



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

## Notice of Decision

Decision Date: November 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003299

[REDACTED]

Dear [REDACTED]

On November 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 3, 2015 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: November 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003299



## Issue

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

Did the Marketplace properly determine that you were no longer eligible for Medicaid, effective May 31, 2015?

## Procedural History

On October 8, 2013, the Marketplace received a copy of your Certificate of Naturalization (Certificate No. [REDACTED]).

On January 14, 2015, the Marketplace issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective January 1, 2015. The notice requested that you provide documentation confirming your citizenship status before April 15, 2015; if you failed to submit the documentation your eligibility to remain enrolled in health insurance through the Marketplace or to receive financial assistance might end.

Also on January 14, 2015, the Marketplace issued a notice confirming your enrollment in Hudson Health Plan, Inc. Medicaid Managed Care (MMC) plan. The notice stated that your insurance through Medicaid would begin January 1, 2015 and enrollment with Hudson Health Plan, Inc. would begin February 1, 2015.

On May 3, 2015, the Marketplace issued an eligibility redetermination notice stating that you were no longer eligible to enroll in health insurance through the

Marketplace because you had not confirmed your citizenship status. Your eligibility for coverage would end effective May 31, 2015.

On May 4, 2015, the Marketplace issued a disenrollment notice that stated your enrollment in your MMC plan was terminated effective May 31, 2015.

On June 3, 2015, the Marketplace received a revised application. In response to this application, on June 3, 2015, Marketplace prepared a preliminary eligibility determination notice finding you eligible for Medicaid, effective June 1, 2015. However, the preliminary eligibility determination also requested that you provide additional documentation to confirm your eligibility. This determination neither confirmed the type of documents requested nor specified the date by which the must be received.

Also on June 3, 2015, you spoke with the Marketplace's Account Review Unit and appealed the May 3, 2015 eligibility determination insofar as you had been disenrolled from Hudson Health Plan, Inc. MMC plan effective May 31, 2015.

On June 4, 2015, the Marketplace issued an eligibility redetermination notice formalizing the findings prepared under the June 3, 2015 preliminary eligibility determination in that you were found conditionally eligible for Medicaid, effective June 1, 2015. The notice further requested that you provide documentation confirming your citizenship status before September 1, 2015; if you failed to submit the documentation your eligibility to remain enrolled in health insurance through the Marketplace or to receive financial assistance might end.

Also on June 4, 2015, the Marketplace issued a notice confirming your reenrollment in Hudson Health Plan, Inc. MMC plan. The notice further stated that your coverage under this plan would begin July 1, 2015.

On June 5, 2015, however, the Marketplace issued a further eligibility redetermination notice finding that you eligibility for Medicaid was no longer conditional.

On November 5, 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**

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

- 1) You testified that you received the Marketplace's January 17, 2015 notice requesting documentation confirming your citizenship.

- 2) You testified, and the record reflects, that you uploaded a copy of your Certificate of Naturalization to your Marketplace account on October 8, 2013.
- 3) You testified that you didn't take any further action when you received the January 17, 2015 eligibility determination notice requesting documentation to confirm your citizenship status since you previously provided your Certificate of Naturalization to the Marketplace on October 8, 2013.
- 4) You testified that you are seeking reinstatement of your Hudson Health Plan, Inc. MMC plan coverage during June 2015, in which you believe you may ultimately incur out-of-pocket medical expenses due to some dental work you received in Fishkill, New York.

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

## **Applicable Law and Regulations**

### Eligibility for Enrollment in Medicaid

In general, the Marketplace must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). The Marketplace must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person’s household remains Medicaid eligible for 12 months unless the person becomes ineligible due to “citizenship status, lack of [New York] state residence, or failure to provide a valid social security number” (N.Y. Social Services Law § 366.4(c)).

If the Marketplace remains unable to verify the attestation after the 90-day period ends, then it must determine the applicant’s eligibility based on the information available in the data sources (45 CFR § 155.315(f)(5)).

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that you were no longer eligible for Medicaid through the Marketplace, effective May 31, 2015.

The Marketplace is required to determine whether individuals are eligible to enroll in coverage through the Marketplace, and must confirm, among other things, that their citizenship status is satisfactory.

If the Marketplace cannot verify an individual's citizenship status, it must provide the individual a period of 90 days, from the date notice is received, to resolve the inconsistency.

In the eligibility determination issued on January 17, 2015, you were advised that your eligibility for Medicaid was only conditional, and that you needed to confirm your citizenship status before April 15, 2015.

You testified, and the credible evidence of record reflects, that the Marketplace received a copy of your Certificate of Naturalization on October 8, 2013 to confirm your citizenship, well before the April 15, 2015 deadline.

Since the Marketplace received the requested documentation prior to the 90-day period, and ultimately issued an eligibility determination on June 4, 2015 confirming that you were eligible for Medicaid without conditions, there is sufficient evidence that the May 3, 2015 eligibility determination finding that you had not provided the requested information, and that your eligibility ended effective May 31, 2015, is not supported by the record and must be **RESCINDED**.

Furthermore, since the May 4, 2015 disenrollment notice was issued based on the May 3, 2015 eligibility determination, it is also **RESCINDED**.

Finally, since we find that the required documentation was provided on October 8, 2013, and this documentation ultimately resulted in a finding on June 5, 2015 that you were eligible for Medicaid without conditions, the eligibility determinations issued on January 17, 2015 and June 4, 2015 are **MODIFIED** to state that you were fully eligible for Medicaid.

## **Decision**

The May 3, 2015 eligibility determination is **RESCINDED**.

The May 4, 2015, disenrollment notice is **RESCINDED**.

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).

The January 17, 2015 and June 4, 2015 eligibility determinations are MODIFIED to state that you were fully eligible for Medicaid.

**Effective Date of this Decision:** November 24, 2015

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

Your Medicaid coverage under the Hudson Health Plan, Inc. MMC plan is reinstated for June 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
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The May 3, 2015 eligibility determination is RESCINDED.

The May 4, 2015, disenrollment notice is RESCINDED.

The January 17, 2015 and June 4, 2015 eligibility determinations are MODIFIED to state that you are fully eligible for Medicaid.

Your Medicaid coverage under the Hudson Health Plan, Inc. MMC plan is reinstated for June 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:**

