



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

## Notice of Decision

Decision Date: May 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001371

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 13, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 15, 2014, eligibility determination.

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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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: May 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001371

[REDACTED]  
[REDACTED]  
[REDACTED]

### Issue

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

Did the Marketplace properly determine that coverage under your Medicaid Managed care plan ended effective November 30, 2014?

### Procedural History

The Marketplace received an application on June 17, 2014, for you and your husband.

On June 18, 2014, the Marketplace issued a notice of eligibility determination stating that your husband was eligible for Medicaid, and you were conditionally eligible for Medicaid. The Marketplace directed you to provide proof of citizenship status to the Marketplace by November 14, 2014, to confirm your eligibility.

The Marketplace redetermined your eligibility on November 14, 2014 and, on November 15, 2014, issued a notice of eligibility determination stating that you were no longer eligible for coverage because you had not provided proof of citizenship status.

On November 16, 2014, the Marketplace issued a Disenrollment Notice stating that your coverage under your Medicaid Managed Care plan would end effective November 30, 2014.

On December 18, 2014, you uploaded your U.S. Passport to your Marketplace account.

On December 19, 2014, the Marketplace issued a notice of eligibility determination stating that your husband was eligible for Medicaid and that you were conditionally eligible for Medicaid. You were advised to select a plan.

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On December 23, 2014, the Marketplace issued an eligibility determination notice stating, among other things, that you were eligible for Medicaid effective December 1, 2014.

On January 7, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your Medicaid Managed Care plan was terminated effective November 30, 2014.

On February 4, 2015, the Marketplace issued a notice of eligibility determination stating, among other things, that your Medicaid Managed Plan enrollment would begin on January 1, 2015.

On February 13, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

## **Findings of Fact**

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

- 1) As of the date of this appeal, you were applying for health insurance through the Marketplace for yourself and your husband.
- 2) On June 18, 2014, the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid and directing you to provide proof of citizenship status to the Marketplace by November 14, 2014, to confirm your eligibility.
- 3) On November 15, 2014, the Marketplace issued a notice stating that you were not eligible for coverage through the Marketplace because you did not provide proof of citizenship.
- 4) On November 16, 2014, the Marketplace issued a Disenrollment Notice stating that coverage under your Medicaid Managed Care plan would end effective November 30, 2014.
- 5) You testified you discovered you were no longer enrolled in the Medicaid Managed Care plan at a doctor's appointment on December 11, 2014.
- 6) You testified that you have a medical bill for December 2014 from a doctor's office visit and that your doctor does not accept fee-for-service Medicaid but does accept your Medicaid Managed Care plan.
- 7) Your U.S. passport was uploaded to your Marketplace Account on December 18, 2014.

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- 8) According to the December 23, 2014 notice, your Medicaid eligibility was restored effective December 1, 2014.
- 9) According to the February 4, 2015 notice, the 2015 coverage under your Medicaid Managed Care plan began effective January 1, 2015.

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

## **Applicable Law and Regulations**

### Medicaid

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2).

Medicaid must be provided to eligible residents of the United States who are citizens of the United States or national of the United States, and they have provided satisfactory documentary evidence of citizenship or national status (42 CFR § 435.406(a)(1)).

### Medicaid Effective Date

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)).

With regard to enrollment in a Medicaid Managed Care plan (MMC), enrollments on or before the fifteenth day of the month are effective the first day of the following month. Enrollments after the fifteenth 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, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

## **Legal Analysis**

The only issue raised on appeal is the termination of your Medicare Managed Plan coverage effective November 30, 2014. That coverage was restored effective January 1, 2015. Consequently you have Medicaid fee-for-service coverage, rather than coverage through a Managed Care Plan, during December 2014.

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An individual seeking enrollment in Medicaid must have, and be able to demonstrate, satisfactory citizenship or immigration status. The Marketplace provided conditional eligibility for Medicaid pending the production of evidence of your immigration status by November 14, 2014. When you failed to provide that documentation, the Marketplace could not confirm your entitlement to Medicaid benefits and so it properly terminated your Medicaid eligibility and Medicaid Managed Care plan enrollment effective November 30, 2014.

Therefore, the November 15, 2014 notice stating that you were no longer eligible for coverage because you had not provided proof of citizenship status was correct when it was issued and is AFFIRMED.

Also, the November 16, 2014 notice stating that your coverage under your Medicaid Managed Care plan would end effective November 30, 2014 was correct when it was issued and is AFFIRMED.

After your U.S. Passport was uploaded to your Marketplace Account on December 18, 2014, the Marketplace redetermined your eligibility and found that you were eligible for Medicaid on the completed application. Since you were fully eligible for Medicaid during a day in December, your Medicaid eligibility became effective on December 1, 2014. Therefore, the December 23, 2014 notice is correct and is AFFIRMED.

Although your Medicaid eligibility could be restored as of December 1, 2014, enrollment in a Medicaid Managed Care Plan after the fifteenth day of the month is effective on the first day of the second following month. Therefore, the effective date of your 2015 plan enrollment, which occurred between December 16, 2014 and January 15, 2015, is February 1, 2015. Since the February 4, 2015 notice states that your Medicaid Managed Care plan takes effect on January 1, 2015, it is correct and is AFFIRMED.

## **Decision**

The notices issued November 15, 2014; November 16, 2014; December 1, 2014; and February 4, 2015 are supported by the record and are AFFIRMED.

**Effective Date of this Decision:** May 13, 2015

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

This decision does not change your eligibility.

Coverage under your 2014 Medicaid Managed Care plan ended November 30, 2014. You have Medicaid fee-for-service coverage during December 2014. Coverage under your 2015 Medicaid Managed Care Plan is effective as of January 1, 2015.

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 Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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 notices issued November 15, 2014; November 16, 2014; December 1, 2014; and February 4, 2015 are supported by the record and are AFFIRMED.

This decision does not change your eligibility.

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Coverage under your 2014 Medicaid Managed Care plan ended November 30, 2014. You have Medicaid fee-for-service coverage during December 2014. Coverage under your 2015 Medicaid Managed Care Plan is effective as of January 1, 2015.

You continue to be eligible for Medicaid with an effective date of December 1, 2014 and eligible for enrollment with New York State Catholic Health Plan, Inc. on January 1, 2015.

## **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).



**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]