



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

Notice of Decision

Decision Date: April 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026743

[REDACTED]
[REDACTED]
[REDACTED]

On March 27, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 2017 discontinuance notice, December 24, 2017 disenrollment notice, and December 29, 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: April 02, 2018

NY State of Health Account ID: [REDACTED]
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[REDACTED]

Issues

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

Did NY State of Health properly determine that your children were no longer eligible for Medicaid and disenrolled from their Medicaid Managed Care plan, effective December 31, 2017?

Did NY State of Health properly determine that your spouse's enrollment in her Medicaid Managed Care plan was effective February 1, 2018?

Procedural History

On March 21, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your spouse was eligible for the Essential Plan, effective May 1, 2017, and that your children were eligible for Medicaid, effective March 1, 2017.

Also on March 21, 2017, NYSOH issued a notice of enrollment confirmation stating that your spouse was enrolled in an Essential Plan with a plan enrollment start date of March 1, 2017, and that your children were enrolled in a Medicaid Managed Care plan.

On November 3, 2017, you updated your household's application for financial assistance. Specifically, you updated your household's income and indicated that your spouse was pregnant.

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On November 4, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for up to \$235.00 per month in advance payments of the premium tax credit, which credit was to be shared with you, effective December 1, 2017.

Also on November 4, 2017, NYSOH issued a disenrollment notice stating that your spouse's coverage in her Essential Plan would end on November 30, 2017. This was because she was no longer eligible for the Essential Plan.

On December 11, 2017, you updated your household's application for financial assistance. Specifically, you updated your household's income.

On December 12, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for up to \$389.00 per month in advance payments of the premium tax credit, which credit was to be shared with you, effective January 1, 2018. This notice also stated that your children were no longer eligible for Medicaid, however, their Medicaid coverage would continue until February 28, 2018, effective December 1, 2017. This notice was mailed to [REDACTED]. This notice was returned to NYSOH as undeliverable by the United States Postal Service on December 22, 2017.

Additionally, on December 12, 2017, NYSOH issued a notice stating that your NY.gov ID email address had changed. This notice was mailed to [REDACTED]. This notice was returned to NYSOH as undeliverable by the United States Postal Service on January 4, 2018.

On December 24, 2017, NYSOH issued a discontinuance notice stating that your children were not qualified to enroll through NYSOH as notices sent to you by U.S. mail to the mailing address provided in your account were returned to NYSOH as undeliverable, effective December 24, 2017.

Also on December 24, 2017, NYSOH issued a disenrollment notice stating that your children's enrollment in their Medicaid Managed Care plan would end effective December 31, 2017. This was because they were no longer eligible to enroll in health insurance through NYSOH.

On December 28, 2017, you updated your household's application for financial assistance. Specifically, you updated your household's income.

On December 29, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was eligible for Medicaid, effective December 1, 2017, and that your children were eligible for Child Health Plus, effective February 1, 2018.

Also on December 29, 2017, NYSOH issued an enrollment notice stating that your spouse was enrolled in a Medicaid Managed Care plan with a plan start

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date of February 1, 2018, and that your children were enrolled in a Child Health Plus plan with a plan start date of February 1, 2018.

On January 3, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your spouse's enrollment in her Medicaid Managed Care plan, insofar as it did not begin January 1, 2018, and your children's disenrollment from their Medicaid Managed Care plan.

On March 27, 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) You testified that your family resides at [REDACTED] [REDACTED]. You further testified that you have lived at this address for eight years.
- 2) You testified that your children were born in [REDACTED] State and have lived in [REDACTED] since birth.
- 3) You testified that neither of your children had coverage outside of NYSOH nor were they incarcerated in December 2017 or January 2018.
- 4) All the notices in your NYSOH account were mailed to [REDACTED] [REDACTED].
- 5) Only the eligibility determination notice dated December 12, 2017 and the change in e-mail address notice dated December 12, 2017 were returned as undeliverable.
- 6) The record reflects that you contacted NYSOH on December 28, 2017. You testified that you were calling to update the income in your NYSOH as you had additional information regarding your business expenses and it was at that time that you learned that your children had been disenrolled from their coverage.
- 7) Your NYSOH account reflects, that you selected a Medicaid Managed Care Plan for your spouse on December 28, 2017, and that her enrollment was effective on February 1, 2018.
- 8) You testified that you want your children reinstated into their Medicaid Managed Care plan for the rest of their eligibility period as they were

disenrolled for returned mail when the address on your account was correct.

