



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

Notice of Decision

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028818

[REDACTED]

[REDACTED]

On April 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2018 discontinuance and disenrollment notices, the February 9, 2018 eligibility determination notice, and the February 13, 2018 plan enrollment 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

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028818



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 child's eligibility for Medicaid and enrollment in a Medicaid Managed Care plan ended December 31, 2017?

Procedural History

On December 15, 2017, NYSOH issued a notice of eligibility determination stating in part that your child was conditionally eligible to enroll in Medicaid, effective January 1, 2018. The notice directed you to provide documentation of your household income by March 14, 2018.

Also on December 15, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Medicaid Managed Care Plan, effective January 1, 2018.

On January 9, 2018, a systematic application for financial assistance was run by NYSOH.

On January 10, 2018, as a result, NYSOH issued a discontinuance notice stating that your child was no longer qualified for health insurance, effective February 1, 2018. The notice further stated this was because you did not provide documentation confirming your household income.

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Also on January 10, 2018, NYSOH issued a plan disenrollment notice stating that your child's enrollment in her Medicaid Managed Care plan ended, effective January 31, 2018.

On February 5, 2018, you contacted NYSOH and updated your child's application for health insurance.

On February 6, 2018, NYSOH issued a notice stating that your child was conditionally eligible for Medicaid, effective February 1, 2018. The notice directed you to provide documentation confirming your income before February 20, 2018.

On February 8, 2018, NYSOH received income documentation you submitted by fax and uploaded into your NYSOH account as Document [REDACTED]

On February 9, 2018, NYSOH reviewed the income documentation you submitted and determined it was sufficient to verify your household's income. NYSOH recalculated your household income based on this information, updated the income in your household's application based on this recalculation, and then submitted an application on your child's behalf.

On February 10, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid, effective February 1, 2018. That notice further directed you to select a plan for your child's enrollment.

On February 12, 2018, you selected a plan for your child's enrollment. That day, a preliminary eligibility determination was prepared stating that your child's enrollment in her health plan would begin on March 1, 2018.

Also on February 12, 2018, you contacted NYSOH's Account Review Unit and appealed your child's disenrollment from her Medicaid Managed Care for the month of February 2018.

On February 13, 2018, NYSOH issued a plan enrollment notice, based on your February 12, 2018 plan selection, confirming that your child was enrolled in a Medicaid Managed Care plan beginning March 1, 2018.

On April 6, 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, you were required to submit proof of income by for your child by December 29, 2017, to confirm her eligibility for and enrollment in Medicaid.
- 2) The December 15, 2017 eligibility determination reflects a March 14, 2018 due date to submit proof of income confirm your eligibility, but does not reflect the December 29, 2017 due date for your child to submit proof of income to confirm her eligibility.
- 3) According to your NYSOH account, you did not submit documentation by December 29, 2017, and as a result, on January 9, 2018, the NYSOH system reran your child's eligibility, which resulted in your child's eligibility for Medicaid being discontinued as of February 1, 2018, and her being disenrolled from her Medicaid Managed Care plan as of January 31, 2018.
- 4) You testified that you are appealing your child's disenrollment from her Medicaid Managed Care plan for the month February 2018, because your child had regular monthly medical appointments, and you incurred medical bills for her that month.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Medicaid

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

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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 issue under review is whether NYSOH properly determined that your child's eligibility for Medicaid ended February 1, 2018, and her enrollment in a Medicaid Managed Care plan ended January 31, 2018.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

In the eligibility determination notice issued on December 15, 2017, you were advised that your child was conditionally eligible for Medicaid, and that you needed to provide documentation of your household income to confirm her eligibility for and enrollment in that program. According to your NYSOH account, that documentation was due December 29, 2017. NYSOH did not receive income documentation by that date. As a result, on January 9, 2018, the NYSOH system reran your child's eligibility for Medicaid, which resulted in your child's eligibility for Medicaid being discontinued as of February 1, 2018, and her being disenrolled from her Medicaid Managed Care plan as of January 31, 2018.

However, the credible evidence of record reflects that the December 15, 2017 notice did not contain the December 29, 2017 deadline in order for you to submit income documentation to maintain your child's eligibility for Medicaid and enrollment in her Medicaid Managed Care plan. It only reflects a March 14, 2018 deadline. Since the December 15, 2017 eligibility determination notice did not state the December 29, 2017 due date, NYSOH did not provide you with proper notice to verify your household income to maintain your child's eligibility for Medicaid and enrollment in a Medicaid Managed Care plan.

Therefore, the January 10, 2018 discontinuance and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child into her Medicaid Managed Care plan for the month of February 2018, and to notify you accordingly.

The record reflects that you submitted an application for health insurance on your child's behalf on February 5, 2018. On February 10, 2018, NYSOH issued an

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eligibility determination notice stating your child was eligible for Medicaid, effective February 1, 2018. On February 13, 2018 and February 26, 2018, NYSOH issued plan enrollment notices confirming your child's enrollment in her Medicaid Managed Care plan, effective March 1, 2018.

This decision does not disturb these notices regarding your child's eligibility and enrollment.

Decision

The January 10, 2018 discontinuance notice is **RESCINDED**.

The January 10, 2018 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your child into her Medicaid Managed Care plan for the month of February 2018, and to notify you accordingly.

This decision does not disturb any subsequent determinations regarding your child's eligibility and enrollment.

Effective Date of this Decision: April 19, 2018

How this Decision Affects Your Eligibility

Your child should not have been disenrolled from her Medicaid Managed Care plan for the month of February 2018.

Your case is being sent back to NYSOH to reinstate your child into her Medicaid Managed Care plan for the month of February 2018. NYSOH will notify you once this is done

The February 10, 2018 eligibility determination remains the same.

On February 13, 2018 and February 26, 2018 plan enrollment notices remain the same.

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.

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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):

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- 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

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Summary

The January 10, 2018 discontinuance notice is RESCINDED.

The January 10, 2018 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into her Medicaid Managed Care plan for the month of February 2018, and to notify you accordingly.

This decision does not disturb any subsequent determinations regarding your child's eligibility and enrollment.

Your child should not have been disenrolled from her Medicaid Managed Care plan for the month of February 2018.

Your case is being sent back to NYSOH to reinstate your child into her Medicaid Managed Care plan for the month of February 2018. NYSOH will notify you once this is done

The February 10, 2018 eligibility determination remains the same.

On February 13, 2018 and February 26, 2018 plan enrollment notices remain the same.

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&etumi 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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