



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

Notice of Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004193

[REDACTED]

Dear [REDACTED],

On October 26, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 28, 2015 disenrollment notice and August 8, 2015 eligibility redetermination.

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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Issues

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

Did the Marketplace properly determine on January 28, 2015 that you were disenrolled from your Medicaid Managed Care plan, effective February 28, 2015?

Did the Marketplace properly determine on August 4, 2015, that you were eligible for Medicaid as of August 1, 2015 and eligible for retroactive Medicaid from May 1, 2015 through July 31, 2015?

Procedural History

On September 24, 2014, the Marketplace prepared a preliminary eligibility determination that you were temporarily eligible to enroll in Medicaid, effective September 1, 2014, but must submit documents to confirm the information you provided in your application is accurate.

On September 26, 2014, the Marketplace issued a notice of eligibility redetermination that, in part, stated you remain conditionally eligible for Medicaid, effective September 1, 2014. The notice indicated that you had to provide information about good cause or information about the absent parent before December 27, 2014. Attached to the notice was additional information regarding absent parent and good cause information. The notice also indicated that your insurance coverage through Medicaid would begin September 1, 2014 and your enrollment with Amerigroup New York, LLC, a Medicaid Managed Care (MMC) plan, would begin November 1, 2014.

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On December 17, 2014, the Marketplace issued a notice of eligibility redetermination that, in part, stated you remain conditionally eligible for Medicaid, effective December 1, 2014, and need to provide information about the absent parent or good cause as to why you cannot provide such information before December 26, 2014.

On January 27, 2015, the Marketplace issued a letter that it had reviewed your January 26, 2015 application for health insurance, but that the income information you provided did not match federal and state data sources. The notice requested that you submit income documentation for your household by February 12, 2015.

On January 28, 2015, the Marketplace issued a disenrollment notice that your coverage with HealthPlus, an Amerigroup Company, would end effective February 28, 2015.

On April 11, 2015, the Marketplace issued a letter that it had reviewed your April 10, 2015 application for health insurance, but that the income information you provided did not match federal and state data sources. The notice requested that you submit income documentation for your household by April 25, 2015.

On August 4, 2015, the Marketplace prepared a preliminary eligibility redetermination that you were eligible for Medicaid as of August 1, 2015 and eligible for retroactive Medicaid from May 1, 2015 to July 31, 2015.

Also on August 4, 2015, you spoke with a representative from the Marketplace's Appeals Unit and appealed the dates of retroactive Medicaid in that Medicaid was not made retroactive back to March 1, 2015.

On August 5, 2015, the Marketplace issued a notice of eligibility redetermination that you remain eligible for Medicaid, effective August 1, 2015.

On August 8, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the August 4, 2015 preliminary redetermination regarding retroactive Medicaid eligibility.

On October 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 held open for up to fifteen days to allow you the opportunity to submit supporting documents.

On November 10, 2015, the Appeals Unit received a three-page fax from you, consisting of (1) A written statement regarding your work and student status; (2) A letter of separation from your previous employer; and (3) A copy of a bill for lab services on March 27, 2015. That same day, this three-page fax was marked as "Appellant's Exhibit B" and the record was closed.

Findings of Fact

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

- 1) According to your Marketplace account, on September 25, 2014, you uploaded a form ([REDACTED]) that was signed by you and dated September 25, 2014, stating you cannot pursue child support, as it would expose your children or yourself to physical or emotional harm (Appellant's Exhibit A).
- 2) You testified that you are appealing being disenrolled from Medicaid on February 28, 2015.
- 3) You testified and provided documentary evidence that you stopped working in California on April, 21, 2014, just before you gave birth to your youngest child on [REDACTED], and have not worked since (Appellant's Exhibit B, pp. 1-2).
- 4) You testified that you provided the Marketplace with a copy of a letter of separation from your employer on January 26, 2015, at the same time you contacted the Marketplace to straighten out the absent parent issue, which is confirmed by activity in your Marketplace account that day and your Appellant's Exhibit B, pp. 1-2.
- 5) According to your Marketplace account, the absent parent information was not changed on your application on January 26, 2015, to the affirmative, "Yes," for good cause for not cooperating with child support and remains as "No."
- 6) You testified that you are the only caretaker of your two children and a full-time student (see Appellant's Exhibit B, p. 1). You testified that you receive financial aid from school, including living expense aid.
- 7) According to your Marketplace account, you elected to receive communications from the Marketplace via email.
- 8) You testified that you did not receive any emails regarding notices in your account from the Marketplace, other than emails regarding the two initial notices in September 2014. You further testified that you did not receive any email notice regarding the January 28, 2015 disenrollment notice that your Medicaid coverage terminated on February 28, 2015.
- 9) You testified that you had lab work done in March 2015 and only learned your Medicaid had been terminated when you received a bill in August 2015 for those services (Appellant's Exhibit B, p. 3). You testified that this triggered you to contact the Marketplace to find out why your coverage had been terminated.
- 10) You want your Medicaid coverage to be reinstated as of March 1, 2015, and your medical expenses incurred that month to be covered.

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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 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)).

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)).

