



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

Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004931

[REDACTED]

Dear [REDACTED],

On January 5, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 5, 2015 enrollment 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 letter.

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: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004931

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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 with Healthfirst will begin October 1, 2015?

Procedural History

On January 8, 2015 the Marketplace issued a notice stating that the New York State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of coverage you are entitled to receive. The notice directs you to "update the information on your [Marketplace] account by February 15, 2015 so we can make an appropriate decision. If you miss the deadline, the financial assistance you are getting now may end."

On February 17, 2015 the Marketplace issued a notice of eligibility determination stating that you are not eligible for Medicaid, Child Health Plus, receive tax credits or cost-sharing reductions, or enroll in a qualified health plan at full cost through the Marketplace, because you did not complete your renewal within the required timeframe.

On February 20, 2015 the Marketplace issued a disenrollment notice that your coverage with Healthfirst will end effective February 28, 2015.

On September 4, 2015 your Marketplace account was updated.

On September 5, 2015 the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective September 1, 2015.

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On September 5, 2015 the Marketplace issued you an enrollment notice confirming your enrollment as of September 4, 2015 and stated that your coverage through Healthfirst is effective October 1, 2015.

On October 15, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of your enrollment with Healthfirst.

On January 5, 2016 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken and the record was developed during the hearing. The record is now complete and closed.

Findings of Fact

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

- 1) The Marketplace issued a January 8, 2015 notice stating that a decision could not be made on whether you qualified to enroll in a qualified health plan and receive financial help paying for health coverage for 2015. The notice directs you to, "please update your NY State of Health account by February 15, 2015."
- 2) The Marketplace issued a notice of eligibility determination on February 17, 2015 stating that you are not eligible for financial assistance or enroll in a qualified health plan at full cost through the Marketplace.
- 3) The Marketplace issued a disenrollment notice on February 20, 2015 stating that your coverage with Healthfirst will end effective February 28, 2015.
- 4) You testified that you became aware that your health insurance through Healthfirst was discontinued at a medical appointment on August 29, 2015.
- 5) According to your Marketplace, your Marketplace application was updated on September 4, 2015.
- 6) On September 5, 2015 the Marketplace issued a notice confirming that your enrollment with Healthfirst is effective October 1, 2015.
- 7) You testified and your Marketplace account indicates that you did not elect to have the Marketplace send you electronic correspondence.

- 8) You are seeking to be reimbursed for the payments made at August 29, 2015 and September 4, 2015 medical appointments.

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 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 Effective Dates:

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 issue is whether the Marketplace properly determined that your enrollment in Healthfirst was effective October 1, 2015.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve months eligibility without requiring information from

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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 January 8, 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 February 15, 2015 or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Healthfirst plan effective February 28, 2015.

The record indicates that the notices were issued to the address you have listed on your Marketplace account, and that there is no indication that any of the notices were returned to the Marketplace as undeliverable.

On September 4, 2015 you updated the information in your Marketplace account.

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.

On September 4, 2015 you selected your Medicaid Managed Care plan (Healthfirst), so it must take effect on the first day of the month after September 2015, which is on October 1, 2015.

Therefore, the September 5, 2015 enrollment confirmation notice stating that your Medicaid Managed Care coverage (Healthfirst) would take effect on October 1, 2015 is correct and must be AFFIRMED.

Decision

The September 5, 2015 enrollment notice is AFFIRMED.

Effective Date of this Decision: January 22, 2016

How this Decision Affects Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is October 1, 2015.

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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:
NY State of Health Appeals
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Albany, NY 12211
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Summary

The September 5, 2015 enrollment notice is **AFFIRMED**.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is October 1, 2015.

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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:

