



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: AP000000005096

[REDACTED]

Dear [REDACTED]

On January 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 14, 2015 eligibility determination and June 14, 2015 disenrollment 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005096

[REDACTED]

Issue

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

Did the Marketplace properly determine that you were not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace effective June 30, 2015?

Did the Marketplace properly disenroll you from Healthfirst effective June 30, 2015?

Procedural History

On November 12, 2014 you initially applied for health insurance through the Marketplace.

On the same day documentation was faxed to the Marketplace to demonstrate your proof of address.

On December 5, 2014 the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid effective as of November 1, 2014. The notice directed you to confirm your incarceration status by providing documentation before February 12, 2015.

On December 6, 2014 the Marketplace issued a notice stating that the documentation you had submitted was insufficient to resolve the inconsistency. The notice stated that additional information was required to prove your incarceration status.

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On February 4, 2015 the Marketplace issued an enrollment notice confirming your enrollment as of February 3, 2015 with Healthfirst. The notice stated that your enrollment with Healthfirst will begin March 1, 2015.

On June 14, 2015, the Marketplace issued an eligibility redetermination notice stating that you did not provide additional documentation regarding your incarceration status. You were determined not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace and your eligibility would end effective June 30, 2015.

On the same day the Marketplace issued a disenrollment notice stating your Healthfirst coverage would end effective June 30, 2015.

On July 14, 2015 documentation was faxed to the Marketplace to demonstrate your proof of address.

On November 4, 2015 you spoke with the Marketplace's Account Review Unit and appealed the June 14, 2015 eligibility determination and disenrollment notices.

On January 14, 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 are applying for health insurance through the Marketplace for yourself.
2. On November 12, 2014, a Certified Application Counselor (CAC) from [REDACTED] faxed a signed letter from your sister stating that she financially supports you and that you currently reside at [REDACTED].
3. On November 12, 2014 a [REDACTED] bill for the service period of November 2014 was faxed to the Marketplace. The service address was listed as [REDACTED].
4. On December 5, 2014 the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid effective as of November 1, 2014. The notice directed you to confirm your incarceration status by providing documentation before February 12, 2015.

5. On February 4, 2015 the Marketplace issued an enrollment notice confirming your enrollment as of February 3, 2015 with Healthfirst. The notice stated that your enrollment with Healthfirst will begin March 1, 2015.
6. You testified that you currently reside at [REDACTED]
7. On July 14, 2015 you faxed a signed letter from your landlord stating that you currently reside at [REDACTED]
8. On July 14, 2015 a [REDACTED] bill for the service period of July 2015 was faxed to the Marketplace. [REDACTED]
9. You testified that you have never been incarcerated.
10. You testified that you have outstanding medical bills because of the lapse in Medicaid coverage.

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

Applicable Law and Regulations

Eligibility for Enrollment in Medicaid

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)).

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person’s household remains Medicaid eligible for 12 months unless the person becomes ineligible due to “citizenship status, lack of [New York] state residence, or failure to provide a valid social security number” (N.Y. Social Services Law § 366.4(c)).

The Marketplace must verify an applicant’s attestation that the applicant is not incarcerated by either relying on available electronic data sources, or accepting the applicant’s attestation when electronic data sources are unavailable (45 CFR § 155.315(e)). However, if an applicant’s attestation is not reasonably compatible

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with information from approved data sources or other information provided by the applicant, the Marketplace must notify the applicant of the inconsistency and provide the applicant with a period of 90 days to present documentation to resolve the inconsistency (45 CFR § 155.315(e)(3), (f)(2)(i)-(ii)).

If the Marketplace remains unable to verify the attestation after the 90-day period ends, then it must determine the applicant's eligibility based on the information available in the data sources (45 CFR § 155.315(f)(5)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that you were no longer eligible for Medicaid through the Marketplace, effective June 30, 2015 and disenrolled you from Healthfirst effective June 30, 2015.

The Marketplace is required to determine whether individuals are eligible to enroll in coverage through the Marketplace, and must confirm, among other things, that their incarceration status is satisfactory.

If the Marketplace cannot verify an individual's incarceration status, it must provide the individual a period of 90 days, from the date notice is received, to resolve the inconsistency.

In the eligibility determination issued on December 5, 2014, you were advised that your eligibility for Medicaid was only conditional, and that you needed to confirm your incarceration status before February 12, 2015.

The record reflects that on November 12, 2014, a Certified Application Counselor (CAC) from [REDACTED] faxed a signed letter from your sister stating that she financially supports you and that you currently reside at [REDACTED]. On the same day a [REDACTED] bill for the service period of November 2014 was faxed to the Marketplace. The service address was listed as [REDACTED].

Furthermore, on July 14, 2015 you faxed a signed letter from your landlord stating that you currently reside at [REDACTED], and a second [REDACTED] bill for the service period of July 2015 showing a service address of [REDACTED].

Since sufficient documentation proving your incarceration status was received within the 90-day period, the Marketplace the Marketplace improperly determined that you were not eligible for financial assistance and was not eligible to enroll in a health plan through the Marketplace.

Therefore the June 14, 2015, eligibility determination notice stating that you did not provide additional documentation regarding your incarceration status and not

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eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace is RESCINDED.

The June 14, 2015, disenrollment notice stating your Healthfirst coverage will end effective June 30, 2015 is RESCINDED.

The February 4, 2015, enrollment notice confirming that you are enrolled in Healthfirst and coverage will begin March 1, 2015 is REINSTATED.

Decision

The June 14, 2015, eligibility determination notice stating that you did not provide additional documentation regarding your incarceration status and are not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace is RESCINDED.

The June 14, 2015, disenrollment notice stating your Health Insurance Plan of Greater New York coverage will end effective June 30, 2015 is RESCINDED.

The February 6, 2015, enrollment notice confirming that you are enrolled in Healthfirst and coverage will begin March 1, 2015 is REINSTATED.

Effective Date of this Decision: February 4, 2016

How this Decision Affects Your Eligibility

This decision cancels the June 14, 2015 eligibility determination notice that you are not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace.

This decision cancels the June 14, 2015 disenrollment notice that your Healthfirst will end effective June, 2015.

This decision reinstates the February 6, 2015 enrollment notice that you are enrolled in Healthfirst and coverage will begin March 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

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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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

This decision cancels the June 14, 2015 eligibility determination notice that you are not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace.

This decision cancels the June 14, 2015 disenrollment notice that your Healthfirst will end effective June, 2015.

This decision reinstates the February 6, 2015 enrollment notice that you are enrolled in Healthfirst and coverage will begin March 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:

