes in her eligibility until February 28, 2018.

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.

(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 etumi ama wo obi a okyer e 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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