



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

Notice of Decision

Decision Date: January 15, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004757

[REDACTED]

Dear [REDACTED],

On December 16, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 29, 2015 disenrollment notice, and September 22, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of 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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NY State of Health Number: [REDACTED]
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Issues

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

Did the Marketplace properly terminate your coverage from your Medicaid Managed Care plan effective August 31, 2015 due to the detection of Third Party Health Insurance?

Did the Marketplace properly determine that your enrollment in your Medicaid Managed Care plan should be effective November 1, 2015?

Procedural History

On March 8, 2015, a renewal notice was generated asking you to renew your application for financial assistance for your household.

On April 24, 2015, your household's eligibility was redetermined and both you and your child were found eligible for Medicaid, effective April 1, 2015.

On April 28, 2015, an enrollment confirmation notice was issued confirming your enrollment with your Medicaid Managed Care plan through New York State Catholic Health Plan, Inc., effective June 1, 2015.

On August 29, 2015, a disenrollment notice was issued stating that your coverage under your Medicaid Managed Care plan would end effective August 31, 2015. This was because you were determined no longer eligible to remain enrolled in your current health plan.

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On September 9, 2015, you uploaded a copy of a letter from MVP Health Care showing a coverage period for you beginning on April 1, 2015, and ending on September 3, 2015.

On September 22, 2015, an eligibility redetermination notice was issued based upon your updated information in your application and stated that you remained eligible for Medicaid, effective September 1, 2015.

That same day, an enrollment confirmation notice was issued confirming your enrollment in your Medicaid Managed Care plan under New York State Catholic Health Plan, Inc. with a start date of November 1, 2015.

Also on September 22, 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 November 1, 2015 and not October 1, 2015.

On December 16, 2015, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

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

- 1) You are seeking insurance coverage for yourself under your Medicaid Managed Care plan with a start date of October 1, 2015.
- 2) You were found eligible for Medicaid effective April 1, 2015.
- 3) The record reflects you enrolled in your Medicaid Managed Care plan originally on April 28, 2015 with a plan start date of June 1, 2015.
- 4) You were disenrolled from your Medicaid Managed Care plan effective August 31, 2015 due to the Marketplace detecting that you had coverage under Third Party Health Insurance through MVP Health Care.
- 5) On September 9, 2015, you uploaded a copy of a letter from MVP Health Care showing your coverage period began on April 1, 2015, and ended on September 3, 2015.
- 6) The record supports that you reenrolled into the same Medicaid Managed Care plan on September 22, 2015, with a new start date of November 1, 2015.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Eligibility

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) have a household modified adjusted gross income that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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)).

Medicaid Effective Date

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)).

Continuous Coverage and Third Party Health Insurance

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid

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limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The first issue is whether the Marketplace properly disenrolled you from your Medicaid Managed Care plan, effective August 31, 2015.

You were originally found eligible for Medicaid on April 24, 2015. Based upon your household’s financial and non-financial eligibility, it was determined both you and your child were eligible for Medicaid effective April 1, 2015. You chose a plan and enrolled in your Medicaid Managed Care plan originally on April 28, 2015 with a plan start date of June 1, 2015.

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance.

You were disenrolled from your Medicaid Managed Care plan, effective August 31, 2015, due to the detection of coverage under Third Party Health Insurance through MVP Health Care. You testified that you did have Third Party Health Insurance and provided documentation regarding the period of coverage for which it was in effect. On September 9, 2015, you uploaded a copy of a letter from MVP Health Care showing your coverage period with MVP Health Care beginning on April 1, 2015, and ending on September 3, 2015.

Individuals found eligible for Medicaid even under continuous coverage can be disenrolled from their Medicaid Managed Care plan based upon the fact that they are receiving coverage through third party health insurance. The Marketplace properly terminated your coverage from your Medicaid Managed Care plan, effective August 31, 2015, because it detected that you had Third Party Health Insurance, which was corroborated by the MVP Health Care letter you uploaded

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to your Marketplace account. Therefore the August 29, 2015 disenrollment notice 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 November 1, 2015.

You updated the information in your Marketplace account on September 9, 2015 when you uploaded proof of the coverage dates through your Third Party Health Insurer - - MVP Health Care.

On September 22, 2015, an eligibility redetermination notice was issued based upon your updated information in your application and stated that you remained eligible for Medicaid, effective September 1, 2015.

That same day, an enrollment confirmation notice was issued confirming your enrollment in your Medicaid Managed Care plan under New York State Catholic Health Plan, Inc. with a start date of November 1, 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 September 1, 2015. Your enrollment in you Medicaid Managed Care plan, though, did not take effect until you updated your application with the Third Party Health Insurance coverage end date, and enrolled in a plan. This was not accomplished until September 22, 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 22nd of September, the start date of your plan properly began the first day of the second following month, which was November 1, 2015. You still remained eligible for fee-for-service Medicaid as of the first of the month of September 2015 and could receive medical services under that program through October 31, 2015.

Therefore, the September 22, 2015 enrollment confirmation notice confirming your enrollment in your Medicaid Managed Care plan with an effective date of November 1, 2015 is proper and is AFFIRMED.

Decision

August 29, 2015 disenrollment notice was proper and is AFFIRMED.

The September 22, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 15, 2016

How this Decision Affects Your Eligibility

You remain eligible for Medicaid.

You were eligible for fee-for-service Medicaid effective September 1, 2015.

You were enrolled in your Medicaid Managed Care plan effective November 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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- By fax: 1-855-900-5557

Summary

August 29, 2015 disenrollment notice was proper and is AFFIRMED.

The September 22, 2015 enrollment confirmation notice is AFFIRMED.

You remain eligible for Medicaid.

You are eligible for fee-for-service Medicaid effective September 1, 2015.

You are enrolled in your Medicaid Managed Care plan effective November 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

