



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

Notice of Decision

Decision Date: December 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022272

[REDACTED]

Dear [REDACTED] [REDACTED]

On November 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 4, 2017 discontinuance and disenrollment notices, and the September 9, 2017 eligibility determination 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
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: December 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022272

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were eligible for advance payments of the premium tax credit and not Medicaid, effective October 1, 2017?

Procedural History

On December 2, 2016, NYSOH issued a renewal notice, stating that you were still qualified for Medicaid, effective February 1, 2017.

On December 17, 2016, NYSOH issued an enrollment confirmation notice, stating that you were enrolled in a Medicaid Managed Care plan, effective January 1, 2016.

On May 19, 2017, NYSOH issued a notice confirming that you updated your address to [REDACTED].

Also on May 19, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan, effective January 1, 2016.

On May 30, 2017, the May 19, 2017 enrollment confirmation notice was returned to NYSOH as undeliverable, and uploaded into your account on June 7, 2017.

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On June 1, 2017, the May 19, 2017 address confirmation notice was returned to NYSOH as undeliverable, and uploaded into your account on June 16, 2017.

On August 4, 2017, NYSOH issued a discontinuance notice stating that effective August 4, 2017 you were no longer eligible for health insurance through NYSOH because notices were sent to you that were returned to NYSOH as undeliverable.

Also on August 4, 2017, NYSOH issued a disenrollment notice stating that your coverage in your Medicaid Managed Care plan would end on August 31, 2017 because you were no longer eligible to enroll in health insurance through NYSOH.

On August 16, 2017, the August 4, 2017 discontinuance notice was returned to NYSOH as undeliverable, and uploaded into your account on August 23, 2017.

Also on August 16, 2017, the August 4, 2017 disenrollment notice was returned to NYSOH as undeliverable, and uploaded into your account on August 24, 2017.

On September 8, 2017, you submitted an updated application for financial assistance with health insurance. A preliminary determination was prepared, stating that you were eligible to receive up to \$196.00 in advance payments of the premium tax credit, effective October 1, 2017.

Also on September 8, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you were no longer eligible for Medicaid.

On September 9, 2017, NYSOH issued an eligibility determination notice, stating that you were eligible to receive up to \$196.00 in advance payments of the premium tax credit, effective October 1, 2017. You were not eligible for Medicaid because your income was over the allowable income limit for that program.

On November 8, 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 up to November 22, 2017 to allow you time to submit supporting documentation and for the Hearing Officer to review telephone recordings.

As of November 22, 2017, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

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

- 1) You were found eligible for Medicaid effective February 1, 2017.
- 2) The December 2, 2016 notice and December 17, 2016 notices were mailed to [REDACTED].
- 3) The record reflects that you updated your address on May 18, 2017. You testified that you updated your address over the phone, and that the NYSOH representative did not accurately update your account.
- 4) The record confirms that you placed a call to NYSOH on May 18, 2017. During that call, you advised the NYSOH representative that you needed to update your address, and that your new address was [REDACTED]. The NYSOH representative did not repeat the address back to you for confirmation.
- 5) You testified that you live at [REDACTED].
- 6) The May 19, 2017 address confirmation notice states that you updated your address to [REDACTED]. You testified that this is not correct, and you have since been able to update your account correctly.
- 7) The May 19, 2017 notices and the August 4, 2017 notices were mailed to [REDACTED] and were returned to NYSOH as undeliverable.
- 8) You were disenrolled from Medicaid and your Medicaid Managed Care plan effective August 31, 2017.
- 9) On September 9, 2017, you submitted an updated application for health insurance. That application stated that your annual household income is \$34,174.40. You testified that that income is correct.

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

Applicable Law and Regulations

Medicaid

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 you were eligible for advance payments of the premium tax credit and not Medicaid, effective October 1, 2017.

You were found eligible for Medicaid effective February 1, 2017.

For an applicant to remain eligible for enrollment in a Medicaid Managed Care plan through NYSOH, they must meet both the financial and non-financial requirements. One of the non-financial requirements is that the applicant must be a New York State Resident.

