



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

## Notice of Decision

Decision Date: August 7, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001335

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 6, 2015 and February 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 18, 2014 preliminary 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 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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## Decision

Decision Date: August 7, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001335

[REDACTED]  
[REDACTED]  
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## Issue

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

Did the Marketplace properly terminate your Medicaid coverage and Medicaid Managed Care enrollment through Univera Community Health, Inc. effective November 30, 2014?

Did the Marketplace properly redetermine that, as of December 18, 2014, your insurance coverage through Medicaid will begin December 1, 2014, and your Medicaid Managed Care enrollment through Univera Community Health, Inc. will begin January 1, 2015?

## Procedural History

The Marketplace received your initial application for health insurance on December 18, 2013.

On February 12, 2014, the Marketplace issued an eligibility determination that you are eligible for Medicaid effective January 1, 2014.

On June 4, 2014, the Marketplace received your modified application for health insurance.

On June 7, 2014, the Marketplace issued an eligibility redetermination that you remain eligible for Medicaid effective June 1, 2014. It also stated that your enrollment with Univera Community Health, Inc. will begin January 1, 2014.

Your account was modified multiple times during the month of December 2014.

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On December 18, 2014, the Marketplace issued an eligibility redetermination notice in your case, which stated that you are eligible for Medicaid effective December 1, 2014.

Also on December 18, 2014, the Marketplace issued a notice confirming your enrollment with Univera Community Health, Inc. effective January 1, 2015.

On December 27, 2014, the Marketplace issued a disenrollment notice terminating your coverage with Medicaid and Univera Community Health, Inc. effective December 31, 2014.

On, or around, January 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed the December 18, 2014 determinations insofar as they terminated your Medicaid coverage and Univera Community Health, Inc. enrollment on November 30, 2014 and initiated a new Medicaid coverage year effective December 1, 2014.

On February 1, 2015, the Marketplace issued an eligibility redetermination notice that you are no longer eligible for Medicaid but your coverage will continue until December 31, 2015.

On February 6, 2015, a Hearing Officer from the Marketplace's Appeals Unit called you to conduct the scheduled hearing. At that time, you requested an adjournment, which was granted. Your hearing was then rescheduled to February 11, 2015.

On February 11, 2015, you waived formal notice had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to give you an opportunity to submit supporting income documentation. The Marketplace's Appeals Unit did not receive your supporting documentation within the 15 day period and the record was closed on February 26, 2015.

On February 12, 2015, the Marketplace issued an eligibility redetermination notice that you remain eligible for Medicaid effective February 1, 2015.

On February 13, 2015, the Marketplace issued a notice confirming your enrollment with Univera Community Health, Inc. effective January 1, 2015.

## **Findings of Fact**

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

- 1) The record reflects that you currently reside with your spouse and your two children. The record further reflects that you expect to file your 2014

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and 2015 federal income tax returns jointly with your wife and claim your two children as dependents.

- 2) You testified, and the record reflects, that you were initially determined eligible for Medicaid effective January 1, 2014. The record also reflects that your Medicaid Managed Care enrollment through Univera Community Health, Inc. began on January 1, 2014.
- 3) You testified that you modified your account in December 2014 and received multiple notices from the Marketplace with conflicting enrollment information.
- 4) Your Marketplace Enrollment History reflects that your 2014 Medicaid coverage ended on November 30, 2014. It also reflects that your Medicaid coverage was initiated again effective December 1, 2014.
- 5) Your Marketplace Enrollment History reflects that your current 2015 Medicaid Fee-For-Service eligibility year begins on December 1, 2014 and ends November 30, 2015. It also reflects that your enrollment with Univera Community Health, Inc. begins on January 1, 2015 and ends November 30, 2015.
- 6) According to the eligibility determination issued on February 1, 2015, your Medicaid coverage will continue until December 31, 2015.
- 7) According to your December 18, 2013 application, you attested to an expected household income of \$2,237.00.
- 8) According to your June 4, 2014 application, you attested to an expected household income of \$0.00. The Marketplace system indicated a Medicaid coverage start date of June 1, 2014 and an end date of November 30, 2014.
- 9) According to your December 16, 2014 application, you attested to an expected household income of \$0.00. The Marketplace system indicated a Medicaid coverage start date of December 1, 2014 and an end date of December 31, 2014.
- 10) According to your January 31, 2015 application, you attested to an expected household income of \$30,469.52. The Marketplace system indicates a Medicaid coverage start date of February 1, 2015 and an end date of January 31, 2016.

