



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: AP000000003373

[REDACTED]

Dear [REDACTED],

On August 26, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 11, 2015 eligibility determination and May 12, 2015 disenrollment notice regarding your spouse.

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).

This page intentionally left blank.



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

Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003373



Issue

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

Did the Marketplace properly determine that your spouse's coverage under your Medicaid Managed care plan ended effective May 31, 2015?

Procedural History

On February 10, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid effective December 1, 2014 and your spouse was conditionally eligible for Medicaid effective February 1, 2015. The notice further requested that your spouse provide documentation confirming her citizenship status before May 7, 2015, and if she does not submit the requested documentation by that date, she might be found ineligible for health insurance or for less help with her health insurance.

On February 19, 2015, the Marketplace issued a notice confirming your and your spouse's enrollment in CDPHP, a Medicaid Managed Care (MMC) plan. The notice stated that your insurance coverage through Medicaid will begin December 1, 2014 and enrollment with CDPHP will begin April 1, 2015, and your spouse's insurance coverage through Medicaid will begin February 1, 2015 and enrollment with CDPHP will begin April 1, 2015.

On May 11, 2015, the Marketplace issued a notice of eligibility redetermination stating that, effective May 31, 2015, your spouse was no longer eligible for financial assistance or to enroll in health insurance through the Marketplace because she had not confirmed her citizenship status.

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).

That same day, the Marketplace issued a notice of eligibility redetermination that you remained eligible for Medicaid effective May 1, 2015 and needed to pick a plan.

On May 12, 2015, the Marketplace issued a disenrollment notice that your spouse's coverage with CDPHP, an MMC plan, will end effective May 31, 2015.

That same day, the Marketplace issued a notice confirming your coverage with Medicaid Fee-For-Services effective May 1, 2015 and your enrollment in CDPHP, an MMC plan, effective April 1, 2015.

On June 3, 2015, the Marketplace issued a notice of eligibility redetermination that you remain eligible for Medicaid effective June 1, 2015, and your spouse is conditionally eligible for Medicaid effective June 1, 2015.

On June 6, 2015, the Marketplace issued another notice of eligibility redetermination that you and your spouse are eligible for Medicaid effective June 1, 2015.

On June 8, 2015 you spoke with a representative from the Marketplace's Account Review Unit and appealed your spouse's disenrollment from CDPHP effective May 31, 2015 because you had uploaded your spouse's Certificate of Naturalization to your Marketplace account on February 4, 2015.

On June 11, 2015, the Marketplace issued another notice of eligibility redetermination that you are no longer eligible for Medicaid however your health coverage will be continued under Medicaid until May 31, 2016, with this eligibility being effective June 1, 2015. The notice also stated that your spouse remains conditionally eligible for Medicaid effective June 1, 2015.

On June 12, 2015, the Marketplace issued a notice confirming your enrollment with CDPHP, an MMC plan, and that you had been auto-enrolled effective April 1, 2015. The notice further stated that your spouse had not yet picked a plan.

On July 28, 2015, the Marketplace issued a notice of eligibility redetermination that, in relevant part, stated you and your spouse remain eligible for Medicaid effective September 1, 2015. The corresponding notice of that same date confirms your enrollment stated that your enrollment with CDPHP is effective April 1, 2015 and your spouse's enrollment with CDPHP is effective September 1, 2015.

On August 26, 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 supports the following findings of fact:

- 1) You testified that you received the Marketplace's notice requesting documentation confirming your spouse's citizenship and, on February 4, 2014, uploaded a copy of her Certificate of Naturalization as is reflected in your Marketplace account (Document ID # [REDACTED]).
- 2) There is no evidence in the record that the Marketplace verified your spouse's citizenship documentation until June 11, 2015.
- 3) You are seeking reinstatement of your spouse's health insurance coverage for June, July, and August 2015, because she is pregnant and received maternity and prenatal care during this period.

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

Applicable Law and Regulations

Immigration Status and Medicaid Eligibility

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. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid.