Medicaid: Cooperation regarding Absent Parent

Under federal law, parents applying for Medicaid for themselves and their children must cooperate with Child Support Enforcement (CSE) to establish paternity and obtain medical support payments from absent parents, unless they can establish good cause and be exempt from providing information about the absent parent (42 CFR §§ 433.145 and 147). Examples of good cause can be a domestic violence situation/protected placement and/or protective order circumstances, The NYSOH application includes a checkbox for the exemption and asks if the individual fears physical or emotional harm if they provide information about the absent parents. If the answer is yes, no further questions will be posed.

Legal Analysis

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The issue under review is whether the Marketplace properly determined that you were no longer eligible for Medicaid through the Marketplace, effective February 28, 2015.

The record reflects that the Marketplace required that you provided absent parent information by December 27, 2014. Since the Marketplace did not register that you had provided a good cause statement regarding the absent parent when you uploaded the signed good cause form on September 25, 2014, the system was triggered to disenroll you when you contacted the Marketplace on January 26, 2015 to discuss the absent parent issue. Even at that time, your Marketplace application was not updated to indicate that you did fear physical or emotional harm for you or your children if you provide the absent parent information. This resulted in a disenrollment notice being issued on January 28, 2015 for failure to provide the requested absent parent information by the deadline of December 27, 2014, and your subsequent disenrollment from your Medicaid Managed Care (MMC) plan, effective February 28, 2015.

Since the record reflects that you had provided a good cause statement on September 25, 2014, no further questions should have been posed and you should not have been required to produce anything further. However, in addition to the Marketplace not registering the uploaded good cause statement, the question on your application regarding the absent parent was not answered in the affirmative in the first instance at the time you applied and was not changed thereafter, which ultimately resulted in you being disenrolled from your MMC plan, effective February 28, 2015.

Since the Marketplace erred in disenrolling you from your MMC plan, effective February 28, 2015, the January 28, 2015 disenrollment notice is RESCINDED.

Your case is RETURNED to the Marketplace to reinstate your MMC plan coverage as of March 1, 2015.

The Marketplace is also directed to update your Marketplace account to reflect that you provided a good cause statement which should exempt you from having to provide absent parent information and to change the question on your Marketplace application regarding the absent parent to the affirmative, that is, to "Yes."

Since your coverage under your MMC plan is being reinstated as of March 1, 2015, and your twelve months of coverage ended on August 31, 2015, the subsequent notice of eligibility redetermination dated August 5, 2015 is MODIFIED to state you are Medicaid eligible as of September 1, 2015 for the upcoming twelve month period.

The August 8, 2015 notice of eligibility redetermination regarding retroactive Medicaid is rendered moot by this decision and, therefore, is RESCINDED.

Decision

The January 28, 2015 disenrollment notice is RESCINDED.

Your case is RETURNED to the Marketplace to reinstate your Medicaid Managed Care plan coverage as of March 1, 2015.

The August 5, 2015 notice of eligibility redetermination is MODIFIED to state you are Medicaid eligible as of September 1, 2015 for the upcoming twelve month period.

The August 8, 2015 notice of eligibility redetermination regarding retroactive Medicaid is rendered moot by this decision and, therefore, is RESCINDED.

Effective Date of this Decision: November 25, 2015

How this Decision Affects Your Eligibility

Your eligibility for and enrollment in your Medicaid Managed Care plan will be reinstated by the Marketplace, effective March 1, 2015 through August 31, 2015, which is when the twelve months of Medicaid coverage, which began on September 1, 2014, was set to end.

The August 5, 2015 notice of eligibility redetermination is being made effective September 1, 2015, so you will have no interruption in Medicaid coverage and will have coverage for the next twelve month period.

The August 28, 2015 notice of eligibility redetermination regarding retroactive Medicaid is no longer in effect.

The Marketplace will correct your application to state that “Yes” you do fear physical and emotional harm for you and your children if you are required to provide information about the absent parent.

You may still be required to submit income documentation to the Marketplace and should check your Marketplace account or contact the Marketplace directly regarding such documentation.

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.

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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 January 28, 2015 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to the Marketplace to reinstate your Medicaid Managed Care plan coverage as of March 1, 2015.

The August 5, 2015 notice of eligibility redetermination is **MODIFIED** to state you are Medicaid eligible as of September 1, 2015 for the upcoming twelve month period.

The August 8, 2015 notice of eligibility redetermination regarding restorative Medicaid is rendered moot by this decision and, therefore, is **RESCINDED**.

Your eligibility for and enrollment in your Medicaid Managed Care plan will be reinstated by the Marketplace, effective March 1, 2015 through August 31, 2015, which is when

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the twelve months of Medicaid coverage, which began on September 1, 2014, was set to end.

The August 5, 2015 notice of eligibility redetermination is being made effective September 1, 2015, so you will have no interruption in Medicaid coverage and will have coverage for the next twelve month period.

The August 28, 2015 notice of eligibility redetermination regarding retroactive Medicaid is no longer in effect.

The Marketplace will correct your application to state that “Yes” you do fear physical and emotional harm for you and your children if you are required to provide information about the absent parent.

You may still be required to submit income documentation to the Marketplace and should check your Marketplace account or contact the Marketplace directly regarding such documentation.

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:

