



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 Account ID: [REDACTED]
Appeal Identification Number: AP000000005531

[REDACTED]

Dear [REDACTED],

On February 23, 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 December 11, 2015 enrollment confirmation 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).

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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Issues

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

Did the Marketplace properly determine that you did not renew your Marketplace application on your son's behalf in the required time frame?

Did the Marketplace properly determine that your son's enrollment in his Medicaid Managed Care plan was effective January 1, 2016?

Procedural History

On December 4, 2014, the Marketplace issued a notice of eligibility determination stating that you, your spouse, and your two children were eligible for Medicaid, effective November 1, 2014.

On December 17, 2014, the Marketplace issued an enrollment confirmation notice stating that you, your spouse, and your two children were enrolled in a Medicaid Managed Care plan effective December 1, 2014.

On September 16, 2015, the Marketplace issued a notice that it was time to renew your family's health coverage. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether your family would qualify for financial help paying for health coverage, and that you needed to update your account by November 15, 2015 or your family might lose the financial assistance you were currently receiving.

On October 1, 2015 your Marketplace account was updated by a Marketplace representative and an application was submitted on your family's behalf.

On November 17, 2015 the Marketplace issued a notice of eligibility redetermination stating that your family no longer qualified for Medicaid because you did not respond to the renewal notice and did not complete your renewal in the required timeframe. Your family's eligibility ended November 30, 2015.

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

On November 24, 2015 the Marketplace issued a notice stating that your family may be eligible for health insurance through the Marketplace but more information was needed to make a determination. The notice requested that you submit income documentation by December 9, 2015 to confirm the information in your application was accurate.

On November 24, 2015 and December 3, 2015 income documentation was uploaded to your Marketplace account.

On December 10, 2015 the Marketplace issued an eligibility determination notice stating that you, your spouse, and your two children were eligible for Medicaid. This eligibility was effective December 1, 2015.

On December 11, 2015 the Marketplace issued an enrollment confirmation notice stating that as of December 10, 2015 your family had selected a Medicaid Managed Care plan and that your family's enrollment would begin January 1, 2016

On December 14, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your son's coverage under his Medicaid Managed Care plan on January 1, 2016 and not on December 1, 2015.

On February 23, 2016, 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 testified that you are only appealing your son's, [REDACTED], eligibility.

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- 2) You testified that you received the September 16, 2015 renewal notice.
- 3) You testified that you called the Marketplace on October 1, 2015 to update your account and complete the renewal process.
- 4) The record reflects that on October 1, 2015 a Marketplace representative submitted an application through your Marketplace account.
- 5) You testified that you thought you had properly renewed your family's insurance coverage and did not know anything was wrong until you received notices in November telling you that your family's insurance was ending.
- 6) The record reflects that on November 23, 2015 a Marketplace representative submitted an application through your Marketplace account.

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

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 did not renew your Marketplace application on your son's behalf in the required time frame.

On December 4, 2014 the Marketplace issued an eligibility determination notice stating that your son was eligible for Medicaid, effective November 1, 2014. Your son also enrolled into a Medicaid Managed Care plan that was effective December 1, 2014.

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 September 16, 2015 renewal notice stated that there was not enough information to determine whether your son was eligible for financial assistance for health insurance coverage, and that you needed to supply additional information by November 15, 2015 or his financial assistance might end.

You testified that you received the September 16, 2015 renewal notice and that you called the Marketplace on October 1, 2015 to update your account and complete the renewal process. The record reflects that on October 1, 2015 a Marketplace representative submitted an application through your Marketplace account.

On November 17, 2015 the Marketplace issued a notice of eligibility redetermination stating that your son no longer qualified for Medicaid as of November 30, 2015 because you did not respond to the renewal notice and did not complete the renewal in the required timeframe.

You testified that you thought you had properly renewed your family's insurance coverage on October 1, 2015. The evidence in the record supports a finding that

when the Marketplace representative updated your account that day they did not submit the application for renewal properly.

Since you complied with the instructions in the September 16, 2015 renewal notice stating that you needed to update your account by November 15, 2015 or the financial assistance your son was receiving might end, and it was by no fault of your own that the Marketplace representative did not properly renew your son's application, the November 17, 2015 notice of eligibility redetermination stating that your son no longer qualified for Medicaid as of November 30, 2015 because you did not complete the renewal is **RESCINDED**.

The second issue under review is whether the Marketplace properly determined that your son's enrollment in his Medicaid Managed Care plan was effective January 1, 2016.

The record reflects that on November 23, 2015 a Marketplace representative submitted another application through your Marketplace account. As a result of this application, the Marketplace required you to submit additional income documentation in order to make a eligibility determination for your son. The record reflects that you submitted the proper documentation within the requested timeframe. On December 10, 2015 your son was able to select a Medicaid Managed Care plan and his enrollment in that plan was effective January 1, 2016

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.

As noted above when you called to renew your son's eligibility on October 1, 2015 a Marketplace representative did not submit the application for renewal properly. Had your account been properly renewed, your son's enrollment in his Medicaid Managed Care would have never lapsed because you would have updated your application prior to November 15, 2015, complied with any additional requests for income documentation, and reenrolled your son in his Medicaid Managed Care plan preventing any gap in coverage. Therefore, the December 11, 2015 enrollment confirmation notice is **MODIFIED** to state that [REDACTED]' enrollment in his Medicaid Managed Care plan was effective as of December 1, 2015.

Decision

The November 17, 2015 eligibility determination notice is **RESCINDED**.

The December 11, 2015 enrollment confirmation notice is MODIFIED to state that [REDACTED]' enrollment in his Medicaid Managed Care plan was effective as of December 1, 2015.

Your case is RETURNED to the Marketplace to correct your [REDACTED]' enrollment to ensure there is no gap in his Medicaid Managed Care plan for the month of December 2015.

Effective Date of this Decision: February 29, 2016

How this Decision Affects Your Eligibility

Your son was improperly terminated from his Medicaid Managed Care plan for the month of December 2015.

Your case is returned to the Marketplace to reinstate your son in his Medicaid Managed Care plan as of December 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.

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):

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Summary

The November 17, 2015 eligibility determination notice is RESCINDED.

Your son was improperly terminated from his Medicaid Managed Care plan for the month of December 2015.

The December 11, 2015 enrollment confirmation notice is MODIFIED to state that [REDACTED]' enrollment in his Medicaid Managed Care plan was effective as of December 1, 2015.

Your case is RETURNED to the Marketplace to correct your [REDACTED]' enrollment to ensure there is no gap in his Medicaid Managed Care plan for the month of December 2015.

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:

