



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

Notice of Decision

Decision Date: February 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024173

[REDACTED]

[REDACTED]

On January 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's September 24, 2017 eligibility determination and disenrollment notices and the November 9, 2017 enrollment confirmation 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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Decision Date: February 21, 2018

NY State of Health Account ID: [REDACTED]
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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 October 31, 2017?

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

Procedural History

On July 22, 2017, NYSOH issued an eligibility determination notice, based on your updated application of July 21, 2017, stating, in relevant part, that your child was conditionally eligible for Medicaid, effective July 1, 2017. The notice directed you to submit additional proof of citizenship status and Social Security number (SSN) for your child by September 17, 2017.

Also on July 22, 2017, NYSOH issued a plan enrollment notice confirming that your child was enrolled in an MMC plan with an enrollment start date of September 1, 2017. The notice stated that more information was needed and directed you to submit proof of your child's citizenship status and SSN by September 17, 2017.

On September 23, 2017, your NYSOH account was systematically updated.

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On September 24, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible for health insurance through NYSOH effective November 1, 2017, because you did not provide information to confirm her citizenship status or her SSN.

Also on September 24, 2017, NYSOH issued a disenrollment notice stating that your child's MMC coverage would end on October 31, 2017, because she was no longer eligible to enroll in health insurance through NYSOH.

On October 3, 2017, your NYSOH account was updated with your child's SSN.

On October 4, 2017, NYSOH issued an eligibility determination notice stating in part, that your child was eligible for Medicaid, effective November 1, 2017. The notice directed you to pick a health plan for your child.

Also on October 4, 2017, NYSOH issued a plan enrollment notice confirming in part, that as of October 3, 2017, your child was enrolled in Medicaid and that you needed to pick a health plan for her.

On November 8, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in her MMC plan, insofar as it did not begin November 1, 2017.

On November 9, 2017, NYSOH issued an enrollment notice confirming the plan you selected on November 8, 2017, stating that your child was enrolled in a MMC plan and that her coverage would start on December 1, 2017.

On January 2, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until January 10, 2018 to allow you to submit supporting documentation. As of January 10, 2018, 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) According to your NYSOH account and your testimony, you are seeking to have your child covered by a MMC plan for the month of November 2017.
- 2) According to your NYSOH account, NYSOH issued notices dated July 22, 2017 and July 28, 2017 stating that you needed to submit proof of your child's citizenship status and SSN by September 17, 2017.

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- 3) According to your NYSOH account and your testimony, you receive your notices from NYSOH by U.S. mail.
- 4) According to your NYSOH account, you were in the process of applying for a SSN for your child.
- 5) You testified that you were in the process of adopting your child from [REDACTED] and this takes quite a while to fully accomplish.
- 6) You testified that you received your child's SSN on [REDACTED] and called NYSOH to provide the SSN.
- 7) According to your NYSOH account, there is no record of your placing any calls to NYSOH on August 25, 2017.
- 8) According to your testimony, you received the September 24, 2017 notice stating that your child's MMC plan would end effective October 31, 2017.
- 9) According to your NYSOH account and your testimony, on October 3, 2017 you contacted NYSOH and provided your child's SSN.
- 10) You testified that you believed you selected a MMC plan for your child on October 3, 2017 when you were on the phone with NYSOH customer service representative (CSR).
- 11) A review of the recording of the October 3, 2017 conversation you had with the NYSOH CSR indicates that you stated you and your child should be enrolled in a MMC plan with Healthfirst. The recording indicates that the CSR checked your account and confirmed that you and your child were enrolled in Healthfirst and that there was nothing further you needed to do.
- 12) According to your NYSOH account, NYSOH did not process your request to enroll your child in her Healthfirst MMC plan as you requested during the October 3, 2017 phone conversation with the CSR.
- 13) According to your NYSOH account, you selected your child's MMC Plan on November 8, 2017, and that your child's enrollment was effective on December 1, 2017.
- 14) You testified that you want your child's MMC plan to begin on November 1, 2017 because your child had [REDACTED] that month and you had to pay approximately \$250.00 for those services.

