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

Notice of Decision

Decision Date: April 10, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025028

[redacted]

[redacted]

On April 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's August 4, 2017 disenrollment notice and the September 27, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: April 10, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025028

[redacted]

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 youngest child and second oldest child (children) were no longer eligible for Medicaid as of August 31, 2017?

Procedural History

According to your NYSOH account, your children were granted Medicaid continuous coverage until November 30, 2016. Upon updating their application for health insurance, NYSOH found that your children remained eligible for Medicaid and were re-enrolled in a Medicaid Managed Care Plan as of December 1, 2016.

On August 3, 2017, you updated your children's application for financial assistance and they were placed in pending Medicaid status. You were directed to provide proof of their household income to confirm their eligibility before August 18, 2017, as stated in the August 4, 2017 eligibility determination notice.

On August 4, 2017, a disenrollment notice was issued stating that your children were terminated from their Medicaid Managed Care plan as of August 31, 2017.

On August 31, 2017, you submitted proof of their father's income, including 4 consecutive weekly paystubs dated July 28, 2017 through August 18, 2017 (*see* Documents [redacted] These paystubs were invalidated by NYSOH as insufficient on August 31, 2017.

On September 1, 2017, NYSOH issued a notice stating that the documentation you submitted does not confirm the information in your application. The notice directed you to provide additional proof of income by September 15, 2017.

No further documentation was received by September 15, 2017.

On September 27, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for a qualified health plan at full cost, effective November 1, 2017. This was because you had not provided sufficient proof of their household income within the required time frame.

On November 10, 2017, NYSOH issued an eligibility determination notice, based on your children's November 9, 2017 completed application, stating that your children were eligible to enroll in CHP with a $9.00 monthly premium, effective December 1, 2017.

On November 16, 2017, a plan enrollment notice was issued confirming your children's enrollment in a CHP plan as of December 1, 2017.

On November 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's gap in health care coverage as of September 1, 2017.

On April 4, 2018, 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, your children remained eligible for Medicaid and were re-enrolled in a Medicaid Managed Care Plan as of December 1, 2016.

2) You testified that you are only seeking health insurance for two of your children, both whom are the subject of this appeal.

3) On August 3, 2017, you updated your children's application for financial assistance and they were placed in pending Medicaid status because the information you entered into their application did not match what state and federal data sources were showing. You were directed to provide proof of their household income to confirm your children's eligibility before August 18, 2017, as was stated in the August 4, 2017 eligibility determination notice.

4) According to your NYSOH account, your children were terminated from their Medicaid Managed Care coverage, effective August 31, 2017.

5) According to your NYSOH account and your testimony, based on your children's updated NYSOH application for financial assistance, on November 9, 2017, they were found eligible for Child Health Plus with a premium of $9.00 per month, as of December 1, 2017. You selected a Child Health Plus plan for enrollment for them on November 15, 2017, which was effective as of December 1, 2017.

6) You testified that you are seeking health coverage for your children to cover the gap in coverage for the month of September 2017, because you incurred medical bills that month.

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

Applicable Law and Regulations

Medicaid 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 federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

Most children 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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children were no longer eligible for Medicaid as of August 31, 2017.

According to your NYSOH account, your children were determined Medicaid eligible and enrolled in a Medicaid Managed Care plan, effective December 1, 2016, which is not in dispute.

On August 3, 2017, you updated your children's application for financial assistance and they were placed in pending Medicaid status. Because the information you entered into your children's application did not match the income information received from state and federal data sources, you were directed to provide proof of your children's household income to confirm their eligibility before August 18, 2017.

Since no income documentation was received before August 18, 2017, your children's enrollment in their Medicaid Managed Care Plan terminated, effective August 31, 2017.

However, New York State has elected to re-determine Medicaid enrollees only every 12 months from the effective date of eligibility as long as enrollees are under age 65, are not enrolled in minimum essential coverage, and remain state residents. An individual enrolled in Medicaid shall have coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, or having third party health insurance. In fact, most children determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if their household income increases above the Medicaid limit allowed for their household size.

In the present case, you updated your children's NYSOH account on August 3, 2017. Because the income information you entered into their application did not match what state and data sources reflected, your children were placed in pending Medicaid status and they were simultaneously disenrolled from their Medicaid Managed Care Plan as of August 31, 2017.

Although your children did have an increase in your household income during the 12-month period of Medicaid then in place, this would not be considered a disqualifying event that would have ended their continuous Medicaid coverage. Further, there is no evidence in the record to demonstrated that any of the disqualifying events occurred to end their coverage in Medicaid. Therefore, your children's eligibility should not have been terminated prior to the end of your 12-months of Medicaid continuous coverage.

Since your children were found eligible for and re-enrolled in Medicaid as of December 1, 2016, their coverage should have continued for 12 months; that is, until November 30, 2017, barring any of the disqualifying events.

Since the record is devoid of any such disqualifying events, it is concluded that NYSOH improperly disenrolled your children from their Medicaid Managed Care Plan on August 3, 2017. Therefore, the August 4, 2017 disenrollment notice is RESCINDED.

Additionally, in order for NYSOH to be in line with this decision, the following must occur:

The September 27, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their Medicaid Managed Care plan for the months of September 2017 through November 2017, and to notify you accordingly.

Decision

The August 4, 2017 disenrollment notice is RESCINDED.

The September 27, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their Medicaid Managed Care plan for the months of September 2017 through November 2017, and to notify you accordingly.

This Decision does not affect any subsequent eligibility redeterminations made by NYSOH.

Effective Date of this Decision: April 10, 2018

How this Decision Affects Your Eligibility

Your children were improperly terminated from their Medicaid Managed Care plan before the end of their 12-months of continuous coverage.

Your case is being sent back to reinstate your children's Medicaid for September 2017 through November 2017. NYSOH will notify you once your children have been reinstated.

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 4, 2017 disenrollment notice is RESCINDED.

The September 27, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their Medicaid Managed Care plan for the months of September 2017 through November 2017, and to notify you accordingly.

Your children were improperly terminated from their Medicaid Managed Care plan before the end of their 12-months of continuous coverage.

Your case is being sent back to reinstate your children's Medicaid for September 2017 through November 2017. NYSOH will notify you once your children have been reinstated.

This Decision does not affect any subsequent eligibility redeterminations made by NYSOH.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

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).

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。我们可以为您免费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.

□□□ (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 مجانًا.

বাংলা (Bengali)

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).

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।

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

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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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