Generally, no person except a United States citizen, a naturalized citizen, a qualified alien, and persons permanently residing in the United States under color of law (PRUCOL), is eligible for medical assistance from the state (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2(j)).

If an applicant attests to citizenship, status as a national, or lawful presence, and the Marketplace is unable to verify such attestation, the Marketplace must provide the applicant 90 days, from the date the notice of inconsistency is received by the applicant, to provide satisfactory documentary evidence. Notice is considered to have been received five days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-day period. (45 CFR § 155.315(c)(3)).

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace 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 twelve-month period. This twelve-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

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).

subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Medicaid Managed Care Plans

Generally, with regard to enrollment in a Medicaid Managed Care plan (MMC), Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in an MMC (18 NYCRR § 360-10.4(a)). It is mandatory for Medicaid recipients in Albany County to be enrolled in MMC plans.

Medicaid Managed Care plan (MMC) 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 issue under review is whether the Marketplace properly determined that your spouse was no longer eligible to enroll in a qualified health plan through the Marketplace, effective May 31, 2015.

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 spouse's citizenship status by May 7, 2015.

The sole basis given in the February 10, 2015 notice of eligibility determination for making your spouse's eligibility conditional was the lack of evidence of her citizenship status.

However, the credible evidence of record reflects that by February 4, 2015, the record contained a valid Certificate of Naturalization for your spouse. Since this certificate confirms your spouse's status for purposes of Medicaid eligibility, the February 10, 2015 notice of eligibility improperly conditioned her Medicaid eligibility on grounds of citizenship or immigration status.

Therefore, the February 10, 2015 determination is MODIFIED to state that your spouse was eligible for Medicaid without condition and did not need to submit proof of citizenship status.

Also, the February 19, 2015 notice confirming your spouse's coverage with Medicaid Fee-For-Services effective February 1, 2015 and her enrollment in CDPHP, an MMC plan effective April 1, 2015, is AFFIRMED.

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).

All eligibility determinations issued after the February 10, 2015 eligibility determination notices and enrollment notices are likewise MODIFIED to state that the required document had been provided timely and that your spouse is eligible for Medicaid effective February 1, 2015 and enrolled in CDPHP, an MMC plan effective April 1, 2015, and your eligibility and enrollment remain in effect.

Decision

The February 10, 2015 notice of eligibility determination is MODIFIED to state that your spouse is eligible for full Medicaid effective February 1, 2015.

The February 19, 2015 notice confirming your spouse's coverage with Medicaid Fee-For-Services effective February 1, 2015 and her enrollment in CDPHP, an MMC plan effective April 1, 2015, is AFFIRMED.

All eligibility determinations issued after the February 10, 2015 eligibility determination notices and enrollment notices are likewise MODIFIED to state that the required document had been provided timely and that your spouse is eligible for Medicaid effective February 1, 2015 and enrolled in CDPHP, an MMC plan effective April 1, 2015, and your eligibility and enrollment remain in effect.

Effective Date of this Decision: October 28, 2015

How this Decision Affects Your Eligibility

Your spouse's eligibility for Medicaid Fee-For-Services is effective February 1, 2015 and her eligibility for an enrollment in CDPHP, an MMC plan, is to be restored by the Marketplace, effective 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.

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).

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 February 10, 2015 notice of eligibility determination is MODIFIED to state that your spouse is eligible for full Medicaid effective February 1, 2015.

The February 19, 2015 notice confirming your spouse's coverage with Medicaid Fee-For-Services effective February 1, 2015 and her enrollment in CDPHP, an MMC plan effective April 1, 2015, is AFFIRMED.

All eligibility determinations issued after the February 10, 2015 eligibility determination notices and enrollment notices are likewise MODIFIED to state that the required document had been provided timely and that your spouse is eligible for Medicaid effective February 1, 2015 and enrolled in CDPHP, an MMC plan effective April 1, 2015, and your eligibility and enrollment remain in effect.

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 spouse's eligibility for Medicaid Fee-For-Services is effective February 1, 2015 and her eligibility for an enrollment in CDPHP, an MMC plan, is to be restored by the Marketplace, effective 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:

