



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: AP000000004130

[REDACTED]

Dear [REDACTED]

On October 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 19, 2015 eligibility determination notice and July 31, 2015 enrollment confirmation 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 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: AP000000004130

[REDACTED]

Issues

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

Did the Marketplace properly determine that your spouse was no longer eligible for Medicaid, effective July 31, 2015?

Did the Marketplace properly determine that your spouse's re-enrollment in her Medicaid Managed Care plan should be effective September 1, 2015?

Procedural History

On February 25, 2015, the Marketplace issued a notice of eligibility determination stating that your spouse remained conditionally eligible for Medicaid effective February 1, 2015. The notice further requested that you provide documentation confirming your spouse's citizenship status before May 25, 2015.

Also on February 25, 2015, the Marketplace issued a notice confirming your spouse's enrollment in a Medicaid Managed Care plan. The notice stated that her insurance coverage through Medicaid will begin February 1, 2015 and that her enrollment in her Medicaid Managed Care plan will begin April 1, 2015.

On July 19, 2015, the Marketplace issued a notice of eligibility redetermination stating that your spouse was no longer eligible to enroll in health insurance through the Marketplace because you had not confirmed her citizenship status. Your spouse's eligibility for coverage ended effective July 31, 2015.

On July 19, 2015, the Marketplace issued a disenrollment notice stating that your spouse's enrollment in her Medicaid Managed Care plan would end effective July 31, 2015.

On July 30, 2015, the Marketplace prepared a preliminary eligibility determination stating that your spouse was eligible for Medicaid.

Also on July 30, 2015, your spouse was re-enrolled into a Medicaid Managed Care plan.

Also on July 30, 2015, you spoke with the Marketplace's Account Review Unit and appealed the July 19, 2015 eligibility determination insofar as your spouse was determined to be ineligible to remain enrolled in Medicaid. You also appealed the effective date of your spouse's subsequent reenrollment into a Medicaid Managed Care plan.

On July 31, 2015, the Marketplace issued an eligibility determination notice stating that your spouse remained eligible for Medicaid effective August 1, 2015.

Also on July 31, 2015, the Marketplace issued a notice confirming your spouse's enrollment in a Medicaid Managed Care plan. The notice stated that her enrollment in her Medicaid Managed Care plan would begin September 1, 2015.

On October 20, 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) On February 25, 2015, the Marketplace issued a notice of eligibility determination stating that your spouse was conditionally eligible for Medicaid and requesting that you provide documentation confirming your spouse's citizenship status before May 25, 2015.
- 2) You testified that you received the Marketplace's notice requesting documentation confirming your spouse's citizenship.
- 3) There is no evidence in the record that the Marketplace received your spouse's citizenship documentation before May 25, 2015.
- 4) On July 19, 2015, the Marketplace issued a notice of eligibility redetermination stating that your spouse was no longer eligible to

enroll in health insurance through the Marketplace because you had not confirmed her citizenship status.

- 5) Your spouse was disenrolled from her Medicaid Managed Care plan effective July 31, 2015.
- 6) The record reflects that on July 30, 2015 your application was updated to include your spouse's immigration status and her green card number.
- 7) On July 30, 2015 your spouse was found eligible for Medicaid and she was re-enrolled in a Medicaid Managed Care plan effective September 1, 2015.

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 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)).

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)).

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)).

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)).

Medicaid Managed Care plans

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 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 under review is whether the Marketplace properly determined that your spouse was no longer eligible for Medicaid through the Marketplace, effective July 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 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 February 25, 2015 you were advised that your spouse's eligibility for Medicaid was only conditional, and that you needed to confirm her citizenship status before May 25, 2015. You testified that you received the Marketplace's notice.

The record reflects that the Marketplace did not receive the requested citizenship documentation before the deadline.

If the Marketplace remains unable to verify the inconsistency after the 90 day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Since the requested documentation was not received within the 90-day period, the Marketplace was required to redetermine your spouse's eligibility without

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).

verification of her citizenship status. As a result, the Marketplace properly determined that your spouse could not remain enrolled in Medicaid through NY State of Health effective July 31, 2015 because your spouse had not provided the information requested by the Marketplace. As a result, your spouse was disenrolled from her Medicaid Managed Care plan, effective July 31, 2015.

Therefore, the Marketplace's July 19, 2015 eligibility determination is correct and is AFFIRMED.

The second and final issue under review is whether the Marketplace properly determined that your spouse's re-enrollment in her Medicaid Managed Care plan was effective September 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.

After your spouse was disenrolled from her Medicaid coverage, your application was updated on July 30, 2015 to include your spouse's immigration status and her green card number. As a result, on July 30, 2015 your spouse was found eligible for Medicaid and she was re-enrolled in a Medicaid Managed Care plan effective September 1, 2015.

A Medicaid Managed Care 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.

As discussed above, your spouse was properly disenrolled from her Medicaid Managed Care plan. On July 30, 2015, your spouse was re-enrolled into a Medicaid Managed Care plan, so it must take effect on the second month after July; that is, on September 1, 2015.

Therefore, the July 31, 2015 enrollment confirmation notice stating that your spouse's Medicaid Managed Care coverage would take effect on September 1, 2015 is correct and must be AFFIRMED.

Decision

The July 19, 2015 eligibility determination notice is AFFIRMED.

The July 31, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 28, 2015

How this Decision Affects Your Eligibility

Your spouse did not provide citizenship documentation within the required time frame and was properly found ineligible for Medicaid and disenrolled, effective July 31, 2015.

Your spouse's application was updated with valid citizenship information and she was subsequently found eligible for Medicaid effective August 1, 2015. She was properly re-enrolled into her Medicaid Managed Care plan effective September 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:

NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

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).

- By fax: 1-855-900-5557

Summary

The July 19, 2015 eligibility determination notice is AFFIRMED.

The July 31, 2015 enrollment confirmation notice is AFFIRMED.

Your spouse did not provide citizenship documentation within the required time frame and as a result was properly found not eligible for Medicaid coverage as of July 31, 2015.

Your spouse's application was updated with valid citizenship information and she was subsequently found eligible for Medicaid effective August 1, 2015. She was properly re-enrolled into her Medicaid Managed Care plan effective September 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:

