



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

Notice of Decision

Decision Date: February 29, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005422

[REDACTED]

Dear [REDACTED],

On February 17, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 17, 2015 eligibility determination and the November 23, 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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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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NY State of Health Number: [REDACTED]
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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 eligibility for and enrollment in your Medicaid Managed Care plan should end November 30, 2015?

Procedural History

On December 10, 2014 the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid, effective December 1, 2014, and you were subsequently enrolled in a Medicaid Managed Care plan.

On September 15, 2015, the Marketplace issued a notice stating that it was time to renew your health insurance. 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 needed to update your account by November 15, 2015 or you might lose the financial assistance you were currently receiving.

On November 17, 2015, the Marketplace issued a notice stating that you had not responded to the renewal notice and that you were therefore no longer eligible for Medicaid, or tax credits and cost-sharing reductions. You also could not enroll in a qualified health plan at full cost. Your eligibility ended effective November 30, 2015.

On November 22, 2015 the Marketplace issued an eligibility redetermination notice stating that you were eligible for the Essential Plan, effective January 1, 2016, and you were subsequently enrolled in a plan.

On November 23, 2015, the Marketplace issued a disenrollment notice stating that your Medicaid Managed Care plan would end effective November 30, 2015.

On December 4, 2015, you spoke to the Marketplace's Account Review Unit and appealed the gap in coverage you had for the month of December 2015. According to the Marketplace, you also requested Aid to Continue.

On December 14, 2015 the Marketplace made a decision on your Aid to Continue request.

On December 16, 2015 the Marketplace issued a notice stating that you were eligible for Medicaid effective December 1, 2015. Although it appears that this finding was a result of your request for Aid to Continue, the written determination did not explicitly state this.

Also on December 17, 2015 the Marketplace issued a cancellation notice stating that you requested to cancel your coverage through the Essential Plan and that your enrollment was cancelled effective January 1, 2016.

On February 17, 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 support the following findings of fact:

- 1) You testified that you did not receive any notice from the Marketplace regarding the need to renew your information to ensure that your coverage would not be interrupted.
- 2) Your Marketplace account indicates that notices are sent to you via regular mail.
- 3) The record reflects that none of the notices that were sent to you at your mailing address were returned as undeliverable.
- 4) The record reflects that you updated your account in November 2015, at which time you enrolled into an Essential plan that was to begin on January 1, 2016.

- 5) The record reflects that on December 4, 2015 you contacted the Marketplace because you went to the doctors and the bill was not being covered because you did not have active coverage.
- 6) The record reflects that on December 14, 2015 the Marketplace granted you Aid to Continue by enrolling you back into Medicaid and backdating the coverage to December 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 12 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)).

Legal Analysis

The issue is whether the Marketplace properly determined that your eligibility for and enrollment in your Medicaid Managed Care plan ended November 30, 2015.

On December 10, 2014 the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid, effective December 1, 2014, and you were subsequently enrolled in a Medicaid Managed Care plan.

Generally, the Marketplace must redetermine a qualified individual’s eligibility for Medicaid once every 12 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.

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Accordingly, the Marketplace issued a renewal notice on September 15, 2015. That notice stated that there was not enough information to determine whether you continued to be eligible for financial assistance for health insurance coverage in 2015, and directed you to supply additional information by November 15, 2015 or your financial assistance might end.

Because there was no timely response to this notice, your eligibility for and enrollment in your Medicaid Managed Care plan was terminated effective November 30, 2015.

You testified that you did not receive any notice from the Marketplace regarding the need to renew your information to ensure that your coverage would not be interrupted. However, your Marketplace account indicates that notices are sent to you via regular mail and the record reflects that none of the notices that were sent to you at your mailing address were returned as undeliverable.

Therefore, it is determined that proper notice was sent to you regarding the need for you to update your account, and that the Marketplace properly disenrolled you from coverage when you failed to respond to the renewal notice. The Marketplace's November 17, 2015 eligibility determination and the November 23, 2015 disenrollment notice are AFFIRMED.

On November 22, 2015 the Marketplace issued an eligibility redetermination notice stating that you were eligible for the Essential Plan, effective January 1, 2016, and you were subsequently enrolled in a plan.

However, on December 4, 2015 when you contacted the Marketplace to file an appeal because you went to the doctors in December and the bills were not being covered, you also requested Aid to Continue. The record reflects that on December 14, 2015 the Marketplace granted you Aid to Continue by enrolling you back into Medicaid and backdating the coverage to December 1, 2015. This resulted in you being terminated from the Essential Plan.

Therefore, your case is RETURNED to the Marketplace to redetermine your eligibility using your 2016 financial information and facilitate your re-enrollment into an Essential Plan, effective as of January 1, 2016 or a later date of your choosing.

Decision

The November 17, 2015 eligibility determination and disenrollment notice and the November 23, 2015 disenrollment notice are AFFIRMED.

Your case is RETURNED to the Marketplace to redetermine your eligibility using your 2016 financial information and facilitate your re-enrollment into an Essential Plan, effective as of January 1, 2016 or a later date of your choosing.

Effective Date of this Decision: February 29, 2016

How this Decision Affects Your Eligibility

You were not eligible for coverage in December 2015 because you failed to respond to the renewal notice in the required timeframe.

Your case is being returned to the Marketplace to redetermine your eligibility using your 2016 financial information and facilitate your re-enrollment into an Essential Plan, effective as of January 1, 2016 or a later date of your choosing

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

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- By mail at:
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The November 17, 2015 eligibility determination and disenrollment notice and the November 23, 2015 disenrollment notice are AFFIRMED.

You were not eligible for coverage in December 2015 because you failed to respond to the renewal notice in the required timeframe.

Your case is being returned to the Marketplace to redetermine your eligibility using your 2016 financial information and facilitate your re-enrollment into an Essential Plan, effective as of January 1, 2016 or a later date of your choosing

Legal Authority

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

A Copy of this Decision Has Been Provided To:

