



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

Notice of Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005286

[REDACTED]

Dear [REDACTED],

On February 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 2, 2015 eligibility determination.

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 (CFR) 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).

This page intentionally left blank.



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

Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005286

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that you were no longer eligible to enroll in a qualified health plan through the Marketplace, effective November 30, 2015?

Procedural History

On July 31, 2015, the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective July 1, 2015. The notice further requested that you provide documentation confirming your incarceration status before October 28, 2015; if you failed to submit the documentation your eligibility to remain enrolled in health insurance through the Marketplace or to receive financial assistance might end.

On July 31, 2015, the Marketplace issued a notice confirming your enrollment in Fidelis Care Medicaid plan.

On November 3, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were no longer eligible to enroll in health insurance through the Marketplace because you had not provided proof of your incarceration status. Your eligibility for coverage ended effective November 30, 2015.

On November 4, 2015, the Marketplace issued a notice that stated your enrollment in your Medicaid Managed Care plan was terminated effective November 30, 2015.

On November 19, 2015, you spoke with the Marketplace's Account Review Unit and appealed the November 2, 2015 determination insofar as you were determined to be ineligible to remain enrolled in Medicaid.

On February 10, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and kept open fifteen days until February 25, 2016 to provide a copy of your license front and back.

Findings of Fact

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

- 1) You testified that you did not receive the Marketplace's notice requesting documentation confirming your incarceration status.
- 2) Your account reflects that you receive your notices via regular mail.
- 3) The record reflects and your testimony supports that your home address has not changed from the date of your notices to the date of your hearing.
- 4) There is no evidence in the record that the Marketplace received your incarceration status documentation specifically a copy of your license before October 28, 2015.
- 5) You testified that you had originally signed up for financial assistance with your health insurance in person with an assistor from Fidelis for your application on July 30, 2015.
- 6) The record reflects that your documentation was uploaded on July 30, 2015, as an unsigned letter from your assistor who attested that you were not incarcerated. Your documentation was also uploaded on August 4, 2015, which was a document entitled Proof Individual No Longer Incarcerated, with no proof of identification submitted with the document.
- 7) Your proof was invalidated by the Marketplace on July 30, 2015, as no Driver's License was sent accompanying the letter.

- 8) The record was developed during your hearing and kept open fifteen days until February 25, 2016 to provide a copy of your license front and back. That documentation was never received by the Appeals unit by the deadline provided.
- 9) You are seeking reinstatement of your health insurance 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 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)).

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 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 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).

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 November 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 July 31, 2015, you were advised that your eligibility for Medicaid was only conditional, and that you needed to confirm incarceration status before October 28, 2015.

The record reflects that the Marketplace did not receive the requested citizenship documentation before the deadline of October 28, 2015.

You testified that you had originally signed up for financial assistance with your health insurance in person with an assistor from Fidelis for your application on July 30, 2015.

The record reflects that your documentation was uploaded on July 30, 2015, as an unsigned letter from your assistor who attested that you were not incarcerated. Your documentation was also uploaded on August 4, 2015, which was a document entitled Proof Individual No Longer Incarcerated, with no proof of identification submitted with the document.

Your proof was invalidated by the Marketplace on July 30, 2015, as no copy of your Driver's License was sent accompanying the letter.

If the Marketplace remains unable to verify the inconsistency after the 90 day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Since the requested documentation was not received within the 90-day period, the Marketplace was required to redetermine your eligibility without verification of

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).

your incarceration status. As a result, the Marketplace properly determined that you could not remain enrolled in Medicaid through NY State of Health effective November 30, 2015, because you had not provided the information requested by the Marketplace.

The record was developed during your hearing and kept open fifteen days until February 25, 2016 to provide a copy of your license front and back. That documentation was never received by the Appeals unit by the deadline provided.

Therefore, the Marketplace's November 2, 2015 eligibility determination is correct and is AFFIRMED.

Decision

The November 2, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: April 15, 2016

How this Decision Affects Your Eligibility

You are not eligible to enroll in Medicaid through the Marketplace at this time.

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 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).

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 November 2, 2015, eligibility determination notice is **AFFIRMED**.

You are not eligible to enroll in Medicaid through the Marketplace at this time.

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:

