



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

## Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001848

[REDACTED]

Dear [REDACTED],

On April 9, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 17, 2015 eligibility determination and the January 18, 2015 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 notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation (CFR) 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: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001848

[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 coverage with your Medicaid managed care plan, effective January 31, 2015?

## Procedural History

On March 3, 2014, the Marketplace issued a notice of eligibility determination, stating that you were eligible for Medicaid effective February 1, 2014, and that you needed to select a health care plan.

On March 16, 2014, the Marketplace issued a notice of eligibility determination that stated you were eligible for Medicaid effective February 1, 2014, and confirming your enrollment with a Medicaid managed care plan, which would begin April 1, 2014.

On April 1, 2014, the Marketplace issued a notice confirming your enrollment in a different Medicaid managed care plan; that enrollment would start May 1, 2014. Your coverage through Medicaid still began on February 1, 2014.

On December 18, 2014, the Marketplace issued a notice that stated it was time to renew your health coverage for 2015. It further stated that, based on federal and state sources, a decision could not be made about whether or not you qualified for financial help paying for your health coverage. You were requested to update the information on your NY State of Health account by January 15, 2015 or the financial assistance you were receiving might end.

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No updates were made to your account by January 15, 2015.

On January 17, 2015, the Marketplace issued a notice of eligibility determination, stating that you were no longer eligible to enroll in health insurance through the Marketplace or to receive financial assistance for health insurance, because you had not responded to the renewal notice.

On January 18, 2015, the Marketplace issued a disenrollment notice that stated your coverage with New York State Catholic Health Plan, Inc. will end effective January 31, 2015.

On February 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it discontinued your Medicaid coverage effective January 31, 2015.

On April 9, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit documentation supporting your position.

The Marketplace's Appeals Unit did not receive your supporting evidence by April 24, 2015, and the record was closed.

## **Findings of Fact**

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

- 1) You were determined eligible for Medicaid effective February 1, 2014.
- 2) You testified that you were told by a Marketplace representative that your Medicaid coverage would be effective for one year, beginning February 28, 2014 to February 28, 2015. There are no documents that corroborate that your coverage would begin February 28, 2014; the year-long period started on February 1, 2014.
- 3) You testified that you received a notice from the Marketplace stating if there were no changes to your account, you did not have to do anything further. There is no record of any such notice in your account.
- 4) You testified that you spoke to a Marketplace representative in December 2014 to reapply for 2015 coverage and were told that you do not have to do anything further since you requested automatic renewal. There is no record of any such call in the Marketplace's records.

- 5) You testified that you were not aware your Medicaid coverage was terminated until February 21, 2015, the day after you underwent surgery.
- 6) The Marketplace's system reflects you were enrolled in Medicaid Fee-For-Service effective February 1, 2014 to January 31, 2015. The record further reflects that your Medicaid Managed Care plan enrollment with New York State Catholic Health Plan, Inc. also ended on January 31, 2015.
- 7) You are requesting reinstatement of your Medicaid coverage for the month of February 2015.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year, including any expected eligibility for financial assistance (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice within a 30-day period, the Marketplace must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice, and any reported changes (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

### Medicaid

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person's household remains Medicaid eligible for 12 months unless the person becomes ineligible due to "citizenship status, lack of [New York] state residence, or failure to provide a valid social security number" (N.Y. Social Services Law § 366.4(c)).

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## Legal Analysis

The only issue is whether the Marketplace properly disenrolled you from Medicaid coverage effective January 31, 2015.

On March 3, 2014, the Marketplace issued a notice of eligibility determination, stating that you were eligible for Medicaid effective February 1, 2014.

Generally, a person who is determined eligible for Medicaid remains Medicaid eligible for 12 months unless the person becomes ineligible due to citizenship status, lack of New York State residence, or failure to provide a valid social security number.

The Marketplace's system reflects that your Medicaid fee-for-service coverage began on February 1, 2014 and ended January 31, 2015. These 12 months of coverage are consistent with the continuous Medicaid coverage section of the New York Social Services Law.

On December 18, 2014, the Marketplace sent you a renewal notice stating that, based on information from federal and state sources, a decision could not be made about whether or not you qualified for financial help paying for your health coverage for the upcoming coverage year. You were requested to update the information in your NY State of Health account by January 15, 2015, or the financial assistance you were receiving might end.

The Marketplace did not receive your updated information by January 15, 2015. Therefore, the Marketplace was required to use the information contained in the December 18, 2014 notice to determine your eligibility.

On January 17, 2015, the Marketplace issued a notice of eligibility redetermination that stated you were not eligible for Medicaid because you had not responded to the renewal notice and did not complete your renewal within the required timeframe.

On January 18, 2015, the Marketplace issued a disenrollment notice based on the information contained in the January 17, 2015 notice of eligibility determination, stating that your insurance with New York State Catholic Health Plan, Inc. would end effective January 31, 2015 because you were no longer eligible to enroll in health insurance through NY State of Health.

Since your Medicaid eligibility terminated on January 31, 2015, 12 months from your initial date of Medicaid eligibility, the Marketplace properly discontinued your Medicaid coverage at the end of your Medicaid eligibility year. Therefore, the January 17, 2015 eligibility determination and the January 18, 2015 disenrollment notice are **AFFIRMED**.

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## **Decision**

The January 17, 2015 eligibility determination and the January 18, 2015 disenrollment notice are AFFIRMED.

**Effective Date of this Decision:** August 21, 2015

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

Your Medicaid coverage was effective for 12 consecutive months, beginning February 1, 2014 and ending January 31, 2015.

## **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
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## **Summary**

The January 17, 2015 eligibility determination and the January 18, 2015 disenrollment notice are AFFIRMED.

Your Medicaid coverage was effective for 12 consecutive months, beginning February 1, 2014 and ending January 31, 2015.

## **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:**

