



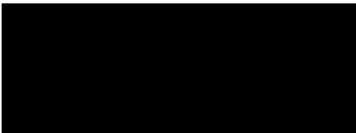
STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211



Notice of Decision

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029130



Dear [REDACTED]

On April 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 14, 2018 and March 23, 2018 discontinuance and disenrollment notices.

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).

This page intentionally left blank.

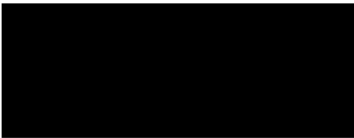


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029130



Issues

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

Did NY State of Health properly determine that you did not qualify for health coverage, effective February 14, 2018, and disenrolled from your Medicaid Managed Care plan, effective March 1, 2018?

Did NY State of Health properly determine that you did not qualify for health coverage, effective March 23, 2018, and disenrolled from your Medicaid Managed Care plan, effective April 1, 2018?

Procedural History

On February 6, 2018, NY State of Health (NYSOH) issued an eligibility redetermination notice, based on your February 5, 2018 application, stating that you were eligible for Medicaid, effective February 1, 2018. This notice was mailed to [REDACTED]

Also on February 6, 2018, NYSOH issued an enrollment confirmation notice, based on a plan selection made February 5, 2018, stating that you were enrolled in a Medicaid Managed Care plan, with a start date of March 1, 2018.

On February 12, 2018, the February 6, 2018 eligibility redetermination notice was returned to NYSOH as undeliverable by the US Postal Service.

On February 14, 2018, NYSOH issued a discontinuance notice, stating that you did not qualify for health coverage through NYSOH, effective February 14, 2018,

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).

because mailings sent to the mailing address on your account were returned as undeliverable. The notice further requested that you update your mailing address so NYSOH could redetermine your eligibility for health coverage through NYSOH. This notice was mailed to [REDACTED]
[REDACTED]

Also on February 14, 2018, NYSOH issued a disenrollment notice, stating that your enrollment with your Medicaid Managed Care plan would end March 1, 2018, because you are no longer eligible to enroll in health insurance through NYSOH. This notice was mailed to [REDACTED]
[REDACTED]

On February 20, 2018, you submitted an updated application for financial assistance with health insurance to NYSOH, wherein you updated the form of your address to [REDACTED] and selected a plan. That same day, a preliminary enrollment confirmation was prepared with regard to that selection, stating that you were enrolled in a Medicaid Managed Care plan with a start date of April 1, 2018.

Also, on February 20, 2018, you contacted NYSOH's Account Review Unit and requested an appeal insofar as your enrollment in a Medicaid Managed Care plan was effective April 1, 2018 and not March 1, 2018.

On February 21, 2018, NYSOH issued an eligibility redetermination notice, based on the February 20, 2018 application, stating that you were eligible for Medicaid, effective February 1, 2018.

Also, on February 21, 2018, NYSOH issued an enrollment confirmation notice, based on the plan selection made February 20, 2018, stating that you were enrolled in a Medicaid Managed Care plan, with a start date of April 1, 2018.

Finally, on February 21, 2018, NYSOH issued a change of address notice, stating that you had updated your mailing address in your account. This notice was mailed to [REDACTED]

On March 12, 2018, the February 21, 2018 change of address notice was returned to NYSOH as undeliverable by the US Postal Service.

On March 13, 2018, the February 14, 2018 discontinuance notice was returned to NYSOH as undeliverable by the US Postal Service.

On March 21, 2018, the February 14, 2018 disenrollment notice was returned to NYSOH as undeliverable by the US Postal Service.

On March 23, 2018, NYSOH issued a discontinuance notice, stating that you did not qualify for health coverage through NYSOH, effective March 23, 2018,

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).

because mailings sent to the mailing address on your account were returned as undeliverable. The notice further requested that you update your mailing address so NYSOH could redetermine your eligibility for health coverage through NYSOH.

Also, on March 23, 2018, NYSOH issued a disenrollment notice, stating that your enrollment with your Medicaid Managed Care plan would end April 1, 2018, because you are no longer eligible to enroll in health insurance through NYSOH.

On April 9, 2018, you submitted an updated application for financial assistance with health insurance to NYSOH.

On April 10, 2018, NYSOH issued an eligibility redetermination notice, based on the April 9, 2018 application, stating that you were eligible for Medicaid, effective April 1, 2018.

Also, on April 10, 2018, NYSOH issued an enrollment confirmation notice, based on the plan selection made on April 9, 2018, stating that you were enrolled in a Medicaid Managed Care plan, with a start date of May 1, 2018.

On April 25, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you indicated that you wished to amend your appeal because, in the period between the initial appeal request and the hearing, you had enrolled and been disenrolled from a Medicaid Managed Care plan again. Therefore, you wanted your Medicaid Managed Care plan to start March 1, 2018 instead of May 1, 2018. The appeal on record was then amended. 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 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] has been your address for over a year. You further testified that your address prior to that was your parents' home at [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
- 2) You testified that you have not had issues or known of any issues receiving regular mail correspondence from any source other than NYSOH.
- 3) You testified, and the record reflects, that you receive some of the mail issued by NYSOH but not all of it.

