



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

## Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001502

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On March 3, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 26, 2014, eligibility 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 letter.

### 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: June 12, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001502

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issues

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

Did the Marketplace properly terminate your health insurance coverage with New York State Catholic Health Plan, Inc. effective December 31, 2014?

## Procedural History

On February 7, 2014, the Marketplace received your initial application for health insurance.

On February 27, 2014, the Marketplace issued an eligibility determination notice stating that your insurance coverage through Medicaid will begin February 1, 2014, and enrollment with New York State Catholic Health Plan, Inc. will begin April 1, 2014.

On December 16, 2014, you reapplied for health insurance through the Marketplace. The Marketplace prepared a preliminary eligibility determination stating that the information you provided does not match what the Marketplace obtained from State and Federal data sources. You must submit documents to confirm that the information you provided in your application is accurate.

On that same day the Marketplace issued a notice stating that you no longer qualify health care coverage under Medicaid, Child Health Plus, or for tax credits or cost-sharing reductions. However, you do qualify to buy a health plan at full cost on NY State of Health effective February 1, 2015.

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On December 26, 2014, the Marketplace issued a Disenrollment Notice stating that your New York Catholic Health Plan, Inc. through New York State of Health would end effective December 31, 2014.

On January 8, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective January 1, 2015.

On January 13, 2015, the Marketplace issued a notice stating that your insurance coverage through Medicaid will begin January 1, 2015, and enrollment with New York State Catholic Health Plan, Inc. will begin February 1, 2015.

On January 20, 2015, you spoke with the Marketplace's Account Review Unit and submitted an appeal request insofar as being disenrolled from your New York State Catholic Health Plan, Inc. effective December 31, 2014.

On March 3, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that 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 are applying for health insurance through the Marketplace for yourself only (12/16/2014 Marketplace Application).
2. You plan on filing a 2015 federal income tax return with the tax status of single and will claim no dependents on that return (12/16/2014 Marketplace Application).
3. On February 27, 2014, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective February 1, 2014, and you have chosen to enroll in New York State Catholic Health Plan, Inc. and would be effective April 1, 2014 (Marketplace Account).
4. On December 16, 2014, you reapplied for health insurance through the Marketplace. Based on that application, the Marketplace found that the information you provided does not match what the Marketplace obtained from State and Federal data sources (Marketplace Account).
5. On December 26, 2014, the Marketplace issued a Disenrollment Notice stating that your insurance coverage through New York State Catholic Health Plan, Inc. was terminated effective December 31, 2014 (Marketplace Account).

6. You testified that you were sent notices from New York State of Health during December 2014 that were in Spanish, and did not know what information was needed to update your application.
7. You testified that you discovered that you no longer had health insurance coverage through New York State Catholic Health Plan, Inc. at a January 2015 appointment with your primary care physician.
8. On January 13, 2015, the Marketplace issued a notice stating that your insurance coverage through Medicaid will begin January 1, 2015, and enrollment with New York State Catholic Health Plan, Inc. will begin February 1, 2015 (Marketplace Account).
9. You testified that you were not certain if you had any outstanding medical bills from the January 2015 Medicaid Managed Care coverage gap.

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 that is at or below 138% of the federal poverty level (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)).

### Continuous Coverage:

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of a twelve month period. This twelve-month period is referred to as "continuous coverage," and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

## Legal Analysis

Currently at issue is whether New York State of Health properly disenrolled you from New York State Catholic Health Plan, Inc. effective December 31, 2014.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

On February 7, 2014, the Marketplace received your application for health insurance. Based on that application the Marketplace issued an eligibility determination notice on February 27, 2014, stating that you are eligible for Medicaid effective February 1, 2014, and enrolled in New York State Catholic Health Plan, Inc. with an effective date of April 1, 2014.

On December 16, 2014, you reapplied for health insurance through the Marketplace. Based on the application, the Marketplace prepared a preliminary eligibility determination stating that the information you provided does not match what the Marketplace obtained from State and Federal data sources. The Marketplace directed you to submit documents to confirm that the information you provided in your application is accurate. The Marketplace issued a Disenrollment Notice on December 26, 2014, stating that your insurance coverage, New York Catholic Health Plan, Inc. was terminated effective December 31, 2014.

Since the December 26, 2014, Notice of Disenrollment terminated your Medicaid coverage before the completion of twelve continuous months, it is MODIFIED to state that your coverage through New York Catholic State Health Plan, Inc. is terminated effective January 31, 2015.

On January 8, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective January 1, 2015. Based on that determination, the Marketplace issued a notice on January 13, 2015, stating that your insurance coverage through Medicaid will begin January 1, 2015, and enrollment with New York State Catholic Health Plan, Inc. will begin February 1, 2015.

You testified that you were not certain if you had any outstanding medical bills from January 2015 resulting from the gap in coverage of your Medicaid Managed Care plan. If you had medical expenses during January 2015 that were the result of the Marketplace's error, you may be eligible for reimbursement and should contact the Marketplace.

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## **Decision**

The December 26, 2014 Disenrollment Notice is MODIFIED to state that your health insurance coverage through New York State Catholic Health Plan, Inc. is terminated effective January 31, 2015.

**Effective Date of this Decision:** June 12, 2015

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

The Notice of Disenrollment that terminated your Medicaid coverage before the completion of twelve continuous months is MODIFIED to state that your coverage through New York State Catholic Health Plan, Inc. is terminated effective January 31, 2015.

The January 13, 2015 notice that states that your insurance coverage through Medicaid will begin January 1, 2015, and enrollment with New York State Catholic Health Plan, Inc. will begin February 1, 2015, remains in effect.

You may be eligible for reimbursement by Medicaid for any outstanding medical expenses that were incurred as a result of the gap in coverage in your Medicaid Managed Care plan. If you have any outstanding bills you should contact the Marketplace.

## **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

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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 Notice of Disenrollment that terminated your Medicaid coverage before the completion of twelve continuous months is MODIFIED to state that your coverage through New York State Catholic Health Plan, Inc. is terminated effective January 31, 2015.

The January 13, 2015, notice that states that your insurance coverage through Medicaid will begin January 1, 2015, and enrollment with New York State Catholic Health Plan, Inc. will begin February 1, 2015, remains in effect.

You may be eligible for reimbursement by Medicaid for any outstanding medical expenses that were incurred as a result of the gap in coverage in your Medicaid Managed Care plan. If you have any outstanding bills you should contact the Marketplace.

## **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]