



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

## Notice of Decision

Decision Date: May 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001390

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 28, 2014 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).

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: May 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001390

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly terminate your daughter's Medicaid Managed Care plan coverage effective December 31, 2014?

## Procedural History

Your daughter became eligible for Medicaid through the Marketplace effective February 1, 2014. She began to receive coverage through a Medicaid Managed care plan effective June 1, 2014.

On November 6, 2014, the Marketplace issued a notice stating that it was time to renew your health coverage for 2015. It stated that the Marketplace did not have enough information from federal and state sources to determine whether you and your daughter qualified for coverage or financial assistance for the next year. The notice advised you to update the information in your account by December 15, 2014 so that an appropriate decision could be made.

On December 22, 2014, the Marketplace issued a notice stating that your daughter was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. It further stated that information about your daughter would be provided to your local Department of Social Services (LDSS) and that "Medicaid coverage will continue until your LDSS makes a decision regarding [her] Medicaid eligibility."

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On December 28, 2014, the Marketplace issued a disenrollment notice which stated that your daughter's Medicaid Managed Care plan coverage would end effective December 31, 2014.

On January 8, 2015, your application was modified.

Also on January 8, 2015, you spoke with the Marketplace's Account Review Unit and appealed the December 28, 2014 disenrollment notice insofar as it terminated your daughter's Medicaid Managed Care plan coverage effective December 31, 2014.

On January 9, 2015, the Marketplace issued a notice of eligibility redetermination stating that your daughter is conditionally eligible for Child Health Plus with a \$0.00 monthly premium effective February 1, 2015.

On February 5, 2015, you 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 15 days to provide you an opportunity to submit supporting income documentation.

The Marketplace's Appeals Unit did not receive your supporting income documentation within 15 days and the record was closed on February 20, 2015.

## **Findings of Fact**

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

- 1) You currently reside with your daughter.
- 2) The record reflects that you expect to file your 2015 federal income tax return as single, and claim your daughter as a dependent.
- 3) You testified that you received an e-mail from the Marketplace in November 2014 informing you that you had a message to read but you missed that e-mail.
- 4) You testified that you were not aware that there was an issue with your daughter's health insurance coverage until you received the December 28, 2014 notice terminating her coverage effective December 31, 2014.
- 5) You testified that your income fluctuates but you expect to have a household income of \$24,600.00 for the 2015 tax year.

- 6) You testified, and the record reflects, that you did not modify your daughter's application for health insurance until January 8, 2015.

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

## **Applicable Law and Regulations**

Under New York's Social Services Law, a person who is found eligible for Medicaid based on her 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 only issue is whether your daughter's coverage through a Medicaid Managed Care plan was properly terminated effective December 31, 2014.

Your daughter was determined eligible for Medicaid effective February 1, 2014. She enrolled in a Medicaid Managed Care plan, and that coverage took effect on June 1, 2014.

An individual who is determined eligible for Medicaid remains insured through Medicaid for twelve consecutive months from their date of eligibility under continuous coverage.

Because your daughter became Medicaid eligible effective February 1, 2014, her coverage through Medicaid continued for twelve months, until January 31, 2015.

Since the record supports continuing your daughter's Medicaid coverage until January 31, 2015, and there appears to be no separate reason for terminating her Medicaid Managed Care plan, coverage through the plan also continues until January 31, 2015.

Therefore, the December 28, 2014 Disenrollment Notice is MODIFIED to state that your daughter's coverage in the Medicaid Managed Care plan ended effective January 31, 2015.

## **Decision**

The December 28, 2014 Disenrollment Notice is MODIFIED to state that your daughter's coverage in the Medicaid Managed Care plan ended effective January 31, 2015.

**Effective Date of this Decision:** May 13, 2015

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

Your daughter was eligible for Medicaid from February 1, 2014 until January 31, 2015. Coverage under her Medicaid Managed Care plan was in effect from June 1, 2014 until January 31, 2015.

This decision does not change your daughter's current eligibility. She remains eligible for Child Health Plus with a monthly premium of \$0.00.

### **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:  
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P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The December 28, 2014 Disenrollment Notice is MODIFIED to state that your daughter's coverage in the Medicaid Managed Care plan ended effective January 31, 2015.

Your daughter was eligible for Medicaid from February 1, 2014 until January 31, 2015. Coverage under her Medicaid Managed Care plan was in effect from June 1, 2014 until January 31, 2015.

This decision does not change your daughter's current eligibility. She remains eligible for Child Health Plus with a monthly premium of \$0.00.

## **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]