



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

Notice of Decision

Decision Date: June 30, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001530

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 14, 2014 renewal notice and December 27, 2014 notice of disenrollment.

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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[REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly disenroll you from your Medicaid Fee-for-Service coverage, effective December 31, 2014?

Procedural History

The Marketplace received your application for health insurance on January 26, 2014, and prepared a preliminary eligibility determination finding you eligible for Medicaid.

On February 21, 2014, the Marketplace issued three eligibility determination notices. In each eligibility determination, you were found eligible for Medicaid. Two of the notices further stated that your insurance coverage through Medicaid would begin January 1, 2014 and enrollment with your Medicaid Managed Care (MMC) plan would begin March 1, 2014.

On October 31, 2014, the Marketplace issued a disenrollment notice confirming that your request to end your coverage under your MMC plan was received on October 30, 2014. The notice further stated that your coverage under your MMC plan would terminate effective October 31, 2014.

On November 14, 2014, the Marketplace issued a notice stating that it was time to renew your Marketplace coverage. The notice further stated that you no longer qualified for health care coverage through the Marketplace, including Medicaid, effective January 1, 2015, because you were “[r]eceiving Medicare Public MEC.”

On November 28, 2014, the Marketplace issued a notice stating that your eligibility had been redetermined on October 30, 2014, and that you were eligible for Medicaid effective November 1, 2014.

On December 27, 2014, the Marketplace issued a notice of disenrollment stating that “[y]our Medicaid Fee-For-Service coverage will be discontinued as of December 31, 2014.”

On January 12, 2015, the Marketplace received (1) a notification, dated November 25, 2014, that you had been reimbursed \$209.80 for Medicaid premium amounts on December 1, 2014, (1) a statement from [REDACTED] reflecting that you had received \$487.44 on January 6, 2015 relating to your temporary partial disability claim, (2) a letter issued by the Social Security Administration (SSA) stating that you would receive \$605.00 per month during 2015 pending the resolution of the SSA’s \$5,057.00 overpayment, (3) a determination issued on November 25, 2014 that stated you were eligible to receive reimbursement of your Medicaid Part B Premium from the NY State of Health, effective November 1, 2014, and (4) a letter requesting an appeal of your disenrollment from your Medicaid Fee-For-Service effective December 31, 2014.

On February 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and remained open for the sole purpose of providing you an opportunity to submit the following additional evidence: (1) 2015 SSA award letter reflecting your benefit amount and the withheld amount due to overpayment, (2) 2014 SSA award letter reflecting your benefit amount for November 2014, and (3) benefit statements showing workers compensation benefits you received from [REDACTED] during November 2014. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

On February 23, 2015, you provided the following documents by facsimile to the Appeals Unit: (1) the above referenced documents, (2) a copy of an SSA information request letter, issued on February 21, 2015, indicating that your Medicare premium is \$104.90 per month, (3) benefit statements showing workers compensation benefits you received from [REDACTED] during October and December of 2014, and January and February of 2015 and (4) an SSA letter relating to an alleged overpayment of benefits as a result of your fluctuating Worker’s Compensation benefits. As a result, the record was closed on February 23, 2015.

Findings of Fact

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

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- 1) You application reflects that you are not married and have no children.
- 2) You testified that you are seeking health insurance coverage only for yourself through the Marketplace.
- 3) You testified, and your application indicates, that you expect to file your 2015 U.S. Income Tax return as “single” and claim no dependents.
- 4) You reside in Oswego County, New York.
- 5) On February 21, 2014, a notice of eligibility determination was issued by the Marketplace finding you eligible for Medicaid effective January 1, 2014.
- 6) On November 14, 2014, the Marketplace issued a notice stating that you no longer qualified for health care coverage since you were receiving Medicare. This determination was effective January 1, 2015.
- 7) On December 27, 2014, the Marketplace issued a notice of disenrollment stating that your Medicaid Fee for Service coverage would end as of December 31, 2014.
- 8) You testified that you were enrolled in Medicare Part B effective October 2014. The SSA information request letter issued on February 21, 2015 also confirms that you were entitled to Medicare beginning October 2014, and that your Medicare premium is \$104.90 per month.
- 9) On November 25, 2014, the Marketplace issued you a notice stating that you were found eligible to receive reimbursement of your Medicare Part B Premium from the NY State of Health, effective November 1, 2014
- 10) You testified that you were reimbursed \$209.80 in Medicare premium payments on December 1, 2014.
- 11) You testified that you are unsure if you will continue to be eligible to receive reimbursement for your Medicare premiums.

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)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On January 26, 2014, that was the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even they would no longer be eligible because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is 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)).

A person may be eligible for Medicaid reimbursement of health insurance premiums paid if the payment of those premiums is cost-effective and so reduces the cost of providing Medicaid services (see NYS Social Services Law § 367a(b), 18 NYCRR § 360-7.5, GIS 02 MA/019). Cost-effectiveness may be determined by comparing what it would cost Medicaid to provide coverage to the cost of the premiums for the health insurance policy.

Legal Analysis

The only issue raised on appeal is whether you were properly disenrolled from your Medicaid coverage effective December 31, 2014.

On February 21, 2014, the Marketplace determined your eligibility based on a January 26, 2014 application and found that you were eligible for Medicaid coverage effective January 1, 2014. That determination is not under appeal.

On December 27, 2014, the Marketplace issued a notice of disenrollment stating that “[y]our Medicaid Fee-For-Service coverage will be discontinued as of December 31, 2014.”

A person who is entitled to receive Medicare benefits under Part A or B is not eligible to receive Medicaid coverage through the Marketplace. You credibly testified, and the record reflects, that you were found eligible for and began receiving Medicare Part B benefits through the SSA in October 2014. The Marketplace issued a notice on November 14, 2014 that stated you no longer qualified for health care coverage through the Marketplace since you were receiving Medicare. The effective date of this determination was January 1, 2015.

Persons who are found eligible for Medicaid qualify for 12 months of continuous Medicaid coverage. While you began your coverage through Medicare beginning October 2014, since your Medicaid coverage began on January 1, 2014, your Medicaid coverage properly continued in effect until December 31, 2014. However, based on your continuing Medicare coverage through the SSA during 2015, the Marketplace’s determination to disenroll you from Medicaid as of December 31, 2014 is correct and AFFIRMED.

A person who is eligible for Medicaid may be eligible for reimbursement of health insurance premiums paid if the payment of those premiums is cost-effective and therefore reduces the cost of providing Medicaid services. Since you are not eligible for Medicaid through the Marketplace as of December 31, 2014, you also will not be eligible to be reimbursed for the health insurance premiums.

Decision

The December 27, 2014 disenrollment notice is AFFIRMED.

Effective Date of this Decision: June 30, 2015

How this Decision Affects Your Eligibility

Your eligibility has not changed. Your eligibility for Medicaid through the Marketplace terminated effective December 31, 2014.

You are not eligible for Medicaid premium assistance payments to help pay for your Medicare coverage after December 31, 2014.

Please note that this Decision neither affects your current Medicare coverage nor precludes you from applying for Medicaid through your Local Department of Social Services.

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

Summary

The December 27, 2014 disenrollment notice is AFFIRMED.

Your eligibility has not changed. Your eligibility for Medicaid through the Marketplace terminated effective December 31, 2014.

You are not eligible for Medicaid premium assistance payments to help pay for your Medicare coverage after December 31, 2014.

Please note that this Decision neither affects your current Medicare coverage nor precludes you from applying for Medicaid through your Local Department of Social Services.

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]