



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: AP000000004689

[REDACTED]

Dear [REDACTED],

On December 10, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 1, 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 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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Decision Date: January 27, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004689

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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 son's Medicaid Managed Care plan should be effective August 1, 2015?

Procedural History

On June 6, 2014, the Marketplace issued a notice of eligibility determination stating that your son was eligible for Medicaid because your expected annual household income of \$25,008.00 was at or below the allowable income limit. This eligibility was effective March 1, 2014.

On April 10, 2015, the Marketplace issued a notice stating that it was time for you to renew your family's health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether your son would qualify for financial help paying for his health coverage, and that you needed to update your account by May 15, 2015 or he might lose the financial assistance he was currently receiving.

On April 28, 2015, the Marketplace received your updated application for health insurance.

On April 29, 2015, the Marketplace issued a notice stating that your son might be eligible for health insurance through New York State of Health, but the income information you provided did not match what the Marketplace obtained from

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State and Federal data sources. You were directed to submit income documentation in order for your son's eligibility to be determined.

On April 30, 2015, the Marketplace issued a disenrollment notice stating that your son's Medicaid Managed Care plan and Medicaid Fee-For-Service coverage would end effective May 31, 2015.

On May 14, 2015, the Marketplace received a copy of your Social Security benefit letter dated June 27, 2014.

On May 20, 2015, the Marketplace received your updated application for health insurance.

On May 21, 2015, the Marketplace issued a notice stating that your son might be eligible for health insurance through New York State of Health, but the income information you provided did not match what the Marketplace obtained from State and Federal data sources. You were directed to submit income documentation in order for your son's eligibility to be determined.

On June 1, 2015, multiple documents were uploaded to your Marketplace account, including a copy of your Social Security benefit letter dated May 22, 2015, and a copy of your son's Social Security benefit letter dated May 22, 2015.

On June 4, 2015, the Marketplace issued a notice stating that the documentation you submitted did not resolve the inconsistency in your account. You were directed to submit additional income information to confirm your son's eligibility.

On June 26, 2015, the Marketplace issued a notice of eligibility determination stating that your son was eligible for Medicaid, effective May 1, 2015.

On July 1, 2015, the Marketplace issued a notice confirming your son's enrollment in his Medicaid Managed Care plan, which would be effective August 1, 2015.

On September 14, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your son's coverage under his Medicaid Managed Care plan on August 1, 2015.

On December 10, 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

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

- 1) You testified that you are only appealing your son's eligibility.
- 2) Your son was originally found eligible for Medicaid on June 6, 2014, based on a household income of \$25,008.00. This eligibility was effective March 1, 2014.
- 3) The record reflects that you updated the information in your Marketplace account on April 28, 2015 and May 20, 2015.
- 4) Your son became eligible for Medicaid on June 25, 2015, effective May 1, 2015.
- 5) The record reflects that a copy of your son's Social Security benefit letter indicating that he received \$760.00 per month as of December 2014, and a copy of your updated Social Security benefit letter indicating that you received \$1,363.00 per month as of December 2014, were faxed to the Marketplace, and available for review in your Marketplace account on June 1, 2015.
- 6) The record reflects that your income documentation was verified on June 25, 2015.
- 7) The record reflects that your son was enrolled in a Medicaid Managed Care plan by a Marketplace representative on June 30, 2015.
- 8) You testified that your financial status had not changed from 2014 to 2015, and that your son's Medicaid Managed Care plan enrollment should have continued uninterrupted.
- 9) You testified that you incurred a medical bill for your son during the month of June 2015.

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 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

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

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)).

However, if the applicant submits an incomplete application or there is insufficient 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)).

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 § 42 USC § 1315; N.Y. Soc. Serv. Law § 364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

The issue is whether the Marketplace properly determined that your son’s enrollment in his Medicaid Managed Care plan was effective August 1, 2015.

Your son was originally found eligible for Medicaid on June 6, 2014. This eligibility was effective March 1, 2014.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account

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or other more current information available to the agency. The Marketplace's April 10, 2015 renewal notice stated that there was not enough information to determine whether your son was eligible for financial assistance for health insurance coverage in 2015, and that you needed to supply additional information by May 15, 2015 or his financial assistance might end.

On April 28, 2015 and May 20, 2015, the Marketplace received your updated applications for health insurance. The Marketplace attempted to make eligibility redeterminations based on these applications, but on each occasion found that more information was needed to make a decision. Since the Marketplace needed more information from you to make an eligibility determination, your application was not considered complete as of May 20, 2015.

Because there was insufficient information in your Marketplace account to make a determination regarding your son's eligibility for health insurance, he was terminated from his Medicaid Managed Care plan effective May 31, 2015.

The record reflects that a copy of your son's Social Security benefit letter indicating that he receives \$760.00 per month as of December 2014, and a copy of your updated Social Security benefit letter indicating that you receive \$1,363.00 per month as of December 2014, were faxed to the Marketplace, and were available for review in your Marketplace account on June 1, 2015. This documentation was verified on June 25, 2015 and your son was subsequently found eligible for Medicaid as of May 1, 2015.

The record reflects that on June 30, 2015 your son was reenrolled into his Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

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.

Since a Medicaid Managed Care plan was selected for your son on June 30, 2015, it must take effect on the first day of the second month after June; that is, on August 1, 2015.

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

Decision

The July 1, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 27, 2016

How this Decision Affects Your Eligibility

This decision does not change your son's eligibility.

The effective date of your son's Medicaid Managed Care plan is August 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:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 1, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your son's eligibility.

The effective date of your son's Medicaid Managed Care plan is August 1, 2015.

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:

