



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

Notice of Decision

Decision Date: December 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023271

[REDACTED]

[REDACTED],

On December 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 1, 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
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: December 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023271



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 two children's coverage in their Medicaid Managed Care plan ended effective August 31, 2017?

Procedural History

On June 3, 2017, NYSOH issued a renewal notice, stating that your two children were eligible for Medicaid for the upcoming coverage year, effective August 1, 2017. The notice also stated that you were eligible for the Essential Plan, effective August 1, 2017, and that you needed to select a plan between June 16, 2017 and July 15, 2017 for the upcoming year. If you thought the renewal notice was in error, you needed to contact NYSOH in the same time period.

On June 18, 2017, NYSOH issued a notice of enrollment confirmation stating that your two children remained enrolled in their Medicaid Managed Care plan, effective October 1, 2016.

On June 22, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan, effective August 1, 2017, and reconfirming that your children were enrolled in their Medicaid Managed Care plan.

On July 31, 2017, you updated your NYSOH account attesting to an annual income of \$0.00.

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).

On August 1, 2017, NYSOH issued a notice stating that the information in your application did not match what NYSOH received from federal and state sources. The notice also directed you to provide proof of income by August 15, 2017.

Also on August 1, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Medicaid Managed Care plan was ending August 31, 2017. The notice also stated that coverage in your Essential Plan was ending August 31, 2017.

On September 25, 2017, you updated your NYSOH account.

On September 26, 2017, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan, effective November 1, 2017.

On October 1, 2017, NYSOH issued an eligibility determination stating that your children were eligible for Child Health Plus with a premium of \$9.00 per month each, effective November 1, 2017.

On October 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the end date of coverage in your children's Medicaid Managed Care plan, insofar as it ended August 31, 2017.

On December 5, 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) On June 3, 2017, NYSOH issued a renewal notice, stating that your two children were eligible for Medicaid, effective August 1, 2017. The notice also stated that you were eligible for the Essential Plan, effective August 1, 2017. If you thought the renewal notice was in error, you needed to contact NYSOH between June 16, 2017 and July 15, 2017. You did not.
- 2) On June 18, 2017, NYSOH issued a notice of enrollment confirmation stating that your two children remained enrolled in their Medicaid Managed Care plan, effective October 1, 2016.
- 3) On July 31, 2017, you updated your NYSOH account attesting to an annual household income of \$0.00.

- 4) Also on July 31, 2017, NYSOH records reflect that you were placed in a pending Medicaid status.
- 5) On August 1, 2017, NYSOH issued a notice stating that the information in your application did not match what NYSOH received from federal and state sources. The notice also directed you to provide proof of income by August 15, 2017.
- 6) Also on August 1, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Medicaid Managed Care plan was ending August 31, 2017. The notice also stated that coverage in your Essential Plan was ending August 31, 2017.
- 7) You updated your application to NYSOH for financial assistance on September 25, 2017.
- 8) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan for your children on September 25, 2017, and that their enrollment was effective on November 1, 2017.
- 9) On September 26, 2017, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan, effective November 1, 2017.
- 10) You testified that you want your children's Medicaid Managed Care plan to begin on September 1, 2017 because they should not have been disenrolled from their Medicaid Managed Care Plan.

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

Applicable Law and Regulations

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

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);

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18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Generally, most people 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 any 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 is whether NYSOH properly determined that your two children’s coverage in their Medicaid Managed Care plan ended effective August 31, 2017.

On June 3, 2017, NYSOH issued a renewal notice, stating that your two children were eligible for Medicaid, effective August 1, 2017. The notice also stated that you were eligible for the Essential Plan, effective August 1, 2017.

On June 18, 2017, NYSOH issued a notice of enrollment confirmation stating that your two children remained enrolled in their Medicaid Managed Care plan, effective October 1, 2016.

On July 31, 2017, you updated your NYSOH account attesting to an annual household income of \$0.00. Also on July 31, 2017, NYSOH records reflect that you were placed in a pending Medicaid status.

On August 1, 2017, NYSOH issued a notice stating that the information in your application did not match what NYSOH received from federal and state sources. The notice also directed you to provide proof of income by August 15, 2017.

Also on August 1, 2017, NYSOH issued a disenrollment notice stating that your children’s coverage in their Medicaid Managed Care plan was ending August 31, 2017. The notice also stated that coverage in your Essential Plan was ending August 31, 2017.

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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.”

Your children were found eligible for Medicaid effective August 1, 2017. Although you modified your application so that you, [REDACTED], were placed in a pending Medicaid status, instead of eligible for the Essential Plan, that should not have affected your children’s eligibility.

Your children were found eligible for Medicaid effective August 1, 2017 and no modifications were made to your account in the time allowed to challenge a renewal notice. Therefore, your children remained eligible for Medicaid effective August 1, 2017 regardless of any changes to income you made to your account on July 31, 2017, and they should not have been disenrolled from their Medicaid Managed Care plan.

Therefore, the August 1, 2017 August 1, 2017 disenrollment notice is modified to RESCIND the disenrollment of your children from their Medicaid Managed Care plan, and your case is being RETURNED to NYSOH to reinstate your two children into their former plan for the months of September 2017 and October 2017.

Decision

The August 1, 2017 disenrollment notice is MODIFIED to RESCIND the termination of your children’s coverage in their Medicaid Managed Care plan effective August 31, 2017.

Your case is being RETURNED to NYSOH to reinstate your two children in their Medicaid Managed Care plan for the months of September 2017 and October 2017.

Effective Date of this Decision: December 15, 2017

How this Decision Affects Your Eligibility

Your case is being RETURNED to NYSOH to reinstate your two children in their Medicaid Managed Care plan for the months of September 2017 and October 2017.

NYSOH incorrectly disenrolled your children from their Medicaid Managed Care plan, effective August 31, 2017.

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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 1, 2017 disenrollment notice is MODIFIED to RESCIND the termination of your children's coverage in their Medicaid Managed Care plan effective August 31, 2017.

Your case is being RETURNED to NYSOH to reinstate your two children in their Medicaid Managed Care plan for the months of September 2017 and October 2017.

NYSOH incorrectly disenrolled your children from their Medicaid Managed Care plan, effective August 31, 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 okyerE 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.