



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

## Notice of Decision

Decision Date: January 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024607



On January 11, 2018, you and your adult child appeared by telephone at a hearing on your appeal of NY State of Health's September 21, 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 NY State of Health 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: January 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024607



## Issue

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

Did NY State of Health properly determine that your adult child was not eligible for Medicaid?

## Procedural History

On October 22, 2016, NY State of Health (NYSOH) issued an eligibility determination stating that your adult child (child) remained eligible for Medicaid, effective December 1, 2016.

On December 12, 2016, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Medicaid Managed Care plan, effective January 1, 2017.

On September 21, 2017, NYSOH issued a renewal notice stating that it was time to renew your child's health insurance coverage. This notice further stated that NYSOH did not have enough information from state and federal data sources to determine if your child could get help paying for his insurance or what coverage he would be eligible for next year. This notice directed you to update your NYSOH account between October 16, 2017 and November 15, 2017 to determine your child's eligibility.

Also on September 21, 2017, NYSOH issued a notice stating that NYSOH had recently received information that your child is deceased. This notice further stated that your child no longer qualifies for health coverage through NYSOH

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because federal data sources show that he is deceased and his health insurance coverage would be canceled effective September 20, 2017.

On November 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your child's Medicaid coverage because he was not deceased.

On January 11, 2018, you and your adult child 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 proceeding.

## **Findings of Fact**

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

- 1) According to your NYSOH account, your child was found eligible for Medicaid, effective December 1, 2016.
- 2) You, as the account holder, are seeking health insurance for him.
- 3) According to your NYSOH account and testimony, NYSOH issued a notice on September 21, 2017 stating that NYSOH had recently received information from federal data sources that your child was deceased and would no longer receive health insurance coverage through NYSOH as of September 20, 2017.
- 4) According to your NYSOH account, NYSOH received information from the Social Security Administration (SSA) that your child was deceased.
- 5) You testified that your child is not deceased.
- 6) Your child was present during the hearing and was sworn in.
- 7) Your child testified that he was not deceased.
- 8) You and your child testified that you spoke with the SSA and a representative informed you that they were unable to confirm where they received the information that your child was deceased.

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

## **Applicable Law and Regulations**

### Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

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 \$12,060.00 for a one -person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your child was not eligible for Medicaid, effective September 20, 2017.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

On September 21, 2017, NYSOH issued a notice stating that your child no longer qualified for health coverage through NYSOH because federal data sources show that your child was deceased. This notice further stated that your child's coverage would be canceled effective September 20, 2017. However, you testified that your child is not deceased. Further, your child appeared at the telephone hearing, identified himself, and testified under oath to not being deceased. Therefore, the record does not support a finding that your child is deceased.

As a result, the September 21, 2017 notice of deceased member 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's Medicaid coverage as of September 20, 2017, and to notify you accordingly.

Further, since the federal data sources prevented your child from completing his renewal by November 15, 2017, NYSOH is directed to reinstate your child's Medicaid coverage from December 1, 2017 through November 30, 2018, barring any subsequent changes to your child's eligibility.

## **Decision**

The September 21, 2017 notice of deceased member is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's Medicaid coverage as of September 20, 2017, and to notify you accordingly.

Since the federal data sources prevented your child from completing his renewal, NYSOH is directed to reinstate your child's Medicaid coverage from December 1, 2017 through November 30, 2018, barring any subsequent changes to your child's eligibility.

**Effective Date of this Decision:** January 24, 2018

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

Your case is being sent back to NYSOH to reinstate your child's coverage in his Medicaid Managed Care plan as of September 20, 2017.

Since you were unable to complete a renewal by November 15, 2017 due to federal data sources indicating your child was deceased, his Medicaid coverage will continue from December 1, 2017 until November 30, 2018, barring any subsequent changes to your child's eligibility.

Your child can contact the SSA to attempt to update their records to indicate that he is not deceased.

## **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.

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 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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- By fax: 1-855-900-5557

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## **Summary**

The September 21, 2017 notice of deceased member is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's Medicaid coverage as of September 20, 2017, and to notify you accordingly.

Since the federal data sources prevented your child from completing his renewal, NYSOH is directed to reinstate your child's Medicaid coverage from December 1, 2017 through November 30, 2018, barring any subsequent changes to your child's eligibility.

Your case is being sent back to NYSOH to reinstate your child's coverage in his Medicaid Managed Care plan as of September 20, 2017.

Since you were unable to complete a renewal by November 15, 2017 due to federal data sources indicating your child was deceased, his Medicaid coverage will continue from December 1, 2017 until November 30, 2018, barring any subsequent changes to your child's eligibility.

Your child can contact the SSA to attempt to update their records to indicate that he is not deceased.

## **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&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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