



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

Notice of Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028108

[REDACTED]

[REDACTED],

On April 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 16, 2017 discontinuance notice, December 16, 2017 disenrollment notice, and January 10, 2018 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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P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028108

[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 you and your child were no longer eligible for Medicaid and disenrolled from your Medicaid Managed Care plan, effective January 1, 2018?

Procedural History

On December 7, 2017, NYSOH issued a notice of eligibility determination stating that you and your child were conditionally eligible for Medicaid, effective January 1, 2018. This notice directed you to provide additional information in order to confirm you and your child's eligibility. However, the request for additional information to confirm your eligibility section of this notice is blank, no further indication of what documentation must be submitted or when the documentation is due are included in the notice. This notice was mailed to you at [REDACTED]. This notice was returned to NYSOH as undeliverable by the U.S. Postal Service on December 14, 2017.

Also on December 7, 2017, NYSOH issued an enrollment confirmation notice stating that you and your child were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of January 1, 2018. This notice was sent to [REDACTED]. This notice was returned to NYSOH as undeliverable by the U.S. Postal Service on December 14, 2017.

On December 16, 2017, NYSOH issued a discontinuance notice stating that you and your child were not qualified to enroll through NYSOH as notices sent to you

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by U.S. mail to the mailing address provided in your account were returned to NYSOH as undeliverable. This notice was mailed to you at [REDACTED]
[REDACTED]

Also on December 16, 2017, NYSOH issued a disenrollment notice stating that your and your child's enrollment in your Medicaid Managed Care plan would end on January 1, 2018. This was because you were no longer eligible to enroll in health insurance through NYSOH. This notice was mailed to you at [REDACTED]
[REDACTED].

On January 5, 2018, you updated your household's application for financial assistance.

Also on January 5, 2018, you uploaded income documentation to your NYSOH account.

On January 6, 2018, NYSOH issued a notice stating that the information in your application did not match what NYSOH had received from state and federal data sources and that additional information was required to determine your and your child's eligibility for financial assistance. This notice directed you to submit proof of your household income by January 20, 2018.

On January 8, 2018, NYSOH verified the income documentation you submitted and submitted an application on your behalf.

On January 9, 2018, NYSOH issued a notice of eligibility determination stating that you and your child were eligible for Medicaid, effective January 1, 2018.

On January 10, 2018, NYSOH issued a notice of enrollment confirmation, based on your plan selection on January 9, 2018, stating that you and your child were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of February 1, 2018.

On January 31, 2018, you spoke with NYSOH's Account Review Unit and appealed insofar as you and your child were without your Medicaid Managed Care plan for the month of January 2018.

On April 19, 2018, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On April 23, 2018, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. The record was developed during the hearing and closed at the end of the hearing.

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Findings of Fact

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

- 1) You testified that you and your child reside at [REDACTED]. You testified that you have lived at this address since 2001.
- 2) You testified that you have lived in New York State since your birth and that your child was lived in New York State since her birth.
- 3) You testified that during the time period in question, you were temporarily living with a friend within New York State, as your home was undergoing repairs and was unsafe to live in. You testified that your mail was being held at the Post Office during that time period.
- 4) Your NYSOH account reflects that you updated your application on December 6, 2017 with an NYSOH representative over the phone. In the application submitted on December 6, 2017, your address is listed as [REDACTED].
- 5) You testified that you were aware that you needed to submit income documentation to your NYSOH account. You testified that you uploaded income documentation to your account and submitted the same documentation via regular mail.
- 6) You testified that you later learned that you had two NYSOH accounts, and that you had uploaded your income documentation to the incorrect account.
- 7) In addition to the present account, you have a second NYSOH account, [REDACTED]. You have never had active coverage through this account. On December 11, 2017, you uploaded a letter dated December 11, 2017 regarding your income, to this account.
- 8) On December 18, 2017, NYSOH received a copy of the December 11, 2017 letter. This letter does not identify your account number, but references yourself and your child by your Medicaid Managed Care plan identification numbers. On December 28, 2017, NYSOH uploaded this letter to account [REDACTED] which is the account you and your child were actively enrolled in.
- 9) NYSOH has not provided information regarding why the U.S. Postal Service deemed that the December 7, 2017 eligibility determination notice and the December 7, 2017 enrollment confirmation notice were undeliverable.

- 10) The December 16, 2017 discontinuance notice and the December 16, 2017 disenrollment notice, which were mailed to you at [REDACTED] [REDACTED] were not returned by the U.S. Postal Service as undeliverable.
- 11) Your NYSOH account reflects that you first contacted NYSOH following your and your child's disenrollment on January 6, 2018. In that application, your address is listed as [REDACTED].
- 12) You testified that you and your child were not enrolled in coverage outside of NYSOH in the months of December 2017 or January 2018.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid through NYSOH can be provided 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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

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).

