



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

## Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003731

[REDACTED]

Dear [REDACTED]

On September 18, 2015, your authorized representative, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 11, 2015 eligibility determination and June 12, 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: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003731

[REDACTED]

## Issues

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

Did the Marketplace properly determine that your Medicaid will be effective as of June 1, 2015?

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

## Procedural History

On May 2, 2014, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective May 1, 2014.

On March 9, 2015, the Marketplace issued a renewal notice stating that the New York State of Health "cannot enroll you in your current health plan." The notice states that based on federal and state data sources, you now qualify for a tax credit up to \$238.48 per month and help paying your share of out-of-pocket costs, if you enroll in a silver level plan, effective May 1, 2015. However, if you wanted to change your health plan or if the information on your application was inaccurate, you would have to update your account between March 16, 2015 and April 15, 2015 in order for any such changes to be effective May 1, 2015.

On April 17, 2015, the Marketplace issued a disenrollment notice that your coverage with New York State Catholic Health Plan, Inc. will end effective April 30, 2015.

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On May 13, 2015, your Marketplace account was updated.

On May 14, 2015, the Marketplace issued you a notice stating that you “may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination.” The notice states that “[i]n order for your eligibility to be determined, you must submit income documentation for your household by May 29, 2015 to confirm that the information you provided in your application is accurate.”

On May 28, 2015, your authorized representative faxed a letter from Meritain Health to the Marketplace.

On June 3, 2015, the Marketplace issued a notice stating:

We previously notified you that additional information is required to confirm your eligibility for health insurance through New York State of Health. You have since submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request.

On June 9, 2015, a letter of employment from [REDACTED] was uploaded to your Marketplace account.

On June 11, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective June 1, 2015.

On June 12, 2015, the Marketplace issued an enrollment notice confirming your enrollment with Medicaid as of June 1, 2015, and your enrollment with New York State Catholic Health Plan, Inc. is effective July 1, 2015.

On June 30, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal relative to the effective date of your Medicaid and Medicaid Managed Care plan.

On September 18, 2015, your authorized representative, [REDACTED], had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing and the Hearing Officer directed her to provide additional documentation to corroborate testimony: (1) A copy of the renewal application that was mailed to the Marketplace; (2) outstanding medical bills, and (3) the letter of employment from [REDACTED].

On September 24, 2015, you faxed twenty-four pages of single-sided documents to the Marketplace Appeals Unit, which consisted of:

(1) Fax Cover Sheets (p. 1-2);

- (2) Marketplace eligibility and enrollment notices found in your Marketplace account (p. 3-9, 11-15);
- (3) Notice of Intent from the Collection Bureau of the Hudson Valley, Inc. (p. 10);
- (4) Medical Statements from Orthopedic Associates of Dutchess County (p. 16, 20-21);
- (5) Medical Statement from Westchester County Health Corporation (p. 17);
- (6) Medical Statement from Westchester Medical Regional Physicians Services (p. 18);
- (7) Medical Statement from Emergency Phys Services of NY, PC (p. 19);
- (8) A signed statement from you to the "Billing Resolutions" department of Fidelis Care requesting them to review your case (p. 22);
- (9) Letter of employment from [REDACTED];
- (10) A letter of "INITIAL ADVERSE DETERMINATION" from Fidelis Care (p. 24).

That fax have been marked as "Appellant Exhibit A" and has been entered into the record. The record is now closed.

## **Findings of Fact**

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

1. You were initially determined eligible for Medicaid through the Marketplace on May 1, 2014.
2. The Marketplace issued a March 9, 2015 renewal notice stating that that based on federal and state data sources, you now qualify for a tax credit up to \$238.48 per month and help paying your share of out-of-pocket costs, if you enroll in a silver level plan effective May 1, 2015. However, if you wanted to change your health plan or if the information on your application was inaccurate, you would have to update your account between March 16, 2015 and April 15, 2014 in order for any such changes to be effective May 1, 2015.
3. Your authorized representative testified that a paper application was mailed to the Marketplace in April 2015.
4. On April 17, 2015, the Marketplace issued a disenrollment notice stating that your New York State Catholic Health Plan, Inc. coverage will end effective April 30, 2015.
5. On May 13, 2015, your Marketplace account was updated. Your expected yearly income was reported as "\$0.00."

