



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

Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005008

[REDACTED]

Dear [REDACTED],

On January 19, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 10, 2015 eligibility determination and enrollment notices.

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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Issue

The issues presented for review by the Appeals Unit of NYState of Heath are:

Did the Marketplace properly determine that you are conditionally eligible for Medicaid effective September 1, 2015?

Did the Marketplace properly determine that you and your child were enrolled with UnitedHealthcare of New York, Inc. with an effective date of October 1, 2015?

Procedural History

On July 16, 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 and your child could get help paying for your insurance or what kind of coverage you are eligible to receive. The notice directs you to "update the information on your [Marketplace] account by August 15, 2015 so we can make an appropriate decision. If you miss the deadline, the financial assistance you are getting now may end."

On July 21, 2015 your Marketplace account was updated.

On July 22, 2015 the Marketplace issued two notices:

- (1) A disenrollment notice that you and your child's UnitedHealthcare of New York, Inc. coverage would end August 31, 2015, and
- (2) A notice stating that you and your child "may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination."

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On the same day you uploaded a one-page document regarding your household income. That document has been marked as "Appellant Exhibit A."

On July 23, 2015 the Marketplace issued a notice stating that you and your child "may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination." The notice directed you to submit income documentation for your household by August 7, 2015.

On the same day the Marketplace issued a notice stating "[y]ou have since submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request." The notice states that additional information regarding Absent Parent Information is needed to make a correct determination.

On August 3, 2015 you uploaded three-pages of documentation regarding the request for additional Absent Parent information to your Marketplace account. That documentation has been marked as "Appellant Exhibit B."

On September 10, 2015 the Marketplace issued an eligibility determination notice that you are conditionally eligible and your child is eligible for Medicaid effective September 1, 2015. The notice states that additional information about good cause or information about absent parent must be provided by December 8, 2015.

On the same day the Marketplace issued an enrollment notice confirming that as of September 9, 2015 you and your child are enrolled in UnitedHealthcare of New York, Inc. with an effective date of October 1, 2015.

On October 23, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of you and your child's Medicaid Managed Care plan.

On January 19, 2016 you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. 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. You applying for health insurance through the Marketplace for yourself and your [REDACTED] child.
2. On July 16, 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 and your child

could get help paying for your insurance or what kind of coverage you could have for 2015. The notice directs you to update the information on your Marketplace account by August 15, 2015 so an appropriate decision regarding your eligibility may be made.

3. On July 21, 2015 you updated your Marketplace account. You attested to being employed and expected to earn \$17,607.75 in 2015.
4. On July 22, 2015 you uploaded a statement from your employer to your Marketplace account stating that you are a part-time [REDACTED] with a gross salary of \$17,607.00 per year (Appellant Exhibit A).
5. On July 23, 2015 the Marketplace issued a notice stating “[y]ou have since submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request.” The notice states that additional information regarding Absent Parent is needed to make a correct determination.
6. According to your Marketplace account, on August 3, 2015, you uploaded a statement that was signed by you and dated August 3, 2015, stating [REDACTED] (Appellant Exhibit B p. 1).
7. On August 3, 2015 you uploaded an Order of Protection from the Family Court of the State of New York ([REDACTED]). The Order of Protection remains in effect until February 24, 2017 (Appellant Exhibit B p. 2-3).
8. On September 10, 2015 the Marketplace issued an eligibility determination notice stating that you are conditionally eligible and your son is eligible for Medicaid effective as of September 1, 2015.
9. On September 10, 2015 the Marketplace issued an enrollment notice confirming you and your child’s enrollment as of September 9, 2015, and your enrollment with UnitedHealthcare of New York, Inc. is effective October 1, 2015.
10. You testified that you want your UnitedHealthcare of New York, Inc. to be effective September 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 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: Cooperation regarding Absent Parent

Under federal law, parents applying for Medicaid for themselves and their children must cooperate to establish paternity and obtain medical support payments from absent parents, unless they can establish good cause for not cooperating or be exempt from providing information about the absent parent (42 CFR § 435.610(a)).

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 first issue under review is whether the Marketplace properly determined that you are conditionally eligible for Medicaid effective September 1, 2015?

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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 16, 2015 notice stated that the New York State of Health did not have enough information from federal and state data sources to determine if you and your child could get help paying for your insurance or what kind of coverage you and your child were eligible to receive. The notice directs you to update the information in your Marketplace account by August 15, 2015. If you miss the deadline, the financial assistance you are getting now may end.

The record indicates that your application was first updated on July 21, 2015. You attested to being employed and expected to earn \$17,607.75 in 2015.

On the same day you uploaded a statement from your employer to your Marketplace account stating that you are a part-time [REDACTED] [REDACTED] with a gross salary of \$17,607.00 per year.

The record reflects that on July 23, 2015 the Marketplace issued a notice stating “[y]ou have since submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request.” The notice states that additional information regarding Absent Parent Information to make a correct determination.

On August 3, 2015, you uploaded a signed statement to your Marketplace account, stating “[REDACTED]

[REDACTED] On the same day you uploaded an Order of Protection from the Family Court of the State of New York ([REDACTED]), which remains in effect until February 24, 2017.

The record contains sufficient income documentation that supports your attestation in your July 21, 2015 Marketplace application, and adequate documentation to establish good cause for not cooperating in providing information about the absent parent.

Since you have submitted sufficient documentation regarding your expected household income and information about the absent parent, the September 10, 2015 eligibility determination is MODIFIED to state that you are full eligible for Medicaid effective September 1, 2015.

The second issue is whether Marketplace properly enrolled you and your child in UnitedHealthcare of New York, Inc. with an effective date of 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.

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If 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, and 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.

The record supports that you provided the Marketplace with sufficient documentation regarding your attested household income and established good cause for not providing information regarding the absent parent before August 15, 2015.

Therefore, the September 10, 2015 enrollment notice is MODIFIED to state that you and your child's enrollment as of September 9, 2015, and your enrollment with UnitedHealthcare of New York, Inc. is effective September 1, 2015.

Decision

The September 10, 2015 eligibility determination is MODIFIED to state that you are eligible for Medicaid effective September 1, 2015.

The September 10, 2015 enrollment notice is MODIFIED to state that you and your child's enrollment with UnitedHealthcare of New York, Inc. is effective September 1, 2015.

Effective Date of this Decision: February 4, 2016

How this Decision Affects Eligibility

You and your child are eligible for Medicaid effective September 1, 2015 through August 31, 2016.

You and your child are enrolled in UnitedHealthcare of New York, Inc. effective September 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.

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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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The September 10, 2015 eligibility determination is MODIFIED to state that you are eligible for Medicaid effective September 1, 2015.

The September 10, 2015 enrollment notice is MODIFIED to state that you and your child's enrollment with UnitedHealthcare of New York, Inc. is effective September 1, 2015.

You and your child are eligible for Medicaid effective September 1, 2015 through August 31, 2016.

You and your child are enrolled in UnitedHealthcare of New York, Inc. effective September 1, 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

