



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

Notice of Decision

Decision Date: February 16, 2016

NY State of Health Numbers: [REDACTED]
Appeal Identification Number: AP000000004819



Dear [REDACTED],

On December 29, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 12, 2015 disenrollment notice and the September 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 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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Issues

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

Did the Marketplace properly determine that your enrollment in your Medicaid Managed Care plan under [REDACTED] should end August 31, 2015?

Did the Marketplace properly determine that your enrollment in your Medicaid Managed Care plan under [REDACTED] should be effective October 1, 2015?

Procedural History

On September 14, 2014 you created a Marketplace Account that was assigned number [REDACTED]

On September 15, 2014 the Marketplace issued an eligibility determination notice in that account stating that you were eligible for Medicaid. This eligibility was effective September 1, 2014.

On September 16, 2014 the Marketplace issued an enrollment confirmation notice stating that as of September 15, 2014 you had selected a Medicaid Managed Care plan and that your enrollment would begin October 1, 2014.

On July 14, 2015, the Marketplace issued a notice that it was time to renew your health coverage. 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

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needed to update your account by August 15, 2015 or you might lose the financial assistance you were currently receiving.

On August 10, 2015 the information in [REDACTED] was updated, including your income information and your residential address.

On August 11, 2015 the Marketplace issued a notice stating that you may be eligible for health insurance through the Marketplace but more information was needed to make a determination. The notice requested that you submit income documentation by August 26, 2015 to confirm the information your application was accurate.

On August 12, 2015 the Marketplace issued a disenrollment notice stating that your insurance through your Medicaid Managed Care plan would end effective August 31, 2015.

On August 31, 2015 you created a second Marketplace Account that was assigned number [REDACTED]

On September 1, 2015 the Marketplace issued an eligibility determination notice in that account stating that you were eligible for Medicaid. This eligibility was effective August 1, 2015.

Also on September 1, 2015 the Marketplace issued an enrollment confirmation notice stating that as of August 31, 2015 you had selected a Medicaid Managed Care plan and that your enrollment would begin October 1, 2015.

On September 29, 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 October 1, 2015 and not on September 1, 2015.

On December 29, 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 supports the following findings of fact:

- 1) You testified that you never received the July 14, 2015 notice informing you that you needed to renew your Marketplace account.
- 2) You testified that you contacted the Marketplace on August 10, 2015 to update your address and at that time you were informed that your renewal

was due so you updated the information in your account ([REDACTED]) that day.

- 3) You testified that you received a letter informing you that you needed to submit paystubs, which you did shortly thereafter.
- 4) There is no evidence in either of your Marketplace accounts that your income documentation was received by the Marketplace.
- 5) You testified that you were told the reason why you were disenrolled from your Medicaid Managed Care plan was because the Marketplace Representative did not “check-out” your Medicaid Managed Care plan when you called on August 10, 2015 to update your address.
- 6) The record reflects that a second account was created using your identifying information on August 31, 2015. That account was assigned [REDACTED]
- 7) You testified that you do not know why you created a second Marketplace account.
- 8) The record reflects that on August 31, 2015 you selected a Medicaid Managed Care plan and that your enrollment in that plan was effective October 1, 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 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)).

Medicaid

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)).

Legal Analysis

The first issue is whether the Marketplace properly determined that your enrollment in your Medicaid Managed Care plan under [REDACTED] should end August 31, 2015.

On September 15, 2014 the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid. This eligibility was effective September 1, 2014. You also enrolled into a Medicaid Managed Care plan that was effective October 1, 2014.

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, and that you needed to supply additional information by August 15, 2015 or your financial assistance might end.

You testified that you never received the July 14, 2015 notice informing you that you needed to renew your Marketplace account. However, you contacted the Marketplace on August 10, 2015 to update your address and at that time you were informed that your renewal was due so you updated the information in your account that day.

Based on the updates that were submitted on August 10, 2015, the Marketplace issued a notice on August 11, 2015 stating that you may be eligible for health insurance through the Marketplace but more information was needed to make a

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determination. The notice requested that you submit income documentation by August 26, 2015 to confirm the information your application is accurate.

You testified that you received a letter informing you that you needed to submit paystubs, which you did shortly thereafter. There is no evidence in either of your Marketplace accounts that your income documentation was received by the Marketplace.

On August 12, 2015 the Marketplace issued a disenrollment notice stating that your insurance through your Medicaid Managed Care plan would end effective August 31, 2015.

You testified that you were told the reason why you were disenrolled from your Medicaid Managed Care plan was because the Marketplace Representative did not “check-out” your Medicaid Managed Care plan when you called on August 10, 2015 to update your address. In the July 14, 2015 renewal notice you were advised that your eligibility for financial assistance might end if additional information was not supplied before August 15, 2015 and in the August 11, 2015 notice you were advised to submit additional information prior to August 26, 2015 to confirm your eligibility. Even though the August 12, 2015 disenrollment notice was issued prior to both deadlines, the record supports that you did not submit satisfactory information prior to either of those deadlines. Therefore, you would have been disenrolled from your Medicaid Managed Care plan because the Marketplace had not received a completed application from you.

Therefore, the August 12, 2015 disenrollment notice is AFFIRMED.

The final issue under review is whether the Marketplace properly determined that your enrollment in your Medicaid Managed Care plan under [REDACTED] should be effective October 1, 2015.

The record reflects that a second account was created using your identifying information on August 31, 2015. That account was assigned [REDACTED]. You testified that you do not know why you created a second Marketplace account.

On September 1, 2015 the Marketplace issued an eligibility determination notice in that account stating that you were eligible for Medicaid. This eligibility was effective August 1, 2015.

The record reflects that on August 31, 2015 you selected a Medicaid Managed Care plan and that your enrollment in that plan was effective October 1, 2015.

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 first day and fifteenth day of a month goes into effect on the first day of the following month. 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 you selected your Medicaid Managed Care plan on August 31, 2015, it must take effect on the first day of the second following month after August; that is, on October 1, 2015.

Therefore, the September 1, 2015 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would take effect on October 1, 2015 is correct and must be AFFIRMED.

Decision

The August 12, 2015 disenrollment notice under [REDACTED] is AFFIRMED.

The September 1, 2015 enrollment confirmation under [REDACTED] notice is AFFIRMED.

Effective Date of this Decision: February 16, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your enrollment in your Medicaid Managed Care plan is 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.

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

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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 12, 2015 disenrollment notice under [REDACTED] is AFFIRMED.

The September 1, 2015 enrollment confirmation under [REDACTED] notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your enrollment in your Medicaid Managed Care plan is 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:



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