



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

### **Notice of Decision**

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000032697



Dear [REDACTED],

On May 23, 2018, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's March 13, 2018 discontinuance and plan 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).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000032697



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your oldest child's eligibility for and your enrollment in her Medicaid Managed Care plan ended effective March 31, 2018?

## Procedural History

According to your NY State of Health (NYSOH) account, your oldest child was determined eligible for Medicaid, effective August 1, 2017, and she was enrolled into Medicaid Managed Care plan.

On March 12, 2018, NYSOH received your updated application for financial assistance with health insurance, in which it was indicated that your oldest child no longer needed health insurance through NYSOH.

On March 13, 2018, NYSOH issued a discontinuance notice stating that your oldest child was no longer eligible for health insurance coverage through NYSOH. This notice stated that she did not qualified to enroll in coverage through NYSOH because she no longer wanted to receive coverage.

Also on March 13, 2018, NYSOH issued a plan disenrollment notice confirming your oldest child's termination from her Medicaid Managed Care plan, effective March 31, 2018.

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On April 16, 2018, NYSOH received your updated application for financial assistance with health insurance, which indicated that your oldest child needed health insurance through NYSOH.

On April 17, 2018, NYSOH issued an eligibility determination notice stating, in part, that your oldest child was eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective June 1, 2018.

Also on April 17, 2018, NYSOH issued a plan enrollment notice confirming, in part, your oldest child's enrollment in a Child Health Plus plan with a \$9.00 monthly premium, effective June 1, 2018.

On May 2, 2018, you spoke to NYSOH's Account Review Unit and appealed the fact that your oldest child was disenrolled from health insurance coverage for the months of April 2018 and May 2018.

On May 23, 2018, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to timely notice of the expedited telephone hearing. The record was developed during the hearing and left open to allow for the Hearing Officer to review the telephone record from the NYSOH's Call Center from March 12, 2018.

The Hearing Officer reviewed the available telephone recording from March 12, 2018, after which the record was closed.

## **Findings of Fact**

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

- 1) Your NYSOH account indicates that your oldest child was eligible for Medicaid and enrolled in a Medicaid Managed Care plan, effective August 1, 2017.
- 2) Your NYSOH account indicates that you submitted an updated application on March 12, 2018 over the phone, which listed your oldest child as not needing health insurance through NYSOH.
- 3) Your NYSOH account indicates that your oldest child was subsequently disenrolled from her Medicaid Managed Care plan, effective March 31, 2018.
- 4) You testified you did not intend to request that your oldest child be disenrolled from her medical coverage through NYSOH when you updated your application on March 12, 2018.

- 5) The Hearing Officer reviewed the telephone record from March 12, 2018, and determined that:
  - a. You were calling because your local Department of Social Services was telling you that you needed to renew your own health insurance coverage through NYSOH;
  - b. The NYSOH representative started to assist you in completing an application for your health insurance;
  - c. When the NYSOH representative asked if you needed to submit an application for health insurance for your oldest child, you responded that you did not because you thought she already had free health insurance due to your [REDACTED];
  - d. The NYSOH representative did not verify whether your oldest child had health insurance through NYSOH nor did she ask you where your oldest child's health insurance coverage was through; and,
  - e. At no time during the call did the NYSOH representative inform you that your oldest child was disenrolled from coverage through NYSOH.
- 6) You testified that you determined that your oldest child was disenrolled from coverage when you brought her to a doctor's appointment [REDACTED], and you were informed that her insurance was no longer valid.
- 7) You testified, and your NYSOH account indicates, that on April 16, 2018, you updated your NYSOH account to indicate that your oldest child needed health insurance coverage through NYSOH.
- 8) You testified, and your NYSOH account indicates, that your oldest child was found eligible for and enrolled in a Child Health Plus plan with a \$9.00 monthly premium, effective June 1, 2018.
- 9) You testified that your oldest child has medical diagnoses that require her to go to several doctor's appointments and take multiple medications, so it is imperative that you maintain her health insurance coverage.
- 10) You testified that you would not have stated that your oldest child did not need to be included in your application for health insurance if you knew that it would have resulted in her disenrollment and a gap in her coverage.
- 11) You testified that you are appealing because you would like to have your oldest child's health insurance coverage to be reinstated as of April 1, 2018, to eliminate the two-month gap in coverage created by the March 31, 2018 disenrollment because your oldest child has unpaid medical bills from those months.

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

## **Applicable Law and Regulations**

### **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 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)).

### **Medicaid Continuous Coverage**

Most applicants 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 oldest child’s enrollment in her Medicaid Managed Care plans ended effective March 31, 2018.

Your NYSOH account indicates that your oldest child was determined eligible for Medicaid through NYSOH and enrolled into a Medicaid Managed Care plan, effective August 1, 2017.

Your NYSOH account indicates that, on March 12, 2018, you submitted an updated application for health insurance, in which it was indicated that your oldest child no longer needed health insurance through NYSOH. Subsequently, on March 13, 2018, NYSOH issued a discontinuance notice stating that your oldest child was no longer eligible for health insurance through NYSOH because you indicated that she was no longer wanted to receive coverage. NYSOH also issued a plan disenrollment notice, on March 13, 2018, confirming your oldest child's disenrollment from her Medicaid Managed Care plan, effective March 31, 2018.

Generally, once individuals are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage, even if the applicant loses Medicaid eligibility because of any changes or updates they make to their NYSOH account. This twelve-month period is based on the effective date of the Medicaid eligibility determination.

Here, your oldest child was disenrolled from her Medicaid coverage as of March 31, 2018, because the March 12, 2018 updated application indicated that she no longer needed health insurance coverage through NYSOH. This update resulted in her 12 months of continuous Medicaid coverage terminating earlier than the end date she would have otherwise been entitled, which would have been July 31, 2018.

However, you testified that you contacted NYSOH on March 12, 2018 in order to make some updates to your NYSOH account and that you did not intend to disenroll your oldest child from her health insurance coverage. You testified that your oldest child has multiple [REDACTED], which require regular doctor appointments and several prescription medications and it is imperative that you maintain her health insurance coverage. You further testified that you would not have stated that your oldest child did not need to be included in your application for health insurance if you knew that it would have disenrolled her and would create a gap in her health insurance coverage.

A Hearing Officer from the NYSOH's Appeals Unit reviewed a recording of the telephone conversation you placed to NYSOH on March 12, 2018. During this telephone conversation, you indicated that you were calling that day because your local Department of Social Services informed you that you would need to reapply for your own Medicaid coverage through NYSOH. The NYSOH representative then assisted you in completing an updated application. The NYSOH representative asked if you would like to include your oldest child in your application for financial assistance with health insurance and you informed the representative that your oldest child already has free health insurance coverage.

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due to your [REDACTED]. At no time during the phone call did the NYSOH representative confirm that your oldest child was not receiving health insurance coverage through NYSOH nor did she ask where your oldest child's health insurance coverage was through. Further, at no point in the phone call did the NYSOH representative inform you that your oldest child had been disenrolled from her health insurance coverage.

Therefore, based on the credible evidence of record, it is concluded that had the NYSOH representative determined or confirmed whether your oldest child had health insurance coverage through NYSOH, then you would not have indicated on the March 21, 2018 application that your oldest child did not need health insurance to continue through NYSOH. Your NYSOH account indicates that you submitted an application indicating that your oldest child needed health insurance coverage through NYSOH immediately after you realized that she had been disenrolled from coverage. Therefore, it is also reasonable to conclude that, but for the NYSOH representative's miscommunication, the March 12, 2018 application would not have indicated that your oldest child did need health insurance through NYSOH and your oldest child would have remained eligible for and enrolled in her Medicaid Managed Care plan coverage for the remainder of her 12-month eligibility period.

Therefore, the March 13, 2018 discontinuance and plan disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your oldest child's coverage in her Medicaid Managed Care plan as of April 1, 2018, and to notify you accordingly.

Your child was determined eligible for Medicaid coverage through NYSOH as of August 1, 2017. As a result, your oldest child should remain eligible for and enrolled in her Medicaid Managed Care plan until July 31, 2018, barring any subsequent disqualifying events. As such, NYSOH is directed to assist you in renewing your oldest child's eligibility for financial assistance between June 16, 2018 and July 15, 2018, and to redetermine her eligibility for the upcoming policy period and ensure her health insurance coverage in an appropriate plan begins without interruption.

## **Decision**

The March 13, 2018 discontinuance notice is **RESCINDED**.

The March 13, 2018 plan disenrollment notice is **RESCINDED**.



Your case is RETURNED to NYSOH to reinstate your oldest child's coverage in her Medicaid Managed Care plan as of April 1, 2018, and to notify you accordingly.

NYSOH is directed to assist you in renewing your oldest child's eligibility for financial assistance between June 16, 2018 and July 15, 2018, and to redetermine her eligibility for the upcoming policy period and ensure her health insurance coverage in an appropriate plan begins without interruption.

**Effective Date of this Decision:** May 24, 2018

### **How this Decision Affects Your Eligibility**

Your case is sent back to NYSOH to reinstate your oldest child in her Medicaid Managed Care plan as of April 1, 2018.

NYOSH will notify you once this change has been completed.

NYSOH will assist you in renewing your oldest child's eligibility for financial assistance between June 16, 2018 and July 15, 2018. An appropriate plan will need to be selected and confirmed by July 15, 2018, to ensure she has no gap in coverage.

### **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:

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).

- 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 March 13, 2018 discontinuance notice is **RESCINDED**.

The March 13, 2018 plan disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your oldest child's coverage in her Medicaid Managed Care plan as of April 1, 2018, and to notify you accordingly.

NYSOH is directed to assist you in renewing your oldest child's eligibility for financial assistance between June 16, 2018 and July 15, 2018, and to redetermine her eligibility for the upcoming policy period and ensure her health insurance coverage in an appropriate plan begins without interruption.

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).

Your case is sent back to NYSOH to reinstate your oldest child in her Medicaid Managed Care plan as of April 1, 2018.

NYOSH will notify you once this change has been completed.

NYSOH will assist you in renewing your oldest child's eligibility for financial assistance between June 16, 2018 and July 15, 2018. An appropriate plan will need to be selected and confirmed by July 15, 2018, to ensure she has no gap in coverage.

## **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. y&b&tumi ama wo obi a okyer& 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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