



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

**Notice of Decision**

Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001442

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s January 7, 2015 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 letter.

**Legal Authority**

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

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### Decision

Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001442

[REDACTED]  
[REDACTED]  
[REDACTED]

### Issue

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

Did the Marketplace properly terminate your coverage with Medicaid and your enrollment with CDPHP effective December 31, 2014?

Did the Marketplace properly determine that you are eligible to receive an advance premium tax credit of up to \$227.00 per month and cost-sharing reductions effective February 1, 2015?

### Procedural History

On November 20, 2013, the Marketplace received your initial application for health insurance and prepared a preliminary eligibility determination in your case. It stated that you are eligible for Medicaid effective January 1, 2014 to December 31, 2014.

On February 8, 2014, the Marketplace issued an eligibility determination, based on the November 20, 2013 application, that you are eligible for Medicaid effective January 1, 2014.

On May 7, 2014, the Marketplace uploaded a copy of the February 8, 2014 notice, which was marked as returned due to insufficient address.

On November 3, 2014, the Marketplace sent you a notice that it was time to renew your health insurance coverage for 2015. The notice further stated that if you would like to keep your present health plan for the next year, and the information in your application is still accurate, then the Marketplace will re-enroll

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you in your current health plan for another year and you do not have to do anything more. The notice also stated that you have been determined eligible to receive health care coverage under Medicaid effective January 1, 2015.

On November 21, 2014, documents received by the Marketplace on January 21, 2014 were uploaded to your account. These documents included: a copy of your paper application for health insurance; a copy of your paystubs from [REDACTED] [REDACTED] between issued between October 9, 2013 and December 4, 2013; a copy of your birth certificate; a copy of a Budget Agreement between yourself and [REDACTED] a copy of the transaction history regarding the Budget Agreement; a copy of your New York State Driver License; a copy of your CDPHP health insurance card; and a copy of the envelope the documents were sent in, which indicate a mailing date of January 17, 2014.

On November 25, 2014, the Marketplace received your modified application for health insurance, which included an expected income of \$21,840.00 for the 2015 tax year.

On November 27, 2014, the Marketplace issued an eligibility determination that you are newly eligible to receive an advance premium tax credit of up to \$227.00 per month and eligible to receive cost-sharing reductions effective January 1, 2015. This notice also stated that you are not eligible for Medicaid because your household income of \$21,840.00 is over the allowable income limit of \$16,105.00.

On December 2, 2014, the Marketplace uploaded a copy of the November 3, 2014 renewal notice, which was marked as returned on November 18, 2014 due to insufficient address.

On December 9, 2014, the Marketplace sent you a notice confirming your enrollment with CDPHP as your Medicaid Managed Care plan as of November 25, 2014. It also stated that your insurance coverage through Medicaid will begin January 1, 2015 and your enrollment with CDPHP will begin April 1, 2014.

Also on December 9, 2014, the Marketplace uploaded a copy of the November 27, 2014 eligibility determination, which was marked as returned on December 4, 2014 due to insufficient address.

On December 25, 2014, the Marketplace sent you a disenrollment notice that your Medicaid Fee-For-Service coverage will be discontinued on December 31, 2014 and your enrollment with CDPHP will end effective December 31, 2014 because you are no longer eligible to remain enrolled in your current health insurance.

On January 5, 2015, the Marketplace uploaded a copy of the December 9, 2014 enrollment notice, which was marked as returned on December 22, 2014 due to insufficient address.

On January 6, 2015, the Marketplace received your modified application for health insurance.

On January 7, 2015, the Marketplace issued an eligibility determination that you are eligible to receive an advance premium tax credit of up to \$227.00 per month and cost-sharing reductions effective February 1, 2015.

Also on January 7, 2015, the Marketplace sent you a notice confirming your enrollment as of January 7, 2015 with HMO Copayment 30 Silver ST INN Dep25. It also stated that your health insurance coverage could start as early as February 1, 2015.

On, or around, January 12, 2015, you spoke to the Marketplace's Account Review Unit and appealed the Marketplace's failure to provide you notice of your Medicaid coverage termination.

On February 18, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing, your designated Authorized Representative, [REDACTED], appeared on your behalf. 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) The record reflects that you are the only person in your tax household and you expect to file your 2015 federal income tax return as Single.
- 2) The record reflects that you first applied for health insurance through New York State of Health on November 20, 2013. According to that application, the Marketplace system reflects that your address was listed as:

[REDACTED]  
[REDACTED]

- 3) The Marketplace system reflects that your November 20, 2013 application was created by "[REDACTED]"
- 4) The record reflects that multiple notices were mailed to you by the Marketplace to the address listed in your November 20, 2013 application. These notices included: the February 20, 2014 eligibility determination; the

November 3, 2014 renewal notice; the November 27, 2014 eligibility determination; and the December 9, 2014 enrollment confirmation notice. These notices were all returned due to the notices having an insufficient address.

- 5) According to your November 25, 2014 application for health insurance, your address was listed as:

[REDACTED]  
[REDACTED]

- 6) The Marketplace system reflects that your eligibility run based on the November 25, 2014 application was initiated by "[REDACTED]."

