



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: AP000000001454

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 10, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 19, 2014 notice of 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).

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[REDACTED]
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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 your oldest son was eligible to enroll in Child Health Plus with a \$30.00 per month premium effective January 1, 2015?

Did the Marketplace properly determine that your oldest son was not eligible for Medicaid as of January 1, 2015?

Procedural History

On February 8, 2014, the Marketplace issued an eligibility determination stating that your oldest son was eligible for Medicaid effective January 1, 2014.

On June 6, 2014, you modified your application. In a preliminary eligibility determination, the Marketplace stated that your oldest son was eligible for Medicaid. That same day, your application was modified several times by Marketplace representatives to add your oldest son as a dependent.

On June 7, 2014, the Marketplace issued an eligibility determination notice based on the last modification that occurred on June 6, 2014, stating that your oldest son (now listed as a dependent) was no longer eligible for Medicaid but that this coverage would continue until "May 30, 2015" (*sic*) because certain individuals who have been determined eligible for Medicaid remain eligible for 12 continuous months. There was no explanation as to why your oldest son was no longer eligible for Medicaid.

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On November 7, 2014, the Marketplace issued a renewal notice for your entire household. The notice advised you that the effective date of this eligibility determination was January 1, 2015 for the rest of your family, but for your oldest son, the notice stated that [REDACTED] no longer qualified for health care coverage under Medicaid but that his present coverage would continue until "May 31, 2015" (*sic*). The notice advised you that for your oldest son's coverage, you would need to come back between April 16, 2015 and May 16, 2015 to update the information in your Marketplace account.

On December 18, 2014, you updated information in your Marketplace account.

On December 19, 2014, an eligibility determination notice was issued. That notice stated that your oldest son was newly eligible to enroll through Child Health Plus with a \$30.00 per month premium effective January 1, 2015. It also stated his current coverage would end on December 31, 2014.

On December 25, 2014, a disenrollment notice was issued that stated your oldest son's coverage with Health Insurance Plan of Greater New York would end effective December 31, 2014.

On January 13, 2015, you called the Marketplace's Account Review Unit and appealed the discontinuation of your oldest son's Medicaid coverage.

On February 10, 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 that you are only appealing your oldest son's eligibility determination.
- 2) Your application states that your oldest son is 11 years old and that his birthdate is [REDACTED].
- 3) On February 8, 2014, the Marketplace issued an eligibility determination stating that your oldest son was eligible for Medicaid effective January 1, 2014.
- 4) On June 6, 2014, you modified your application, and stated that your oldest son would not be claimed by you as a dependent and that he would be filing a tax return with a tax filing status of single. His income was listed as \$0.00.

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- 5) In a preliminary determination prepared that same day, the Marketplace indicated that your oldest son was eligible for Medicaid.
- 6) The record reflects that on June 6, 2014 your application was modified by a Marketplace representative several times, to finally state that you would be claiming your oldest son as a dependent along with your other two children.
- 7) On June 7, 2014, the Marketplace issued an eligibility determination based on the last modification that occurred on June 6, 2014, stating that your oldest son (now listed as a dependent on the application) was no longer eligible for Medicaid but that this coverage would continue until May 30, 2015.
- 8) You testified that you plan on filing your 2015 taxes as married filing jointly and that you will claim two of your three children as dependents on that tax return. You further testified that you will not claim your oldest son as a dependent.
- 9) You testified that you do not know the reason your oldest son was switched to a dependent on your application on June 6, 2014.
- 10) You testified that your accountant advised you to have your oldest son file his own tax return and that your oldest son has done so for several years.
- 11) You testified that you have not received any form of tax deduction for your oldest son for years.
- 12) You testified that the notices sent by the Marketplace led you to believe that your oldest son's coverage under Medicaid would not end until May 2015.
- 13) You testified that you called the Marketplace in December 2014 to update the information in your account for the rest of your household. You specifically asked if these updates would affect your oldest son's coverage through Medicaid and you were told they would not.
- 14) You testified that you called the Marketplace when you received your oldest son's disenrollment notice that stated he was no longer covered under his Medicaid plan. You were told by the Marketplace that he had continuous coverage and they would ensure that the coverage would be effective for the month of January. Relying on this advice, you took your oldest son to his doctor's appointment in January. Your oldest son now has medical bills from January.

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

Applicable Law and Regulations

Once a child under the age of 19 has been determined eligible for Medicaid; that child will remain eligible for Medicaid until the last day of the twelfth month following the determination of eligibility for such assistance or the last day of the month in which the child is 19 years old, whichever comes first (NY Social Services Law § 366(4)(b)(3)(i)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your oldest son was eligible for Child Health Plus effective January 1, 2015, instead of continuing his coverage with Medicaid until May 31, 2015.

On June 6, 2014, you modified your application, and a preliminary determination that found your oldest son eligible for Medicaid. However, no written notice was ever sent to you formalizing this finding.

Later that same day, your application was modified several times by Marketplace representatives, to finally indicate that you would be claiming your oldest son as a dependent, which you have testified is not true. On June 7, 2014, the Marketplace issued an eligibility determination based on this modification. As a result of the modification indicating that you would allegedly be claiming your oldest son as a dependent, he was found ineligible for Medicaid. However, his Medicaid coverage would continue until May 30, 2015 based on the continuous coverage policy.

The finding that the coverage would continue until nearly the end of May 2015, one full year after June 2014, can only be reconciled with the 12-month continuous Medicaid coverage section of the New York Social Services Law if there was in fact a determination earlier on June 6, 2014 that found your son eligible for Medicaid, even if no written determination was sent out.

On November 7, 2014, the Marketplace issued a renewal notice for the entire household. The notice advised you that information for the rest of your household needed to be updated to ensure coverage for January 1, 2015. The notice stated that your oldest son no longer qualified for health care coverage under Medicaid but that his present coverage would continue until May 31, 2015.

On December 18, 2014, you renewed the rest of your household's information in your application. On December 19, 2014, the Marketplace issued an eligibility

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redetermination notice in your case based on that updated information. The notice stated that [REDACTED] had become newly eligible for Child Health Plus effective January 1, 2015.

In New York State, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if information relating to their eligibility such as household size and income change. This provision is called “continuous coverage.”

Your oldest son was found eligible for Medicaid on June 6, 2014 based on the application you submitted. Therefore, he was entitled to 12 months of continuous coverage from that date; that is, until the end of the twelfth month following the eligibility determination, or May 31, 2015.

Moreover, you reasonably relied on the notices sent to you by the Marketplace, which stated his coverage would continue until the end of May 2015.

Therefore, the December 19, 2014 eligibility determination is MODIFIED to state that your oldest son’s Medicaid that took effect on June 1, 2014 continued until May 31, 2015.

Decision

The December 19, 2014 eligibility determination is MODIFIED to state that your oldest son’s Medicaid that took effect on June 1, 2014 continued until May 31, 2015.

Effective Date of this Decision: June 10, 2015

How this Decision Affects Your Eligibility

Your oldest son’s Medicaid that took effect on June 1, 2014 continued until May 31, 2015.

This decision has no effect on the eligibility of the other members of your household.

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

Summary

Your oldest son's Medicaid that took effect on June 1, 2014 continued until May 31, 2015.

This decision has no effect on the eligibility of the other members of your household.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]