



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

Notice of Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002797

[REDACTED]

Dear [REDACTED],

On July 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 10, 2015 eligibility determination and March 10, 2015 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation (CFR) 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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Issues

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

Did the Marketplace properly determine that you were eligible for tax credits and help paying out-of-pocket costs, effective March 1, 2015?

Did the Marketplace properly determine that you were eligible for Medicaid and that your enrollment in New York State Catholic Health Plan, Inc., a Medicaid Managed Care plan, should be effective April 1, 2015?

Procedural History

On January 10, 2015, the Marketplace issued a notice stating that it was time to renew your health insurance for 2015. The notice further stated that you qualified for a tax credit and could get help paying your share of out-of-pocket costs, but that you were not eligible for Medicaid. This eligibility was effective March 1, 2015. The notice indicated that if you believed the Marketplace had made a mistake, you needed to log into your account and make changes between January 16, 2015 and February 15, 2015 for any changes to be effective March 1, 2015.

On February 18, 2015, the Marketplace issued a disenrollment notice stating that your coverage with New York State Catholic Health Plan, Inc., a Medicaid Managed Care (MMC) plan, would end effective February 28, 2015.

Your account was updated on February 19, 2015.

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On February 20, 2015, the Marketplace sent you a notice stating that you might be eligible for health insurance through the Marketplace but that more information was needed to make a determination. You were requested to provide proof of your income by March 9, 2015 to confirm that the information in your application was accurate.

On March 5, 2015, the requested income documentation was uploaded to your Marketplace account.

On March 10, 2015, the Marketplace issued a notice of eligibility determination stating that you remained eligible for Medicaid because your household income of \$13,300.00 was at or below the allowable income limit. This eligibility was effective March 1, 2015.

Also on March 10, 2015, the Marketplace issued an enrollment confirmation notice that stated that your enrollment in your MMC plan would begin April 1, 2015.

On May 7, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your coverage under your MMC plan on April 1, 2015.

On July 6, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

- 1) You testified that you received the Marketplace's January 10, 2015 renewal notice.
- 2) You testified, and the record reflects, that you submitted your renewal application on February 19, 2015.
- 3) On March 9, 2015 you were found eligible for Medicaid based on the information contained in your Marketplace application.
- 4) You selected a Medicaid Managed Care (MMC) plan on March 9, 2015.
- 5) On March 10, 2015, the Marketplace issued a notice advising you that your Medicaid coverage began on March 1, 2015 and that the MMC plan would take effect on April 1, 2015.

- 6) You testified that you believe your Medicaid coverage was improperly terminated due to your late renewal, and you want your MMC plan to take effect on March 1, 2015.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

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 Managed Care (MMC) 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, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

The first issue is whether the Marketplace properly determined on January 10, 2015 that you were eligible for tax credits and help paying out-of-pocket costs, effective March 1, 2015.

The Marketplace must conduct annual eligibility redeterminations for qualified individuals seeking financial assistance through insurance affordability programs such as Medicaid. Accordingly, the Marketplace must request that the qualified individual provide updated income and family size information to redetermine eligibility for the upcoming year.

On January 10, 2015, the Marketplace issued a notice of annual eligibility redetermination in your case. It stated that you qualified for tax credits and help paying out-of-pocket costs, but not Medicaid. The notice indicated that if you believed the Marketplace had made a mistake, you must log into your account and make changes between January 16, 2015 and February 15, 2015 for your new plan to be effective March 1, 2015.

Since you did not correct your account by February 15, 2015, the Marketplace properly relied upon the information in the January 10, 2015 notice to make an annual redetermination of your eligibility. Therefore, the January 10, 2015 eligibility determination was correct when made and is **AFFIRMED**.

The second issue is whether your Medicaid Managed Care (MMC) plan was effective April 1, 2015.

The date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month.

On March 9, 2015, you selected your MMC plan, so it must take effect on the first day of the following month; that is, on April 1, 2015.

Therefore, the March 10, 2015 enrollment confirmation notice stating that your MMC coverage would take effect on April 1, 2015 is correct and must be **AFFIRMED**.

Decision

The January 10, 2015 eligibility determination is AFFIRMED.

The March 10, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 28, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 1, 2015.

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

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The January 10, 2015 eligibility determination is AFFIRMED.

The March 10, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

