



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

Notice of Decision

Decision Date: December 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003559

[REDACTED]

Dear [REDACTED]

On July 22, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 16, 2015 eligibility determinations, June 16, 2015 eligibility determinations, and June 17, 2015 disenrollment 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 federal regulation 45 CFR § 155.545(b).

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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003559

[REDACTED]
[REDACTED]
[REDACTED]

Issues

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

Did the Marketplace properly terminated the Medicaid coverage of your youngest daughter, [REDACTED] effective May 31, 2015 or June 30, 2015?

Did the Marketplace properly determine that your six oldest children, [REDACTED], were no longer eligible to enroll in Child Health Plus, effective June 30, 2015?

Procedural History

The Marketplace received two applications for health insurance on May 6, 2014 and May 7, 2014. In the first application, you attested to an expected yearly income of \$99,999.96. In the second, you attested to annual household income of \$80,000.00.

On May 8, 2014, the Marketplace issued an eligibility determination notice based on the information contained in first May 6, 2014 application. It stated that your seven children: [REDACTED], were eligible to enroll in Child Health Plus (CHP) at a total reduced premium rate of \$45.00 per month.

Also on May 8, 2014, the Marketplace issued an eligibility redetermination notice based on the information contained in your May 7, 2014 application. It stated that your daughter, [REDACTED] was now eligible for Medicaid based on the decreased income you claimed in your May 7, 2014 application. The notice

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further stated that her insurance coverage through Medicaid would begin June 1, 2014 but that you must choose a health plan soon or one would be chosen for her.

On May 13, 2014, the Marketplace again issued an eligibility redetermination notice stating that [REDACTED] was eligible for Medicaid effective June 1, 2014, but that you must choose a health plan soon or one would be chosen for her.

On July 7, 2014, the Marketplace issued a notice confirming your six oldest children's enrollment in a UnitedHealthcare CHP plan at a total reduced premium rate of \$27.00, and [REDACTED] enrollment in a UnitedHealthcare Medicaid Managed Care (MMC) plan. The notice further confirmed that your oldest children's coverage under their CHP plan could begin as early as June 1, 2014 provided that the first month's premium was received, and that [REDACTED] coverage under the UnitedHealthcare MMC would begin June 1, 2014.

On August 13, 2014, the Marketplace issued an eligibility redetermination notice stating that [REDACTED] was again found eligible for Medicaid. The notice further stated that her Medicaid coverage would begin June 1, 2014, but that you needed to select a plan soon or one would be chosen for her.

Also on August 13, 2014, the Marketplace issued a notice confirming your children's reenrollment in their respective health plans. The notice confirmed that your oldest children's coverage under their CHP plan could begin as early as September 1, 2014 provided that the first month's premium was received, and that [REDACTED] coverage under the UnitedHealthcare MMC would begin June 1, 2014.

On April 10, 2015, the Marketplace issued a notice stating that it was time to renew you NY State of Health coverage. The notice stated that for each member in your family, the Marketplace did not have the necessary information to make a decision about whether your family members qualified for financial assistance to help you pay for your health coverage. It requested that you update your NY State of Health account by May 15, 2015, or the financial assistance you were receiving might end.

No updates were made to your account by May 15, 2015.

On May 16, 2015, the Marketplace issued an eligibility determination notice stating that [REDACTED] was no longer eligible for Medicaid, CHP, tax credits or cost-sharing reductions. It further stated that she was no longer eligible to enroll in a qualified health plan at full cost. This determination was issued because you failed to respond to the renewal notice and did not complete the renewal within the required timeframe. This notice was returned to the Marketplace as undeliverable on June 10, 2015.

Also on May 16, 2015, the Marketplace issued an eligibility determination notice which stated, in part, that your six oldest children were no longer eligible for CHP; however, their coverage under CHP would continue until June 1, 2015 at a reduced monthly premium rate of \$9.00 per child. This notice also instructed you to select a CHP plan for their coverage. This notice was returned to the Marketplace as undeliverable on June 10, 2015.

On May 18, 2015, the Marketplace issued a disenrollment notice confirming that [REDACTED] coverage with the UnitedHealthcare MMC plan would end effective May 31, 2015.

