



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

Notice of Decision

Decision Date: May 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001415

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED],

On February 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 27, 2014 disenrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001415

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly terminate [REDACTED] and [REDACTED] Child Health Plus coverage effective December 31, 2014?

Did the Marketplace properly terminate [REDACTED] Medicaid coverage effective December 31, 2014?

Procedural History

In a notice of eligibility determination dated January 12, 2014, the Marketplace stated that you and your daughter [REDACTED] were eligible to enroll in qualified health plans. Your daughter was not eligible for financial assistance because she was receiving public minimum essential coverage.

You modified your account on February 13, 2014. The Marketplace made a preliminary determination that your children [REDACTED] and [REDACTED] were conditionally eligible for Child Health Plus (CHP) effective April 1, 2014.

In a notice of eligibility determination dated March 1, 2014, the Marketplace stated that your daughter [REDACTED] was eligible for Medicaid effective February 1, 2014.

On December 16, 2014, the Marketplace issued a notice stating that it was time to renew your children’s health insurance coverage for 2015. It directed you to update the information in your NY State of Health account by January 15, 2015 so that a determination could be made.

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On December 18, 2014, you modified your account and uploaded a copy of your paystubs as proof of your current income.

On December 19, 2014, the Marketplace issued a notice stating that additional income information was needed to redetermine eligibility for [REDACTED] [REDACTED] and [REDACTED].

On December 27, 2014, the Marketplace issued a disenrollment notice stating that coverage for [REDACTED], [REDACTED], and [REDACTED] would end effective December 31, 2014 because they were “no longer eligible to remain enrolled in their current health insurance.”

On December 31, 2014, the Marketplace received a copy of [REDACTED] Unemployment Insurance Benefit determination notice.

On January 9, 2015, you spoke with the Marketplace’s Account Review Unit and appealed the December 27, 2014 notice insofar as it terminated [REDACTED] and [REDACTED] CHP coverage effective January 1, 2015.

On January 10, 2015, the Marketplace issued a notice of eligibility redetermination stating that [REDACTED] [REDACTED] and [REDACTED] are conditionally eligible to enroll through CHP effective February 1, 2015.

On February 6, 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 supports the following findings of fact:

- 1) You testified, and the record reflects, that you currently reside with [REDACTED] [REDACTED] and your children [REDACTED] [REDACTED] [REDACTED] and [REDACTED] child [REDACTED]
- 2) [REDACTED] and [REDACTED] 2014 Child Health Plus coverage took effect on April 1, 2014. [REDACTED] 2014 Medicaid coverage took effect on February 1, 2014.
- 3) You are seeking insurance through New York State of Health for [REDACTED] [REDACTED] and [REDACTED]

- 4) You testified that when you received the renewal notice from the Marketplace during December 2014, you accessed your Marketplace account and submitted an updated application.
- 5) You testified that a few days after you submitted the updated application, you received a notice from the Marketplace requesting proof of income documentation. You uploaded [REDACTED] Unemployment Benefit letter as proof of income.
- 6) You testified that you received the notice disenrolling your children from their health insurance plans and called Marketplace Customer Service to ask if your children would have health insurance for January 2015. You further testified that you were told that you had received a standard notice, that your account was fine, and that your children would remain insured for January 2015.
- 7) You testified that you took [REDACTED] to her doctor during January 2015 and were informed that her health insurance had been terminated.
- 8) In your January 9, 2015 application you attested to a household income of \$60,164.00. During your hearing you testified that this income information is still accurate.
- 9) On January 10, 2015, the Marketplace issued a notice of eligibility redetermination stating that [REDACTED] [REDACTED] and [REDACTED] are conditionally eligible to enroll through Child Health Plus effective February 1, 2015.

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

Applicable Law and Regulations

Child Health Plus

A child may be eligible for coverage through Child Health Plus (CHP) provided (1) he or she lives in a household having a household income at or below 400% of the federal poverty level (FPL) and (2) is not eligible for medical assistance (Medicaid), except that a child who becomes eligible for Medicaid after becoming eligible for CHP, may be eligible for a subsidy payment for a period of three months after becoming eligible for such medical assistance (NY Public Health Law § 2511(2)(b) and (3)).

The “period of eligibility” for CHP is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

Medicaid

An individual is eligible for enrollment in Medicaid when he or she meets the nonfinancial criteria and has a monthly household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)).

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 coverage for twelve months, “provided that federal financial participation in the costs of such assistance is available” (N.Y. 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 Child Health Plus (CHP) coverage for ██████ and ██████ effective December 31, 2014.

On February 13, 2014, the Marketplace received your application for health insurance for ██████ ██████ and ██████. It made a preliminary determination that ██████ and ██████ qualified for CHP effective April 1, 2014. No written notice of eligibility determination was issued, but the preliminary determination has not been appealed, and it is supported by the record as currently developed.

██████ and ██████ CHP eligibility took effect April 1, 2014. No event occurred to require that their eligibility terminate prior to the twelve-month period of CHP eligibility. Therefore, their CHP eligibility should have continued until March 31, 2015 and should not have ended on December 31, 2014.

The second issue is whether the Marketplace properly terminated Medicaid coverage for ██████ effective December 31, 2014.

██████ was determined eligible for Medicaid effective February 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. Nothing in the record indicates that [REDACTED] ceased to be eligible for Medicaid between February 1, 2014 and January 31, 2015. Therefore, [REDACTED] Medicaid coverage should have continued until January 31, 2015 and should not have ended on December 31, 2014.

Since [REDACTED] [REDACTED] and [REDACTED] had continuing coverage past December 31, 2014, the December 27, 2014 disenrollment notice is not supported by the record.

On January 10, 2015, the Marketplace issued a notice of eligibility redetermination stating that [REDACTED] [REDACTED] and [REDACTED] are conditionally eligible to enroll through Child Health Plus effective February 1, 2015 and so addresses issues of eligibility for all three children after February 1, 2015.

Therefore, the December 27, 2014 disenrollment notice is MODIFIED to state that [REDACTED] and [REDACTED] CHP coverage continued until January 31, 2015 and that [REDACTED] Medicaid coverage continued until January 31, 2015.

Decision

The December 27, 2014 disenrollment notice is MODIFIED to state that [REDACTED] and [REDACTED] Child Health Plus (CHP) coverage continued until January 31, 2015 and that [REDACTED] Medicaid coverage continued until January 31, 2015.

Effective Date of this Decision: May 22, 2015

How this Decision Affects Your Eligibility

[REDACTED] and [REDACTED] Child Health Plus (CHP) eligibility took effect on April 1, 2014 and continued until January 31, 2015.

[REDACTED] Medicaid eligibility took effect on February 1, 2014 and continued until January 31, 2015.

As stated in the notice issued January 10, 2015, [REDACTED] [REDACTED] and [REDACTED] became conditionally eligible for Medicaid effective February 1, 2015.

If You Disagree with this Decision (Appeal Rights)

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 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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 27, 2014 disenrollment notice is MODIFIED to state that [REDACTED] and [REDACTED] Child Health Plus (CHP) coverage continued until January 31, 2015 and that [REDACTED] Medicaid coverage continued until January 31, 2015.

[REDACTED] and [REDACTED] CHP eligibility took effect on April 1, 2014 and continued until January 31, 2015.

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██████████ Medicaid eligibility took effect on February 1, 2014 and continued until January 31, 2015.

As stated in the notice issued January 10, 2015, ██████████ ██████████ and ██████████ became conditionally eligible for Medicaid effective February 1, 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]