



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

Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004252

[REDACTED]

Dear Ms. [REDACTED]

On November 6, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 17, 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 notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004252

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Issues

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

Did the Marketplace properly disenroll you from your Medicaid managed care plan effective May 31, 2015?

Did the Marketplace properly determine that your enrollment in New York State Catholic Health Plan, Inc. should be effective August 1, 2015?

Procedural History

On June 14, 2014, an eligibility determination notice was issued stating that you are eligible for Medicaid because your household income of \$15,795.00 is at or below the allowable income limit. This eligibility was effective January 1, 2014 with an end date of May 31, 2015.

On July 12, 2014 an enrollment confirmation notice was issued that stated that as of June 19, 2014 you had selected New York State Catholic Health Plan as your Medicaid managed care plan and the effective date of that plan was August 1, 2014.

On April 12, 2015, the Marketplace issued a notice that it was time to renew your health insurance. That notice stated that based on information from federal and state sources, you now qualified for a tax credit up to \$17.37 per month. This was because data sources showed your income was between \$16,105.00 and \$46,680.00. This eligibility was effective June 1, 2015. You were asked to go into

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your account and make changes between April 16, 2015 and May 15, 2015 for your new plan to be effective June 1, 2015.

On May 17, 2015, the Marketplace issued a disenrollment notice stating that your coverage would end effective May 31, 2015.

On June 1, 2015, your application for financial assistance was received by the Marketplace.

On June 4, 2015, an eligibility determination was issued stating that more information was needed to confirm your income and you needed to provide supporting documentation by June 19, 2015.

On June 6, 2015, a notice was issued asking for you to provide more information to the Marketplace in order to verify your income because the information you provided did not match State and Federal data sources. You were asked to update your application by June 21, 2015.

On June 12, 2015, the Marketplace issued an eligibility redetermination notice stating that you were eligible for Medicaid because your household income of \$7,978.00 is at or below the allowable income limit. This eligibility was effective June 1, 2015.

On June 17, 2015, the Marketplace issued an enrollment notice confirming your enrollment in your New York State Catholic Health Plan, Inc. effective August 1, 2015.

On August 10, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your coverage under your Medicaid managed care plan on August 1, 2015 and not June 1, 2015. You also would like to appeal the fact that you did not receive proper notice of disenrollment from your managed care plan effective May 31, 2015.

On November 6, 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 are seeking insurance coverage under Medicaid for the months of June and July 2015 for yourself.

- 2) Your Marketplace account indicates and your testimony supports that you receive all of your notices via e-mail.
- 3) You testified that your e-mail did receive the Marketplace's April 12, 2015 renewal notice, but that it was sent to your spam folder, which you did not check to see if notices were forwarded there.
- 4) You testified that you first became aware you were disenrolled from your managed care plan when you went to your doctor to receive a medical procedure on June 1, 2015.
- 5) You testified that the e-mail you provided the Marketplace has not changed.
- 6) You testified that you updated the information in your Marketplace Account on June 1, 2015.
- 7) You provided income documentation in the form of a letter from your employer that supported your attested income which was validated on June 12, 2015.
- 8) The record reflects that your application was not completed until you provided verification documents verifying your income on June 12, 2015.
- 9) The record reflects you enrolled in your Medicaid managed care plan on June 16, 2015.
- 10) You testified that you reenrolled into the same Medicaid managed care plan that you had been enrolled in last year.

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

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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)).

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)).

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)).

Timely Notice

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)).

However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

Legal Analysis

The first issue is whether the Marketplace properly disenrolled you from your Medicaid managed care plan effective May 31, 2015?

You were originally found eligible for Medicaid based on a household income of \$15,795.00 on June 14, 2014. This eligibility was effective January 1, 2014 with an end date of May 31, 2015.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve months 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. The Marketplace's April 12, 2015 renewal notice stated it was time to renew your health insurance. That notice stated that based on information from federal and state sources, you now qualified for a tax credit up to \$17.37 per month. This was because data sources showed your income was between \$16,105.00 and \$46,680.00. This eligibility was effective June 1, 2015. The notice further asked you to go into your account and make changes between April 16, 2015 and May 15, 2015 for your new plan to be effective June 1, 2015.

Because there was no timely response to this notice, you were terminated from your Medicaid managed care plan effective May 31, 2015.

You testified that you first became aware you were disenrolled from your managed care plan when you went to your doctor to receive a medical procedure on June 1, 2015. You were told at your doctor's office after you had a medical procedure on June 1, 2015 that your insurance had lapsed. You testified that you were not aware of any notice advising you of the need to update your account in order to renew your coverage until you checked your spam folder. The notice was contained in your spam folder.

You were entitled to notice of the need to renew your application for the upcoming year of benefits. However, the only requirement of the Marketplace is to deliver the notice through the manner in which you had opted to receive it. If an applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has

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been posted to the applicant's account. You testified and confirmed at the time of our hearing that your e-mail address was the same. You testified that the notices you were receiving from the Marketplace were sorted by your e-mail and directed to your spam folder, but that it was delivered. The only requirement by statute is that the Marketplace deliver the communication alerting the individual of the fact that new information has been posted to their account. There is no further duty required by the Marketplace beyond this. Therefore the Marketplace properly disenrolled you from your Medicaid managed care plan effective May 31, 2015 after it failed to receive a response from you. Therefore the May 17, 2015, disenrollment notice stating that your coverage would end effective May 31, 2015 was proper and is AFFIRMED.

The second issue is whether the Marketplace properly determined that your updated enrollment in your Medicaid managed care plan was effective August 1, 2015.

You updated the information in your Marketplace account on June 1, 2015. On June 4, 2015, an eligibility determination notice was issued stating that more information was needed to confirm your income and you needed to provide supporting documentation by June 19, 2015. You provided the requested income documentation in the form of a letter from your employer that supported your attested income which was subsequently validated on June 12, 2015.

On June 13, 2015, the Marketplace issued an eligibility redetermination notice that stated that you were eligible for Medicaid effective June 1, 2015. You subsequently enrolled in your Medicaid managed care plan on June 16, 2015.

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.

You were found eligible for Medicaid fee for service effective June 1, 2015. Your enrollment in you Medicaid managed care plan though did not take effect until you completed your application and enrolled in a plan. This was not accomplished until June 16, 2015. Medicaid managed care plan enrollments received after the fifteenth day of the month are effective the first day of the second following month. Because your enrollment was received on the 16th of June, the start date of your plan would begin the first day of the second following month which would be August 1, 2015. You still remained eligible for fee-for-service Medicaid as of the first of the month of June.

Therefore the June 17, 2015 enrollment notice confirming your enrollment in your New York State Catholic Health Plan, Inc. effective August 1, 2015 is proper and is therefore AFFIRMED.

Decision

The May 17, 2015, disenrollment notice stating that your coverage would end effective May 31, 2015 was proper and is AFFIRMED.

The June 17, 2015 enrollment confirmation notice is AFFIRMED insofar as your enrollment with New York State Catholic Health Plan, Inc. will begin August 1, 2015.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

You are enrolled in your New York State Catholic Health Plan, Inc. effective August 1, 2015.

You are eligible for Medicaid fee-for-service effective June 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)).

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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

The May 17, 2015, disenrollment notice stating that your coverage would end effective May 31, 2015 was proper and is AFFIRMED.

The June 17, 2015 enrollment confirmation notice is AFFIRMED insofar as your enrollment with New York State Catholic Health Plan, Inc. will begin August 1, 2015.

You are enrolled in your New York State Catholic Health Plan, Inc. effective August 1, 2015.

You are eligible for Medicaid fee-for-service effective June 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:

