



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

### Notice of Decision

Decision Date: November 15, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022203

[REDACTED]

On November 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 12, 2017 eligibility determination and August 13, 2017 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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## Decision

Decision Date: November 15, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022203



## Issues

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

Did NY State of Health (NYSOH) properly determine that your child was ineligible for health insurance and properly end their Medicaid Managed Care (MMC) plan as of August 31, 2017?

Did NYSOH properly re-enroll your child in an MMC plan as of October 1, 2017?

## Procedural History

On May 9, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was conditionally eligible for Medicaid, effective May 1, 2017. The notice directed you to submit additional proof of Social Security number (SSN) for your child by August 6, 2017.

Also on May 9, 2017, NYSOH issued a plan enrollment notice confirming that as of May 8, 2017, your child was enrolled in an MMC plan with an enrollment start date of April 1, 2016. The notice directed you to submit additional proof of your child's SSN by August 6, 2017.

On May 23, 2017, your NYSOH account was systemically updated.

On May 24, 2017, NYSOH issued an eligibility determination notice stating that your child remained conditionally eligible for Medicaid, effective May 1, 2017. The

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notice directed you to submit additional proof of your child's SSN by August 6, 2017.

On August 11, 2017, your NYSOH account was systemically updated.

On August 12, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible for health insurance through NYSOH effective September 1, 2017, because you did not provide their SSN.

On August 13, 2017, NYSOH issued a disenrollment notice stating that your child's MMC coverage would end on August 31, 2017, because they were no longer eligible to enroll in health insurance through NYSOH.

On August 21, 2017, your NYSOH account was updated.

On August 22, 2017, NYSOH issued an eligibility determination notice stating that your child was conditionally eligible for Medicaid, effective August 1, 2017. The notice directed you to submit additional proof of your child's citizenship status and SSN by November 19, 2017.

Also on August 22, 2017, NYSOH issued a plan enrollment notice confirming that, as of August 21, 2017, your child was enrolled in an MMC plan with an enrollment start date of October 1, 2017. The notice directed you to submit additional proof of your child's citizenship status and SSN by November 19, 2017.

On September 6, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your child was not enrolled in an MMC plan in the month of September 2017.

On November 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) According to your NYSOH account and testimony, your child was born on [REDACTED]
- 2) According to your NYSOH account, NYSOH issued notices on May 9, 2017, instructing to provide proof of your child's SSN by August 6, 2017 [REDACTED]

- 3) According to your NYSOH account, you were “[i]n the process of applying for a Social Security Number” for your child.
- 4) According to your NYSOH account and testimony, you receive notices from NYSOH by U.S. mail.
- 5) You testified that you did not receive any notice instructing you to provide proof your child’s SSN.
- 6) According to your NYSOH account, documentation of your child’s SSN was not received by August 6, 2017.
- 7) You testified that you received a notice from NYSOH stating that your child was no longer eligible for health insurance.
- 8) According to your NYSOH account, on August 21, 2017, your child was re-enrolled in a MMC plan.
- 9) On August 22, 2017, your child’s Social Security card was uploaded to your account. The card states that it was issued on May 23, 2016 [REDACTED]
- 10) You testified that you incurred medical expenses for your child in the month of September 2017 and want them to be enrolled in an MMC plan to cover those expenses.

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

## **Applicable Law and Regulations**

### Medicaid Eligibility - 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 FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Health Administrative Directive 13 OHIP ADM-03).

### Verification Process - Social Security Number (SSN)

Generally, NYSOH must require as a condition of eligibility, that each individual (including children) seeking Medicaid furnish each of their SSNs (42 CFR § 435.910(a)).

Individuals do not need to provide their SSN if they:

- (a) Are not eligible to receive a SSN;
- (b) Do not have a SSN and may only be issued a SSN for a valid non-work reason; or
- (c) Refuse to obtain a SSN because of well-established religious objections

(42 CFR § 435.910(h)(1)).

If the case record does not contain the required SSNs, NYSOH must require the beneficiary to furnish them (42 CFR § 435.920(b)).

#### Medicaid Managed Care – Effective Date

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

### **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your child was no longer eligible for health insurance and ended their MMC coverage as of August 31, 2017.

As a condition of eligibility, NYSOH must require that each individual seeking Medicaid provides their SSN. If the case record does not contain the required SSN, NYSOH must require the beneficiary to furnish it.

Your NYSOH account reflected that you were in the process of applying for a Social Security Number for your child. On May 9, 2017, NYSOH issued eligibility and enrollment notices stating that your child was conditionally eligible for Medicaid; however, you needed to provide your child's SSN by August 6, 2017, to confirm their eligibility (see Documents [REDACTED]). No documentation of your child's SSN was not received by the August 6, 2017, deadline.

You testified that you did not receive any notice from NYSOH instructing you to provide proof your child's SSN.

The record reflects that you receive your notices from NYSOH by U.S. Mail, and the May 9, 2017, notices were issued to your current mailing address. None of the notices that were issued by NYSOH have been returned as undeliverable. Therefore, it is determined NYSOH provided you adequate notice informing you to submit proof of your child's SSN by August 6, 2017.

The August 12, 2017 eligibility determination and August 13, 2017 disenrollment notices are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's enrollment in their MMC plan was effective October 1, 2017.

The date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Your child was re-enrolled in an MMC plan on August 21, 2017. Since the MMC plan was selected on August 21, 2017, the plan would properly take effect on the first day of the second month after August 21, 2017; that is, on October 1, 2017.

The August 22, 2017 plan enrollment notice is AFFIRMED.

## **Decision**

The August 12, 2017 eligibility determination notice is AFFIRMED.

The August 13, 2017 disenrollment notice is AFFIRMED.

The August 22, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** November 15, 2017

## **How this Decision Affects Your Eligibility**

Your child's MMC plan coverage properly ended as of August 31, 2017.

Your child was properly re-enrolled in an MMC plan on October 1, 2017.

Your child did not have health insurance coverage through NYSOH during the month of September 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

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:

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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## **Summary**

The August 12, 2017 eligibility determination notice is AFFIRMED.

The August 13, 2017 disenrollment notice is AFFIRMED.

The August 22, 2017 plan enrollment notice is AFFIRMED.

Your child's MMC plan coverage properly ended as of August 31, 2017.

Your child was properly re-enrolled in an MMC plan on October 1, 2017.

Your child did not have health insurance coverage through NYSOH during the month of September 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&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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