Medicaid Residency Requirement

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

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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)).

For individuals age 21 and over the State of residence is the State where the individual is living and intends to reside, including without a fixed address; or has entered the State with a job commitment or seeking employment (42 CFR §435.403(h)(1)). For individuals under age 21 the State of residence is the State where the individual resides, including without a fixed address; or the State of residency of the parent or caretaker with whom the individual resides (42 CFR §435.403(i)(2)).

NYSOH may not deny or terminate a resident's Medicaid eligibility because of that person's temporary absence from the State if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined that the person is a resident there for purposes of Medicaid (42 CFR §435.403(j)(3)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your child were no longer eligible for Medicaid and disenrolled from your Medicaid Managed Care plan, effective January 1, 2018.

You and your child were found conditionally eligible for Medicaid in the December 7, 2017 eligibility determination notice. You and your child were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of January 1, 2018, as is noted in the December 7, 2017 enrollment confirmation notice.

On December 14, 2017, the December 7, 2017 eligibility determination notice and the December 7, 2017 enrollment confirmation notice were returned to NYSOH by the U.S. Postal Service as undeliverable.

On December 16, 2017, NYOSH issued a discontinuance notice stating that you and your child were not qualified to enroll in coverage through NYSOH as notices sent to you by U.S. mail to the mailing address provided your account were returned to NYSOH as undeliverable. You and your child were disenrolled from your Medicaid managed Care plan as of January 1, 2018.

In order to be eligible for Medicaid, an individual must be a resident of New York State.

You testified that you and your child have lived in New York State your entire lives and that your family has lived at [REDACTED] since 2001.

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You testified that during the time period in question, you were temporarily living with a friend within New York State, as your home was undergoing repairs and was unsafe to live in. You testified that your mail was being held at the Post Office during that time period.

NYSOH has not produced information regarding why the U.S. Postal Service deemed that the December 7, 2017 eligibility determination notice and the December 7, 2017 enrollment confirmation notice were undeliverable. Therefore, it cannot be determined if this was due to mail being held or forwarded while you were temporarily away from home, or if this was due to your address being listed as [REDACTED] as of the December 6, 2017 application. However, it should be noted that the December 16, 2017 discontinuance notice and the December 16, 2017 disenrollment notice were mailed to [REDACTED] and these notices were not returned to NYSOH by the U.S. Postal Service as undeliverable.

As there is sufficient evidence in the record to conclude that you and your child continuously retained New York State residency during the relevant time period. Therefore, you and your child were improperly disenrolled from your Medicaid and Medicaid Managed Care plans as of January 1, 2018 for failure to meet residency requirements.

Although you and your child were found conditionally eligible for Medicaid in the December 7, 2017 eligibility determination notice and required to submit documentation. There is no indication that NYSOH disenrolled you and your child from your Medicaid and Medicaid Managed Care plan on any grounds other than the residency requirement. There are no other facts present in the record that would support you and your child being disenrolled from your Medicaid and Medicaid Managed Care plans.

Therefore, the December 16, 2017 discontinuance notice and the December 16, 2017 disenrollment notice are RESCINDED.

The January 10, 2018 enrollment confirmation notice is MODIFIED to state that you and your child were enrolled in your Medicaid Managed Care plans effective January 1, 2018.

Your case is RETURNED to NYSOH to reinstate you and your child into your Medicaid Managed Care plans as of January 1, 2018.

Decision

The December 16, 2017 discontinuance notice is RESCINDED.

The December 16, 2017 disenrollment notice is RESCINDED.

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The January 10, 2018 enrollment confirmation notice is MODIFIED to state that you and your child were enrolled in your Medicaid Managed Care plans effective January 1, 2018.

Your case is RETURNED to NYSOH to reinstate you and your child into your Medicaid Managed Care plans as of January 1, 2018.

Effective Date of this Decision: April 25, 2018

How this Decision Affects Your Eligibility

Your and your child's Medicaid and Medicaid Managed Care plan should not have terminated as of January 1, 2018.

Your case is being sent back to NYSOH to reinstate you and your child into your Medicaid Managed Care plans as of January 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)).

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

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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 16, 2017 discontinuance notice is **RESCINDED**.

The December 16, 2017 disenrollment notice is **RESCINDED**.

The January 10, 2018 enrollment confirmation notice is **MODIFIED** to state that you and your child were enrolled in your Medicaid Managed Care plans effective January 1, 2018.

Your case is **RETURNED** to NYSOH to reinstate you and your child into your Medicaid Managed Care plans as of January 1, 2018.

Your and your child's Medicaid and Medicaid Managed Care plan should not have terminated as of January 1, 2018.

Your case is being sent back to NYSOH to reinstate you and your child into your Medicaid Managed Care plans as of January 1, 2018.

Legal Authority

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

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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.

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