6. On May 14, 2015, the Marketplace issued you a notice stating that you “may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination.” The notice directed you to submit income documentation for your household by May 29, 2015 to confirm that the information you provided in your application is accurate.”
7. On May 28, 2015, a letter from Meritain Health was faxed to the Marketplace. The letter states that you had insurance through Meritain Health from March 1, 2012 through May 31, 2014.
8. On June 3, 2015, the Marketplace issued a notice stating that the documentation you provided to resolve the inconsistency appears to be insufficient to resolve the request.
9. On June 9, 2015, a letter of employment from [REDACTED] was uploaded to your Marketplace account. The letter states that you were employed at [REDACTED] from February 21, 2012 until October 27, 2012.
10. On June 11, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective as of June 1, 2015.
11. On June 12, 2015, the Marketplace issued an enrollment notice confirming your enrollment as of June 11, 2015, and your enrollment with New York State Catholic Health Plan, Inc. is effective July 1, 2015.
12. On September 24, 2015 ,your authorized representative faxed outstanding medical bills for medical services that were received in May and June 2015 (Appellant Exhibit A p. 10, 16-21).

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

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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 first issue is whether the Marketplace properly determined that you are eligible for Medicaid effective June 1, 2015.

You were originally found eligible for Medicaid based on a household income of \$0.00 on May 2, 2014. This eligibility was effective May 1, 2014.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve months 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 9, 2015 renewal notice stating that the New York State of Health “cannot enroll you in your current health plan.” The notice states that based on federal and state data sources, you now qualify for a tax credit up to \$238.48 per month and help paying your share of out-of-pocket costs, if you enroll in a silver level plan effective May 1, 2015. However, if you wanted to change your health plan or if the information on your application was inaccurate, you would have to update your account between March 16, 2015 and April 15, 2014 in order for any such changes to be effective May 1, 2015.

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Your authorized representative testified that a paper renewal application was sent to the Marketplace in April 2015. At the time of the hearing, no application was found in your Marketplace account. The Hearing Officer directed you to submit a copy of the renewal application to the Marketplace Appeals Unit to corroborate your testimony. This document was not provided within the twenty-four pages submitted to the Marketplace Appeals Unit on September 24, 2015.

The record indicates that your application was first updated on May 13, 2015. On the following day the Marketplace issued you a notice stating that you “may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination.” The notice directed you to submit income documentation for your household by May 29, 2015 to confirm that the information you provided in your application is accurate.”

On May 28, 2015, a letter from Meritain Health was faxed to the Marketplace Appeals Unit. The letter states that you had insurance through Meritain Health from March 1, 2012 through May 31, 2014. The Marketplace issued a notice on June 3, 2015 that the documentation you provided to resolve the inconsistency appears to be insufficient to resolve the request and additional proof of income is needed.

On June 9, 2015, a letter of employment from [REDACTED] was uploaded to your Marketplace account. The letter states that you were employed at [REDACTED] from February 21, 2012 until October 27, 2012. Based on the letter of employment uploaded to your Marketplace account, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective as of June 1, 2015.

Since an individual is eligible for Medicaid effective on the first day of the month in which an individual is determined eligible, the June 11, 2015 notice of eligibility determination is AFFIRMED.

The second issue is whether the Marketplace properly determine that your enrollment with New York State Catholic Health Plan, Inc. will be effective July 1, 2015.

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 11, 2015, you selected your Medicaid Managed Care plan, so it must take effect on the first day of the following month after June 2015; that is, on July 1, 2015.

Therefore, the June 12, 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 11, 2015 eligibility determination notice is AFFIRMED.

The June 12, 2015 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** November 09, 2015

## **How this Decision Affects Eligibility**

Your Medicaid Fee-For-Service is effective June 1, 2015.

You are enrolled in New York Catholic Health Plan, Inc. effective 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

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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**

The June 11, 2015 eligibility determination notice is AFFIRMED.

The June 12, 2015 enrollment notice is AFFIRMED.

Your Medicaid Fee-For-Service is effective June 1, 2015.

You are enrolled in New York Catholic Health Plan, Inc. effective 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:**

