



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: AP000000004403

[REDACTED]

Dear [REDACTED],

On November 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 19, 2015 eligibility redetermination and disenrollment notices.

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).

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: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004403

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that you were no longer eligible to enroll in a qualified health plan through the Marketplace, effective July 31, 2015?

Procedural History

On March 7, 2015, the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective March 1, 2015. The notice further requested that you provide documentation confirming your citizenship status before June 4, 2015 and, if you failed to submit the documentation, your eligibility to remain enrolled in health insurance through the Marketplace or to receive financial assistance might end.

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

That same day, the Marketplace issued a notice that stated your enrollment in your Medicaid Managed Care plan was terminated effective July 31, 2015 because you were no longer eligible to be enrolled in health insurance through the Marketplace.

On August 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the July 19, 2015 notices insofar as you were determined to be ineligible to remain enrolled in Medicaid, effective July 31, 2015.

On November 19, 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 to provide the Appeals Unit with a copy of your New York State Identification Card.

As of December 3, 2015, the Appeals Unit did not receive any documents from you nor were any uploaded to your Marketplace account. Therefore, the record was closed the same day and this decision is based on the evidence that was adduced at the hearing and available in your Marketplace account.

Findings of Fact

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

- 1) You identified yourself for the record but declined to be sworn in.
- 2) There is no evidence in the record that the Marketplace received your citizenship documentation before the June 4, 2015 deadline.
- 3) You stated that you cannot provide citizenship documents because you have none. You stated that you have a passport from your homeland in West Africa and a New York State Identification Card. You failed to provide the Appeals Unit with a copy of your New York State Identification Card by December 3, 2015, as directed.
- 4) You are seeking reinstatement of your health insurance coverage, which according to your Marketplace account was provided under Medicaid Fee-For-Services, effective August 1, 2015, and Affinity Health Plan, Inc., a Medicaid Managed Care (MMC) plan, effective October 1, 2015.
- 5) You made several inquiries about your health coverage that you have with your MMC plan throughout the hearing and were instructed to contact the health plan directly about such inquiries.

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)).

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)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that you were 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 status 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 March 7, 2015, you were advised that your eligibility for Medicaid was only conditional, and that you needed to confirm your citizenship status before June 4, 2015.

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).

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 eligibility without verification of your citizenship status. As a result, the Marketplace properly determined that you could not remain enrolled in Medicaid through NY State of Health effective July 31, 2015 because you had not provided the information requested by the Marketplace.

Therefore, the Marketplace's July 19, 2015 eligibility determination and enrollment notices are correct and are AFFIRMED.

Decision

The July 19, 2015 eligibility determination and enrollment notices are AFFIRMED.

This Decision does not affect any subsequent decision(s) issued by the Marketplace.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

You were not eligible to enroll in Medicaid through the Marketplace effective July 31, 2015; however, your Marketplace account reflects that you had Medicaid Fee-For-Service, effective August 1, 2015 and were enrolled in an MMC plan effective October 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.

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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 July 19, 2015 eligibility determination and enrollment notices are AFFIRMED.

This Decision does not affect any subsequent decision(s) issued by the Marketplace.

You were not eligible to enroll in Medicaid through the Marketplace effective July 31, 2015; however, your Marketplace account reflects that you had Medicaid Fee-For-Service, effective August 1, 2015 and were enrolled in an MMC plan effective October 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:

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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