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

## **Applicable Law and Regulations**

### Medicaid

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your December 18, 2014 redetermination, that was still the 2014 FPL, which is \$23,850.00 for a four-person household (79 Fed. Reg. 3593, 3593).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

### Medicaid Continuous Coverage

Under New York's Social Services Law, a person who is found eligible for Medicaid based on his household's modified adjusted gross income (MAGI) but loses that eligibility “for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number” keeps their Medicaid for twelve months, “provided that federal financial participation in the costs of such assistance is available” (Soc. Serv. Law § 366(4)(c)). This provision is referred to as “continuous coverage” and the twelve-month period of continuous coverage is based on the date of Medicaid eligibility.

## **Legal Analysis**

The first issue is whether the Marketplace properly terminated your Medicaid coverage effective November 30, 2014 and began a new Medicaid coverage year effective December 1, 2014.

When you initially applied for health insurance through NY State of Health on December 18, 2013, you reported that your expected income for 2014 was \$2,237.00 for a household of four, which included yourself, your spouse and your two children. That income equals 9.38% of the 2014 federal poverty level (FPL)

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for a four-person household. Since 138% is the income threshold for Medicaid, the Marketplace properly determined that at 9.38% of the relevant FPL, you qualified for Medicaid.

On February 12, 2014, the Marketplace issued an eligibility determination in your case based on your initial December 18, 2013 application. According to that notice, you were determined eligible for Medicaid coverage effective January 1, 2014.

The Marketplace system's Enrollment History for your case also indicates an initial Medicaid start date of January 1, 2014 and an end date of December 31, 2014. These twelve months of coverage are consistent with the continuous Medicaid coverage section of the New York Social Services Law.

On June 6, 2014, the Marketplace issued an eligibility redetermination notice in your case based on updated information, which included an expected household income of \$0.00 for a household of four. This equals 0.00% of the 2014 FPL, which is below the eligibility threshold for Medicaid.

The June 7, 2014 eligibility redetermination notice correctly stated that you remain eligible for Medicaid, but incorrectly stated that your coverage through Medicaid will begin June 1, 2014 as you were still within the 12 consecutive months of Medicaid coverage. It also correctly stated that your enrollment with Univera Community Health, Inc. will begin January 1, 2014.

On June 7, 2014, the Marketplace system indicated a Medicaid coverage start date of June 1, 2014 and a coverage end date of November 30, 2014.

Your Medicaid coverage began on January 1, 2014, and because of the law governing continuous coverage, you remain Medicaid eligible for twelve consecutive months. The end of your twelve month continuous eligibility period is exhausted on December 31, 2014. Since your Medicaid coverage was terminated on November 30, 2014, eleven months from your date of Medicaid eligibility, the Marketplace incorrectly discontinued your Medicaid coverage prior to the end of your Medicaid coverage year.

Then, on December 18, 2014, the Marketplace issued an eligibility redetermination notice in your case, which stated that you are eligible for Medicaid effective December 1, 2014. The Marketplace system's Eligibility History also indicates that your Medicaid Fee-For-Service coverage restarted your Medicaid eligibility year effective December 1, 2014 to November 30, 2015.

Because your initial Medicaid eligibility year should have continued until the twelve consecutive months were exhausted on December 31, 2014, the December 18, 2014 eligibility determination is RESCINDED.

Your case is RETURNED to the Marketplace to correct the Marketplace system's Enrollment History to reflect that your initial Medicaid coverage year runs from January 1, 2014 to December 31, 2014. Since your enrollment with Univera Community Health Plan, Inc. began on January 1, 2014, it should also continue for twelve consecutive months effective January 1, 2014 to December 31, 2014. Your case is RETURNED to the Marketplace to reinstate your enrollment with Univera Community Health Plan, Inc. effective December 1, 2014 to December 31, 2014, which correspond with your initial Medicaid coverage year, which ended on December 31, 2014.

The record reflects that the Marketplace issued a notice on December 27, 2014 indicating that your Medicaid Fee-for-Service coverage and your enrollment with Univera Community Health Plan, Inc. will terminate effective December 31, 2014. However, this notice conflicts with what is indicated in the Marketplace's system and is RESCINDED.

The record also reflects that you were redetermined eligible for Medicaid on January 31, 2015 with coverage effective January 1, 2015. According to the Marketplace system's Enrollment History, your Medicaid coverage year begins December 1, 2014 and ends November 30, 2015. Your case is RETURNED to the Marketplace to correct the Marketplace system's Enrollment History to reflect a 2015 Medicaid coverage year that runs from January 1, 2015 to December 31, 2015. Your enrollment with Univera Community Health Plan, Inc. should also be adjusted to correspond with your 2015 Medicaid coverage year.

## **Decision**

The December 18, 2014 eligibility determination is RESCINDED.

Your case is RETURNED to correct the Marketplace system's Enrollment History to reflect that your initial Medicaid coverage year runs from January 1, 2014 to December 31, 2014.

Since your enrollment with Univera Community Health Plan, Inc. began on January 1, 2014, it should also continue for twelve consecutive months effective January 1, 2014 to December 31, 2014. Your case is RETURNED to the Marketplace to reinstate your enrollment with Univera Community Health Plan, Inc. for the remainder of your initial Medicaid coverage year, which ended on December 31, 2014.

The December 27, 2014 notice used by the Marketplace is RESCINDED.

Your case is also RETURNED to the Marketplace to correct the Marketplace system's Enrollment History to reflect a 2015 Medicaid coverage year that runs from January 1, 2015 to December 31, 2015. Your enrollment with Univera



Community Health Plan, Inc. should also be adjusted to correspond with your 2015 Medicaid coverage year.

**Effective Date of this Decision:** August 7, 2015

### **How this Decision Affects Your Eligibility**

Your 2014 Medicaid coverage year will reflect a coverage start date of January 1, 2014 and a coverage end date of December 31, 2014.

Your initial enrollment with Univera Community Health Plan, Inc. will be reinstated effective December 1, 2014 to December 31, 2014 to correspond with your 2014 Medicaid coverage year.

Your 2015 Medicaid coverage year will reflect a coverage start date of January 1, 2015 and a coverage end date of December 31, 2015.

Your current enrollment with Univera Community Health Plan, Inc. will be effective from January 1, 2015 to December 31, 2015, which corresponds with your 2015 Medicaid coverage year.

### **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.

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## **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 December 18, 2014 eligibility determination is RESCINDED.

Your case is RETURNED to correct the Marketplace system's Enrollment History to reflect that your initial Medicaid coverage year runs from January 1, 2014 to December 31, 2014.

Since your enrollment with Univera Community Health Plan, Inc. began on January 1, 2014, it should also continue for twelve consecutive months effective January 1, 2014 to December 31, 2014. Your case is RETURNED to the Marketplace to reinstate your enrollment with Univera Community Health Plan, Inc. for the remainder of your initial Medicaid coverage year, which ended on December 31, 2014.

The December 27, 2014 notice used by the Marketplace is RESCINDED.

Your case is also RETURNED to the Marketplace to correct the Marketplace system's Enrollment History to reflect a 2015 Medicaid coverage year that runs from January 1, 2015 to December 31, 2015. Your enrollment with Univera Community Health Plan, Inc. should also be adjusted to correspond with your 2015 Medicaid coverage year.

## **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:**

[REDACTED]  
[REDACTED]  
[REDACTED]