



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

## Notice of Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003610

[REDACTED]

Dear [REDACTED]

On September 11, 2015 you and your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 2, 2015 enrollment 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 letter.

### 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: October 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003610

[REDACTED]

## Issue

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

Did the Marketplace properly determine that your enrollment with New York Catholic Health Plan, Inc. will begin July 1, 2015?

## Procedural History

On March 7, 2015, the Marketplace issued a notice stating that the NY State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of coverage you could have for 2015. The notice directs you to "update the information on your [Marketplace] account by April 15, 2015 so we can make an appropriate decision. If you miss the deadline, the financial assistance you are getting now may end."

On April 18, 2015, the Marketplace issued a notice of eligibility determination stating that you are not eligible for Medicaid, Child Health Plus, receive tax credits or cost-sharing reductions, or enroll in a qualified health plan at full cost through the Marketplace, because you did not complete your renewal within the required timeframe. The notice states that your eligibility will end effective April 30, 2015.

On April 19, 2015, the Marketplace issued a disenrollment notice that your coverage with New York State Catholic Health Plan, Inc. will end effective April 30, 2015.

On May 29, 2015, your Marketplace account was updated.

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On May 30, 2015, the Marketplace issued an eligibility determination notice which explained that you are eligible for Medicaid effective May 1, 2015.

On June 2, 2015, the Marketplace issued you an enrollment notice confirming that the New York Catholic Health Plan, Inc. is effective July 1, 2015.

On June 23, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of the New York Catholic Health Plan.

On September 11, 2015, you and your authorized representative had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing under oath. The record was left open until September 18, 2015 to allow you to submit additional documentation.

On September 14, 2015, you submitted a two-page fax to the Marketplace Appeals Unit. That fax was been marked as "Appellant Exhibit A" and has been made part of the record. The record is now complete and closed.

## **Findings of Fact**

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

- 1) The Marketplace issued a March 7, 2015 notice stating that a decision could not be made on whether you qualified to enroll in a qualified health plan and receive financial help paying for health coverage for 2015. The notice directs you to, "please update your NY State of Health account by April 15, 2015."
- 2) You testified that you contacted Fidelis Care on April 21, 2015 to renew your coverage and was told by a representative that your coverage was effective until June 30, 2015.
- 3) The Marketplace issued a notice of eligibility determination on April 18, 2015 stating that you are not eligible for financial assistance or eligible to enroll in a qualified health plan at full cost through the Marketplace effective April 30, 2015.
- 4) The Marketplace issued a disenrollment notice on April 19, 2015 stating that your coverage with New York State Catholic Health Plan, Inc. will end effective April 30, 2015.
- 5) You testified that you became aware that your health insurance through the Marketplace was discontinued when you were notified by your physician that you had \$800.00 of outstanding medical bills from services provided between April 2015 and June 2015.

- 6) On May 29, 2015, an initial application was submitted to the Marketplace for 2015 health insurance coverage.
- 7) On June 2, 2015, the Marketplace issued a notice confirming that your enrollment with New York State Catholic Health Plan, Inc. is effective July 1, 2015.
- 8) Your Marketplace Account indicates that you did not elect to have the Marketplace send you electronic correspondence.
- 9) On September 14, 2015, you faxed to the Marketplace Appeals Unit the March 7, 2015 renewal notice directing you to, "please update your NY State of Health account by April 15, 2015" (Appellant Exhibit A).

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 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)).

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 provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

### Medicaid Effective Dates:

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 issue is whether the Marketplace properly determined that your enrollment in your Medicaid Managed Care plan was effective July 1, 2015.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve months. The eligibility may be determined 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. The Marketplace's March 7, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage in 2015, and that you needed to supply additional information by April 15, 2015 or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective April 30, 2015.

The record indicates that the notices were issued to the address you have listed on your Marketplace account, and that there is no indication that any of the notices were returned to the Marketplace as undeliverable.

On May 29, 2015, you updated the information in your Marketplace account.

The date on which a Medicaid Managed Care 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.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On June 1, 2015 you selected your Medicaid Managed Care plan, so it must take effect on the first day of the second month after June 2015, which is on July 1, 2015.

Therefore, the June 2, 2015 enrollment confirmation notice stating that your Medicaid Managed Care coverage would take effect on July 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The June 2, 2015 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** October 27, 2015

## **How this Decision Affects Eligibility**

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is July 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
- By mail at:

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- By fax: 1-855-900-5557

## **Summary**

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is July 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]