Also on May 18, 2015, the Marketplace issued a notice confirming enrollment for your six oldest children in the UnitedHealthcare CHP plan at a total reduced premium rate of \$27.00. The notice further stated that their coverage could begin as early as September 1, 2014 provided that the first month's premium was received.

On June 16, 2015, the Marketplace issued an eligibility determination notice stating that [REDACTED] was no longer eligible for Medicaid, CHP, tax credits or cost-sharing reductions. It further stated that she was no longer eligible to enroll in a qualified health plan at full cost. This determination was issued because notices about [REDACTED] eligibility and coverage had been returned to the Marketplace as undeliverable.

Also on June 16, 2015, the Marketplace issued an eligibility determination notice stating that your six oldest children were no longer eligible for Medicaid, CHP, tax credits or cost-sharing reductions. It further stated that they were no longer eligible to enroll in a qualified health plan at full cost. This determination was issued because notices about their eligibility and coverage had been returned to the Marketplace as undeliverable.

On June 17, 2015, the Marketplace issued a disenrollment notice confirming that your six oldest children had been disenrolled from their UnitedHealthcare CHP plan coverage effective June 30, 2015.

On June 19, 2015, the Marketplace received a revised application in which you attested to an expected yearly income of \$100,000.00. Based on this application, the Marketplace prepared a preliminary eligibility determination that found each of your seven children eligible to enroll in CHP at a reduced premium rate of \$9.00 per child, effective August 1, 2015.

Also on June 19, 2015, you spoke with the Marketplace's Account Review Unit and appealed the disenrollment of your children from their respective health plans.

On June 20, 2015, the Marketplace issued an eligibility redetermination notice formalizing the findings prepared under the June 19, 2015 preliminary eligibility determination. The notice stated, in relevant part, that each of your seven children were eligible to enroll in CHP at a reduced premium rate of \$9.00 per child, effective August 1, 2015.

Also on June 20, 2015, the Marketplace issued a notice confirming the enrollment of your children in a UnitedHealthcare CHP plan at a total premium rate of \$27.00 per month, effective August 1, 2015.

On July 22, 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 did not receive any notice from the Marketplace requesting that you update your account by May 15, 2015.
- 2) Your Marketplace account indicates that you elected to receive notifications via electronic mail.
- 3) Medicaid coverage for your youngest daughter, [REDACTED] was effective June 1, 2014 based on the information contained in your May 7, 2014 application.
- 4) CHP coverage through UnitedHealthcare for your six oldest children was effective June 1, 2014.
- 5) On April 10, 2015, the Marketplace issued a notice stating that it was time to renew you NY State of Health coverage, and requested that you update your account by May 15, 2015.
- 6) There is no evidence in the record that the Marketplace received any updates to your account by May 15, 2015.
- 7) [REDACTED] Medicaid coverage with UnitedHealthcare was terminated as of May 31, 2015.
- 8) The CHP coverage of your six oldest children under UnitedHealthcare was terminated as of June 30, 2015.

- 9) You testified that you believed that your children had been disenrolled from their coverage for non-payment of premium amounts.
- 10) Two additional eligibility determinations were issued on June 16, 2015 stating that your children were no longer eligible for coverage through the NY State of Health, effective June 30, 2015, since notices about their eligibility and coverage had been returned to the Marketplace as undeliverable.
- 11) You are seeking reinstatement of children's respective health insurance coverage during the month of July 2015 or, in the alternative, a backdate of the CHP coverage start date of all seven of your children to July 1, 2015.

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

Applicable Law and Regulations

Medicaid Renewal

In general, the Marketplace must review Medicaid eligibility once every 12 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)).

The Marketplace must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, the Marketplace must issue a redetermination as projected by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

Child Health Plus Renewal

A child under the age of nineteen may be eligible for subsidized coverage through Child Health Plus (CHP) provided (1) he or she lives in a household having a household income at or below 400% of the federal poverty level (FPL); (2) is not eligible for medical assistance; (3) is not eligible for coverage under the public employees' state health benefits plan, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-e)).

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Generally, a child who is eligible for CHP may only have his or her financial eligibility redetermined once every twelve months, and no more frequently than once every twelve months (42 CFR § 435.916(a)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The first issue under review is whether the Marketplace properly terminated the Medicaid coverage of your youngest daughter, ██████ effective May 31, 2015.