According to your NYSOH account, on May 19, 2017, NYSOH issued an address confirmation and enrollment confirmation notices that were returned to NYSOH as undeliverable. You were subsequently disenrolled from your Medicaid Managed Care plan because NYOSH received mail addressed to you that was undeliverable; therefore, the system assumed that you no longer met the state residency requirement for enrollment in a Medicaid Managed Care plan.

As such, on August 4, 2017, NYSOH issued a discontinuance notice and a plan disenrollment notice, stating that you were no longer eligible to enroll in Medicaid and your Medicaid Managed Care plan would end, effective August 31, 2017. These notices were also returned as undeliverable to NYSOH.

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However, the May 19, 2017 notices and August 4, 2017 notices were mailed to [REDACTED]. Although that was the mailing address listed in your account at the time, you credibly testified that you advised the NYSOH representative on May 18, 2017 that your address was [REDACTED], and that the representative did not accurately update your account. A review of the recording confirms your testimony. Your account has since been updated to reflect the correct mailing address.

Based on the credible evidence of the record, it is reasonable to conclude that the notices were returned as undeliverable through no fault of your own, and was the result of an error of NYSOH for failing to accurately update your account. As a result, your disenrollment from your Medicaid Managed Care plan was in error.

Therefore, the August 4, 2017 discontinuance and disenrollment notices are **RESCINDED**.

On September 8, 2017, you submitted an updated application for health insurance. That application stated that your annual household income is \$34,174.40. As a result of this application, you were found eligible for advance payments of the premium tax credit, effective October 1, 2017.

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.”

Credible evidence confirms that you were eligible for Medicaid effective February 1, 2017, and that even though your estimated annual income increased in your subsequent September 8, 2017 application, you remain eligible for and enrolled in Medicaid for the remainder of your 12-month eligibility period, until January 31, 2018. Since you were erroneously disenrolled from your initial Medicaid coverage for lack of state residence, the record supports no triggering event occurred which would have made you no longer eligible for Medicaid continuous coverage.

Therefore, the September 9, 2017 eligibility determination notice is **RESCINDED**.

Accordingly, your case is **RETURNED** to NYSOH to reinstate you into Medicaid and your Medicaid Managed Care plan, effective September 1, 2017 and to continue your Medicaid barring subsequent changes in eligibility until January 31, 2018.

Since your eligibility for continuous coverage Medicaid will expire on January 31, 2018, NYSOH is further directed to conduct outreach to you to assist you in updating your income information for coverage effective February 1, 2018.

Decision

The August 4, 2017 discontinuance and disenrollment notices are RESCINDED.

The September 9, 2017 eligibility determination notice is RESCINDED

Your case is RETURNED to NYSOH to reinstate you into Medicaid and your Medicaid Managed Care plan, effective September 1, 2017 and to continue your Medicaid barring subsequent changes eligibility until January 31, 2018.

Your case is also RETURNED so NYSOH can conduct outreach to you to assist you in updating your income information for coverage effective February 1, 2018 since your eligibility for continuous coverage Medicaid will expire on January 31, 2018.

Effective Date of this Decision: December 20, 2017

How this Decision Affects Your Eligibility

You should have remained eligible for Medicaid and a Medicaid Managed Care plan until January 31, 2018.

Your case is being sent back to NYSOH to reinstate you into your Medicaid Managed Care plan as of September 1, 2017.

NYSOH will assist you in updating your application for coverage effective February 1, 2018.

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

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 4, 2017 discontinuance and disenrollment notices are **RESCINDED**.

The September 9, 2017 eligibility determination notice is **RESCINDED**

Your case is **RETURNED** to NYSOH to reinstate you into Medicaid and your Medicaid Managed Care plan, effective September 1, 2017 and to continue your Medicaid barring subsequent changes eligibility until January 31, 2018.

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You should have remained eligible for Medicaid and a Medicaid Managed Care plan until January 31, 2018.

Your case is being sent back to NYSOH to reinstate you into your Medicaid Managed Care plan as of September 1, 2017.

Your case is also RETURNED so NYSOH can conduct outreach to you to assist you in updating your income information for coverage effective February 1, 2018 since your eligibility for continuous coverage Medicaid will expire on January 31, 2018.

NYSOH will assist you in updating your application for coverage effective February 1, 2018.

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।

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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 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.

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