- 9) You testified that you want your spouse's enrollment in her Medicaid Managed Care plan to begin on January 1, 2018.

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

Applicable Law and Regulations

Medicaid for 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).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

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 \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

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)).

Medicaid Effective Dates

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

Legal Analysis

The first issue under review is whether NYSOH properly determined that your children were no longer eligible for Medicaid and disenrolled from their Medicaid Managed Care plan, effective December 31, 2017.

Your children were found eligible for Medicaid in the March 20, 2017 eligibility determination notice, effective March 1, 2017. On December 11, 2017, NYSOH issued an eligibility determination notice stating that your children were no longer eligible for Medicaid, but that their Medicaid coverage would continue until February 28, 2018.

On December 22, 2017, the December 12, 2017 eligibility determination notice was returned to NYSOH as undeliverable.

Generally, an individual remains eligible for Medicaid for twelve continuous months unless the person becomes otherwise ineligible. If a person lacks state residence or is unable to prove state residence during those twelve months they become ineligible for Medicaid and continuous coverage.

You testified that your children have lived in New York State their entire lives and that your family has continuously resided at [REDACTED], [REDACTED] for eight years.

All the notices in your NYSOH account were sent to [REDACTED]. Only the December 12, 2017 eligibility determination notice and the December 12, 2017 notice of change to e-mail were returned as undeliverable.

As there is sufficient evidence in the record to conclude that your children have continuously retained New York State residency during the relevant time period, they were improperly disenrolled from Medicaid and your Medicaid Managed Care plan as of December 31, 2017.

Therefore, the December 24, 2017 discontinuance notice and the December 24, 2017 disenrollment notice are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children into Medicaid and their Medicaid Managed Care plan for the remainder of their Medicaid continuous coverage period, that is from January 1, 2018 through February 28, 2018.

The second issue is whether NYSOH properly determined that your spouse's enrollment in her Medicaid Managed Care plan was effective February 1, 2018.

Your NYSOH account reflects that on December 28, 2017, you contacted NYSOH and updated the income information in your household's application for financial assistance with health insurance. This resulted in your spouse being found eligible for Medicaid as of December 1, 2017. You selected a Medicaid Managed Care plan for enrollment for your spouse that day.

The date on which a Medicaid Managed Care 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.

On December 28, 2017, you selected a Medicaid Managed Care plan for your spouse, so it properly took effect on the first day of the second month following after December 28, 2017; that is, on February 1, 2018.

Therefore, the December 29, 2017 enrollment confirmation notice stating that your spouse's enrollment in her Medicaid Managed Care plan would be effective February 1, 2018, was correct and must be AFFIRMED.

Decision

The December 24, 2017 discontinuance notice 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).

The December 24, 2017 disenrollment notice is RESCINDED.

The December 29, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to reinstate your children into Medicaid and their Medicaid Managed Care plan from January 1, 2018 through February 28, 2018.

Effective Date of this Decision: April 02, 2018

How this Decision Affects Your Eligibility

Your children should have remained eligible for Medicaid Continuous Coverage until February 28, 2018 and enrolled in their Medicaid Managed Care plan.

Your case is being sent back to NYSOH to reinstate your children into their Medicaid and Medicaid Managed Care plans from January 1, 2018 through February 28, 2018.

This decision does not change your spouse's eligibility.

The effective date of your spouse's Medicaid Managed Care plan is 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 Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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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 December 24, 2017 discontinuance notice is RESCINDED.

The December 24, 2017 disenrollment notice is RESCINDED.

Your children should have remained eligible for Medicaid Continuous Coverage until February 28, 2018 and enrolled in their Medicaid Managed Care plan.

The December 29, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your spouse's eligibility.

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).

The effective date of your spouse's Medicaid Managed Care plan is February 1, 2018.

Your case is RETURNED to NYSOH to reinstate your children into Medicaid and their Medicaid Managed Care plan from January 1, 2018 through February 28, 2018.

Your case is being sent back to NYSOH to reinstate your children into their Medicaid and Medicaid Managed Care plans from January 1, 2018 through February 28, 2018.

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 okyerε 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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