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 October 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 SSN for your child. On July 22, 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 September 17, 2017, to confirm her eligibility. You testified that you received your child's SSN on [REDACTED] and contacted NYSOH to provide that information. There is no record in your NYSOH account that you provided your child's SSN number before the September 17, 2017 deadline. You were given the opportunity to provide proof of contact with NYSOH on August 25, 2017 as you testified at the Hearing, however, no supporting documentation was received or submitted by January 10, 2018.

The record reflects that you receive your notices from NYSOH by U.S. Mail, and the July 22, 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 September 17, 2017.

The September 24, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's enrollment in her MMC plan was next effective December 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.

You testified that on October 3, 2017 you contacted NYSOH and updated your account to include providing your child's SSN. At that time your child was determined eligible for Medicaid. You testified that you believed you selected your child's MMC plan on October 3, 2017 during that conversation with a NYSOH CSR. A review of the recording of that October 3, 2017 conversation with a NYSOH CSR indicates that you stated you and your child should be enrolled in a MMC plan with Healthfirst. The recording indicates that the CSR checked your account and confirmed that you and your child were enrolled in Healthfirst and that there was nothing further you needed to do. The record further reflects that NYSOH did not process your request to enroll your child in her Healthfirst MMC plan as you requested during the October 3, 2017 phone conversation with the CSR.

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).

According to your NYSOH account, on November 8, 2017 you contacted NYSOH and selected a MMC plan for your child and that her enrollment in that plan started December 1, 2017.

However, the credible evidence in the record is that you selected your child's MMC plan with Healthfirst during the October 3, 2017 conversation with the NYSOH CSR and which was confirmed by the CSR. However, the enrollment of your child in Healthfirst did not occur at that time.

Since you selected your child's MMC plan on October 3, 2017, it should have taken effect the first day of the month following October 2017; that is, on November 1, 2017.

The date on which a 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.

Therefore, the November 9, 2017 enrollment confirmation notice stating that your child's enrollment in her MMC plan would be effective December 1, 2017 is MODIFIED to state that her plan would be effective November 1, 2017.

Your case is RETURNED to NYSOH to effectuate this change in your child's MMC plan and to notify you accordingly.

Decision

The September 24, 2017 eligibility determination notice is AFFIRMED.

The September 24, 2017 disenrollment notice is AFFIRMED.

The November 9, 2017 enrollment confirmation notice stating that your child's enrollment in her MMC plan would be effective December 1, 2017 is MODIFIED to state that her plan would be effective November 1, 2017.

Your case is RETURNED to NYSOH to effectuate this change in your child's MMC plan and to notify you accordingly.

Effective Date of this Decision: February 21, 2018

How this Decision Affects Your Eligibility

The effective date of your child's MMC with Healthfirst is November 1, 2017.

Your case is RETURNED to NYSOH to change your child's enrollment in her MMC plan with Healthfirst from December 1, 2017 to November 1, 2017 and to notify you accordingly.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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

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).

- 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 September 24, 2017 eligibility determination notice is **AFFIRMED**.

The September 24, 2017 disenrollment notice is **AFFIRMED**.

The November 9, 2017 enrollment confirmation notice stating that your child's enrollment in her MMC plan would be effective December 1, 2017 is **MODIFIED** to state that her plan would be effective November 1, 2017.

Your case is **RETURNED** to NYSOH to effectuate this change in your child's MMC plan and to notify you accordingly.

The effective date of your child's MMC with Healthfirst is November 1, 2017.

Your case is **RETURNED** to NYSOH to change your child's enrollment in her MMC plan with Healthfirst from December 1, 2017 to November 1, 2017 and to notify you accordingly.

Legal Authority

We are issuing this determination 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 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.

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