- 4) You originally enrolled into a Medicaid Managed Care plan on February 5, 2018.
- 5) You reenrolled into a Medicaid Managed Care plan on February 20, 2018 and again on April 9, 2018.
- 6) You testified that you contacted NYSOH and they were not able to tell you why you were being disenrolled.
- 7) You testified that you did not receive the February 14, 2018 disenrollment and discontinuance notices or the March 23, 2018 disenrollment and discontinuance notices.
- 8) You testified that you wanted your Medicaid Managed Care to begin March 1, 2018 because that is when it was originally supposed to begin.

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 - State 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 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 an individual who is aged 21 or older, not living in an institution, and able to indicate intent, that individual is deemed to be a resident of the state in which or she lives and either a) intends to reside, even without a fixed address, or b) has entered with a job commitment or is seeking employment (42 CFR § 435.403(h)(1)(i)).

Legal Analysis

The first issue is whether NYSOH properly determined that you did not qualify for health coverage, effective February 14, 2018, and disenrolled from your Medicaid Managed Care plan, effective March 1, 2018.

On February 6, 2018, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, effective February 1, 2018. You were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of March 1, 2018, as noted in the February 6, 2018 enrollment confirmation notice.

On February 12, 2018, the February 6, 2018 eligibility redetermination notice, which was mailed to you at [REDACTED] was returned to NYSOH as undeliverable by the US Postal Service.

On February 14, 2018, NYSOH issued a discontinuance notice, stating that you did not qualify for health coverage through NYSOH, effective February 14, 2018, because mailings sent to the mailing address on your account were returned as undeliverable. That same day NYSOH issued a disenrollment notice, stating that your Medicaid Managed Care plan coverage would end March 1, 2018.

One of the conditions of eligibility for Medicaid is for the applicant to be a resident of New York State.

You testified that your address for over a year has been [REDACTED]. Prior to that you also lived in and had a New York State mailing address. Therefore, you intended to, and in fact did, reside in New York during the period when mailings were returned to NYSOH as undeliverable. As such, for Medicaid purposes, you were a resident of New York State at the time of the February 14, 2018 discontinuance and disenrollment notices.

As there is sufficient evidence in the record to conclude that you continuously retained New York State residency during the relevant time period and there being no other facts in the record that would support you being disenrolled, you were improperly disenrolled from your Medicaid and Medicaid Managed Care plan for failure to meet residency requirements. As such, the February 14, 2018 discontinuance notice and disenrollment notice are RESCINDED.

The second issue is whether NYSOH properly determined that you did not qualify for health coverage, effective March 23, 2018, and disenrolled from your Medicaid Managed Care plan, effective April 1, 2018.

After your disenrollment, you contacted NYSOH and reenrolled into a Medicaid Managed Care plan on February 20, 2018. You also updated your address that day to [REDACTED]

On February 21, 2018, NYSOH issued an enrollment confirmation notice, stating that you were enrolled in a Medicaid Managed Care plan, effective April 1, 2018. This enrollment notice was subsequently returned to NYSOH on March 21, 2018.

On March 23, 2018, NYSOH again issued a discontinuance notice, stating that you did not qualify for health coverage through NYSOH, effective March 23, 2018, because mailings sent to the mailing address on your account were returned as undeliverable. That same day NYSOH issued a disenrollment notice, stating that your Medicaid Managed Care plan coverage would end April 1, 2018.

As discussed above, for Medicaid purposes, an individual is deemed to be a resident if they intend to reside in the state, even without a fixed address, or has entered with a job commitment or is seeking employment. The credible evidence of record indicates that you intended to, and in fact did, reside in New York during the period when mailings were returned to NYSOH as undeliverable. As such, for Medicaid purposes, you were a resident of New York State at the time of the March 23, 2018 discontinuance and disenrollment notices.

As there is sufficient evidence in the record to conclude that you continuously retained New York State residency during the relevant time period and there being no other facts in the record that would support you being disenrolled, you were improperly disenrolled from your Medicaid and Medicaid Managed Care plan for failure to meet residency requirements. As such, the March 23, 2018 discontinuance notice and disenrollment notice are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you into Medicaid, effective February 1, 2018, and your Medicaid Managed Care plan, effective March 1, 2018.

Decision

The February 14, 2018 disenrollment and discontinuance notices are RESCINDED.

The March 23, 2018 disenrollment and discontinuance notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you into Medicaid, effective February 1, 2018, and your Medicaid Managed Care plan, effective March 1, 2018.

Effective Date of this Decision: May 4, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate you into Medicaid and your Medicaid Managed Care plan. The effective date of your Medicaid eligibility is February 1, 2018. The effective date of your Medicaid Managed Care plan is March 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
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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).

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 February 14, 2018 and March 23, 2018 discontinuance and disenrollment notices are RESCINDED.

Your case is being sent back to NYSOH to reinstate you into Medicaid and your Medicaid Managed Care plan.

The effective date of your Medicaid eligibility is February 1, 2018.

The effective date of your Medicaid Managed Care plan is March 1, 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 مجانًا.

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।

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).

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.

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).