



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

Notice of Decision

Decision Date: January 27, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004466

[REDACTED]

Dear [REDACTED],

On November 23, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 17, 2015 eligibility determination.

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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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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NY State of Health Number: [REDACTED]
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Issue

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

Did the Marketplace properly determine that your enrollment in your Medicaid Managed Care plan would end effective August 31, 2015?

Procedural History

On September 18, 2014, the Marketplace issued an enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective October 1, 2014.

On July 14, 2015, the Marketplace issued a notice stating that it was time for you to renew your health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by August 15, 2015 or you might lose the financial assistance you were currently receiving.

On August 17, 2015, the Marketplace issued a notice stating that you were no longer eligible for financial assistance or to enroll in health insurance through the Marketplace, effective August 31, 2015, because you had not responded to the renewal notice and had not completed your renewal within the required timeframe.

On August 18, 2015, the Marketplace issued a disenrollment notice stating that your coverage in your Medicaid Managed Care plan would end effective August 31, 2015.

On August 24, 2015, the Marketplace received your modified application for health insurance.

On August 25, 2015, the Marketplace sent you a notice stating that you might be eligible for health insurance through New York State of Health, but that you needed to submit income documentation to confirm that the information you provided in your application was accurate.

Also on August 25, 2015, you spoke with the Marketplace's Account Review Unit and appealed the August 18, 2015 disenrollment notice insofar as it discontinued your Medicaid coverage.

Also on August 25, 2015, a signed Self-Declaration of Income form was uploaded to your Marketplace account.

On November 23, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence, including proof of your final paystub, as well as an updated Self-Declaration of Income form.

On December 7, 2015, the Marketplace's Appeals Unit received your supporting evidence, which included a written statement, an updated self-declaration of income form, and a copy of your paystub issued on June 12, 2015. These documents were collectively marked as Appellant's Exhibit 1, and incorporated into the record. The record was closed on December 7, 2015.

Findings of Fact

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

- 1) You first became eligible for Medicaid on September 16, 2014 based in part on an income of \$0.00.
- 2) Your Marketplace account indicates that you receive notices from the Marketplace via regular mail.
- 3) You testified that you did not receive any notices in the mail regarding the need to update your Marketplace account to ensure that your coverage would not be interrupted.

- 4) No notices sent to you at the address listed on your Marketplace account have been returned as undeliverable
- 5) You testified that you received the August 18, 2015 disenrollment notice.
- 6) You testified that you updated the information in your Marketplace account after you received the disenrollment notice. The record reflects that your account was updated on August 24, 2015, listing an expected household income of \$5,000.00 for the 2015 tax year.
- 7) The record reflects that, as of the November 23, 2015 hearing, the Marketplace has been unable to make an eligibility determination in your case because you must submit proof of your income.
- 8) The record reflects that on December 18, 2015, the documentation you provided after the hearing, including an updated self-declaration of income form and a June 12, 2015 paystub that showed your year to date earnings were \$2,960.00, was uploaded to your Marketplace account.
- 9) The record reflects that on December 29, 2015 the Marketplace issued a notice stating that the documentation that was uploaded to your account on December 18, 2015 is insufficient to prove your income. A note in your account states that this is because your self-declaration of income form needs to be signed by a Navigator to be valid.

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 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

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must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Legal Analysis

The only issue under review is whether the Marketplace properly determined that your enrollment in your Medicaid Managed Care plan ended effective August 31, 2015.

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 July 14, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage in 2015, and that you needed to supply additional information by August 15, 2015 or your financial assistance might end.

You stated that you did not receive the July 14, 2015 renewal notice. However, the record indicates that the renewal notice was issued to the address you have listed on your Marketplace account, and there is no indication that any of the notices issued to you were returned to the Marketplace as undeliverable.

The record reflects that your account was not updated prior to the August 15, 2015 deadline.

Since the Marketplace had not received any updated information from you by the time of the deadline stated in the renewal notice, on August 17, 2015, an eligibility redetermination notice was issued that stated you were no longer eligible for financial assistance or to enroll in health insurance through the Marketplace effective August 31, 2015 because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

As a result, you were terminated from your Medicaid Managed Care plan effective August 31, 2015. Therefore, the August 17, 2015 eligibility determination notice and the August 18, 2015 disenrollment notice is **AFFIRMED**.

After the hearing, you provided one paystub, issued on June 12, 2015, reflecting your year to date earnings of \$2,960.00 as of June 12, 2015. You also provided a Self-Declaration of Income form attesting that you have been unable to obtain a letter of separation from your employer because the company has been uncooperative. On December 18, 2015 this information was uploaded to your Marketplace account.

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When an individual submits additional documentation that the Marketplace has yet to consider, the Appeals Unit returns the case for a redetermination of eligibility based on the documentation. However, on December 29, 2015 the Marketplace issued a notice stating that the documentation that was uploaded to your account on December 18, 2015 was insufficient to prove your income. A note in your account states that this is because your Self-Declaration of Income form needed to be signed by a Navigator to be valid. Therefore, the Appeals Unit will not be returning your case based on the record as currently established. Please contact the Marketplace to resolve any outstanding issues with your application.

Decision

The August 17, 2015 eligibility determination notice and the August 18, 2015 disenrollment notice is **AFFIRMED**.

Please contact the Marketplace to resolve any outstanding issues with your application.

Effective Date of this Decision: January 27, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Please contact the Marketplace to resolve any outstanding issues with your application.

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

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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:
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- By fax: 1-855-900-5557

Summary

The August 17, 2015 eligibility determination notice and the August 18, 2015 disenrollment notice is **AFFIRMED**.

Please contact the Marketplace to resolve any outstanding issues with your application.

This decision does not change your eligibility.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