- 7) The record reflects that you applied for Medicaid through a paper application on January 10, 2014. According to that paper application, your address was listed as:

[REDACTED]  
[REDACTED]  
[REDACTED]

- 8) The record reflects that the paper application was received by Saratoga County Medicaid on January 10, 2014 and was referred from the Saratoga County District to New York State of Health on January 15, 2014. The record further reflects that this application was received by New York State of Health on January 21, 2014 and uploaded to your Marketplace account on November 21, 2014. You testified that you sent your paper application to your Local Department of Social Services and were told that you are eligible for Medicaid. You further testified, and the record reflects, that you listed your correct address in this application.

- 9) You testified that you updated your application in October 2014 and were told that you would receive Medicaid coverage for one year. You further testified that you believed that your enrollment with Medicaid began on February 1, 2014 to January 31, 2015.

- 10) The record reflects that your address was not updated in your Marketplace account until January 6, 2015. You testified that you did not realize that there was an issue regarding your address because you were receiving correspondence from CDPHP, your Medicaid Managed Care plan, and Medicaid.

- 11) You testified that because you did not receive any notice from the Marketplace regarding the termination of your coverage, you had a gap in coverage for the month of January 2015, which resulted in out of pocket

costs for necessary medications. You further testified that you would like to be reimbursed for the costs incurred due to this gap in coverage.

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

## **Applicable Law and Regulations**

### Proper Notice – Medicaid

The Marketplace must provide all applicants and beneficiaries with timely and adequate written notice of any decision affecting their eligibility, including a denial, termination, or suspension of eligibility, or a denial or change in benefits and services (42 CFR § 435.919(a)).

After any decision affecting the enrollee's eligibility, including denial, termination, or suspension of eligibility, notice must be sent at least 10 days before such action goes into effect (18 NYCRR § 358-2.23).

## **Legal Analysis**

The only issue is whether the Marketplace provided you with proper notice prior to terminating your Medicaid coverage.

The record reflects that you initially applied for health insurance through the Marketplace on November 20, 2013. According to the November 20, 2013 application, your address was listed as:

██████████  
████████████████████

According to the Marketplace system, this application was created and submitted by "██████████."

Between the November 20, 2013 application and your November 25, 2014 applications for health insurance through the Marketplace, your address was not changed.

The record reflects that during this time, multiple notices were mailed to you by the Marketplace but were subsequently returned as having insufficient address.

The record reflects that your address was not changed in your Marketplace account until January 6, 2015.

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You testified, and the record reflects, that you listed your full address in the paper application you completed on, or around January 10, 2014. However, according to your testimony and the paper application uploaded to your Marketplace account on November 21, 2014, this application was submitted to your Local Department of Social Services in the district of Saratoga. It was then sent to the Marketplace on, or around, January 21, 2014, which is after you had created and submitted your initial application for health insurance through the Marketplace on November 20, 2013.

The Marketplace must provide all applicants and beneficiaries with timely and adequate written notice of any decision affecting their eligibility, including a termination in benefits and services. Notice is timely if it is sent at least 10 days before the action becomes effective.

The record reflects that you were determined eligible for Medicaid effective January 1, 2014 to December 31, 2014.

On December 25, 2014, the Marketplace sent you a notice that your Medicaid Fee-For-Service coverage will be terminated as of December 31, 2014 and your coverage with CDPHP will end effective December 31, 2014. This notice was sent 6 days prior to the termination of your Medicaid coverage. Though notice was also returned due to insufficient address, it was sent to the address you provided in your Marketplace application.

Though Marketplace error did not cause this notice to be returned, it was still issued six days before your Medicaid coverage was terminated.

Since the Marketplace did not provide you notice of the action to terminate your Medicaid coverage ten days prior to its effective date, the Marketplace failed to provide you timely notice and, therefore, improperly terminated your Medicaid coverage on December 31, 2014.

Your case is RETURNED to the Marketplace to reinstate your Medicaid Fee-For-Service coverage and your enrollment in the CDPHP Medicaid managed care plan effective January 1, 2015 to January 31, 2015, which is the period in which you incurred a gap in medical coverage.

## **Decision**

The Marketplace failed to provide you timely notice of your Medicaid coverage termination on December 25, 2014, and therefore improperly terminated your Medicaid coverage on December 31, 2014.



Your case is RETURNED to the Marketplace to reinstate your Medicaid Fee-For-Service coverage and your enrollment in the CDPHP Medicaid managed care plan effective January 1, 2015 to January 31, 2015, which is the period in which you incurred a gap in medical coverage.

**Effective Date of this Decision:** June 10, 2015

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

Your Medicaid coverage and enrollment in the CDPHP Medicaid managed care plan will be reinstated effective January 1, 2015 to January 31, 2015, to eliminate the gap in health coverage due to the Marketplace's failure to provide timely notice.

### **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
- By mail at:

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- By fax: 1-855-900-5557

## **Summary**

The Marketplace failed to provide you timely notice of your Medicaid coverage termination on December 25, 2014, and therefore improperly terminated your Medicaid coverage on December 31, 2014.

Your case is RETURNED to the Marketplace to reinstate your Medicaid Fee-For-Service coverage and your enrollment in the CDPHP Medicaid managed care plan effective January 1, 2015 to January 31, 2015, which is the period in which you incurred a gap in medical coverage.

## **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]