The record reflects that based on your latest May 6, 2014 application, the Marketplace ultimately issued an eligibility determination notice on May 8, 2014 finding ██████ eligible for Medicaid as of June 1, 2014.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every 12 months, without requiring information from the individual if it able to do so based on reliable information contained in the individual's account or other more current information available to the agency. The Marketplace's April 10, 2015 renewal notice stated that there was not enough information to determine whether your entire family, including ██████ would continue to be eligible for financial assistance for health insurance coverage, and that you needed to supply additional information by May 15, 2015 or their financial assistance might end.

Because there were no updates made to your account by May 15, 2015, ██████ Medicaid coverage was terminated effective May 31, 2015.

However, you testified that you received no notice from the Marketplace, either to your e-mail account as you requested or through regular mail, advising you of the need to update your account,.

You were entitled to notice of the need to renew your application, and there is no evidence to show that you received the emails which alerted you to documents having been uploaded to your account. Therefore, it is found that the Marketplace improperly disenrolled ██████ from her Medicaid coverage without the proper notice.

Accordingly, since the credible evidence of record no longer supports the May 16, 2015 eligibility determination, it is RESCINDED.

Furthermore, the May 18, 2015 disenrollment notice is MODIFIED to state that [REDACTED] Medicaid coverage under UnitedHealthcare is terminated effective July 31, 2015.

The second issue under review is whether your six oldest children: [REDACTED] were properly terminated from their Child Health Plus (CHP) plan, effective June 30, 2015.

The record reflects that based on your latest May 6, 2014 application, the Marketplace issued an eligibility determination notice finding your six oldest children eligible to enroll in CHP as of June 1, 2014.

For the reasons noted above with respect to [REDACTED] improper disenrollment, the credible evidence of record also reflects that the Marketplace improperly disenrolled your six oldest children from their CHP coverage without the proper notice.

Accordingly, the June 17, 2015 disenrollment notice is MODIFIED to state that the CHP coverage for your six oldest children under UnitedHealthcare is terminated effective July 31, 2015.

Finally, since the record reflects that all of your children were enrolled in a UnitedHealthcare CHP plan effective August 1, 2015, which is based, in part, on the same e-mail and mailing address that you previously provided in your May 6, 2014 application, the June 16, 2015 eligibility determination notices finding your children no longer eligible for coverage through the NY State of Health because notices regarding their eligibility and coverage had been returned to the Marketplace as undeliverable, are no longer supported by the record and are RESCINDED.

Decision

The May 16, 2015 eligibility determination is RESCINDED.

The May 18, 2015 disenrollment notice is MODIFIED to state that [REDACTED] Medicaid coverage under UnitedHealthcare is terminated effective July 31, 2015.

The June 16, 2015 eligibility determinations are RESCINDED.

The June 17, 2015 disenrollment notice is MODIFIED to state that the CHP coverage for your six oldest children under UnitedHealthcare is terminated effective July 31, 2015.

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Effective Date of this Decision: December 18, 2015

How this Decision Affects Your Eligibility

██████ Medicaid coverage is reinstated to continue until July 31, 2015.

You six oldest children's CHP coverage is reinstated to continue until July 31, 2015.

Please note that this Decision has no effect on the subsequent determination issued on June 20, 2015, finding all seven of your children eligible for CHP coverage at a total reduced premium rate of \$27.00 per month.

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 16, 2015 eligibility determination is RESCINDED.

The May 18, 2015 disenrollment notice is MODIFIED to state that [REDACTED] Medicaid coverage under UnitedHealthcare is terminated effective July 31, 2015.

The June 16, 2015 eligibility determinations are RESCINDED.

The June 17, 2015 disenrollment notice is MODIFIED to state that the CHP coverage for your six oldest children under UnitedHealthcare is terminated effective July 31, 2015.

[REDACTED] Medicaid coverage is reinstated to continue until July 31, 2015.

Your six oldest children's CHP coverage is reinstated to continue until July 31, 2015.

Please note that this Decision has no effect on the subsequent determination issued on June 20, 2015, finding all seven of your children eligible for CHP coverage at a total reduced premium rate of \$27.00 per month, effective August 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:

