



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

Notice of Decision

Decision Date: August 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001943

[REDACTED]

Dear [REDACTED],

On April 7, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 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 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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NY State of Health Number: [REDACTED]
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Issue

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

Did the Marketplace properly determine that your coverage under your Medicaid Managed Care plan would end, effective February 28, 2015?

Procedural History

On April 21, 2014, the Marketplace issued an eligibility determination notice that stated you were eligible for Medicaid effective February 1, 2014. The notice further stated that your enrollment with your Medicaid Managed Care (MMC) plan would begin April 1, 2014.

On July 3, 2014, the Marketplace issued an enrollment confirmation notice that stated your coverage through Medicaid would begin March 1, 2014, and your enrollment with your MMC plan would begin April 1, 2014.

On January 7, 2015, the Marketplace issued a renewal notice that stated it was time for you to renew your health insurance coverage for the following year. The notice stated that you no longer qualified for Medicaid; you did qualify for up to \$437.28 per month in advance premium tax credits (APTC) to help you pay for your health coverage, as well as for cost-sharing reductions (CSR) if you enroll in a silver-level plan. This eligibility was effective March 1, 2015. The notice also stated that if the information in this notice was incorrect, you would need to update your account by February 15, 2015 in order for any corrections to be effective on March 1, 2015.

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No changes were made to your account by February 15, 2015.

On February 18, 2015, the Marketplace issued a disenrollment notice, which stated that your health insurance coverage through your MMC plan would end effective February 28, 2015.

On March 3, 2015, the Marketplace received your written request to appeal the February 18, 2015 disenrollment notice.

You requested "Aid to Continue" (i.e., Medicaid) during the process of your appeal, and this request was granted.

Also on March 3, 2015, the Marketplace issued an eligibility redetermination notice that stated you were eligible to receive up to \$426.00 per month in APTC and, if you enrolled in a silver level plan, CSR, both effective April 1, 2015. It further stated that you qualified to select a health plan outside of the open enrollment period until May 1, 2015.

On March 6, 2015, the Marketplace issued an enrollment confirmation notice, which stated that your enrollment with MVP Premium Silver Silver ST INN Dep25 could begin as early as April 1, 2015 if you paid your first month's premium. The notice further stated that your premium responsibility was \$20.30 per month.

On March 18, 2015, the Marketplace issued an eligibility redetermination notice that stated you were eligible for Medicaid effective March 1, 2015.

Also on March 18, 2015, the Marketplace issued a cancellation notice, which stated your coverage with MVP Premier Silver Silver ST INN Dep25 would end effective April 1, 2015 because you were no longer eligible to enroll in your current health insurance.

Also on March 18, 2015, the Marketplace issued an enrollment confirmation notice, which stated your insurance coverage through Medicaid would begin March 1, 2015 and your enrollment with UnitedHealthcare of New York, Inc. would begin May 1, 2015.

On April 7, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was 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.

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- 2) You testified that your expected income for the 2015 tax year will be approximately \$14,504.76, which is the amount you receive from your pension.
- 3) The record reflects that you are 71 years old.
- 4) You testified that you are not eligible for Medicare because you did not work in the United States and, therefore, did not earn the credits necessary to be eligible for Medicare.
- 5) You testified you attempted to apply for Medicaid through your local Department of Social Services, but were told that you would have to pay for Medicaid coverage.
- 6) You testified that you called UnitedHealthcare and the Marketplace in January 2015 and were told that your coverage would be renewed.
- 7) The record reflects that your coverage through Medicaid Fee-For-Service was effective from January 1, 2014 to December 31, 2014. The record further reflects that your Medicaid Managed Care enrollment with UnitedHealthcare of New York, Inc. was effective April 1, 2014 to February 28, 2015.
- 7) You testified that you received multiple notices from the Marketplace but did not receive the renewal notice dated January 7, 2015. You further testified that you were waiting for this notice to renew your coverage but never received it. You testified that you do not have electronic access to your Marketplace account.
- 8) You testified that you qualified for Medicaid through the Marketplace in 2014 when you were over 65 years old, and do not understand why you no longer qualified. You further testified that you did not receive sufficient notice before your Medicaid coverage was terminated.
- 9) The record reflects that you were redetermined eligible for Medicaid effective March 1, 2015, and your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. was effective May 1, 2015. The Marketplace system reflects that your coverage with Medicaid resumed on March 1, 2015, and will end February 29, 2016. The Marketplace system further reflects that your enrollment with UnitedHealthcare of New York, Inc. began March 1, 2015, and will end February 29, 2016.
- 10) The record reflects that you currently reside in Clinton County, New York.

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

Applicable Law and Regulations

Medicaid

There are two primary places to apply for Medicaid in New York State, the New York State of Health Marketplace and your Local Department of Social Services (LDSS) or, if you live in one of New York City's five boroughs, the New York City Human Resources Administration (HRA). Generally, adults aged 19 to 64 apply for Medicaid through the Marketplace, and adults over the age of 65 who are not parents or caretaker relatives apply for Medicaid through their LDSS or the HRA. An individual is eligible for enrollment in Medicaid through the Marketplace (called MAGI-based Medicaid) when he or she meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

The first step in identifying whether an applicant is eligible for MAGI-based Medicaid through the Marketplace is to determine if he or she meets certain nonfinancial criteria. In general, to qualify for MAGI-based Medicaid through the Marketplace, you must either be one of the following:

- An adult aged 19-64 who is not eligible for Medicare Part A or Part B
- A pregnant woman or infant
- A child aged 1-18
- A parent or caretaker relative

If you fall into one of these categories, the Marketplace must determine your eligibility for Medicaid using MAGI rules (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

If you do not fall into one of these categories you may be eligible for non-MAGI-based Medicaid coverage through your LDSS or the HRA (N.Y. Soc. Serv. Law § 366(1)(c)).

Medicaid Continuous Coverage

A person whose Medicaid eligibility is based on the modified adjusted gross income (MAGI) of the person or the person's household remains Medicaid eligible for twelve 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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Notice

If a Medicaid recipient has been determined ineligible for Medicaid, then their Medicaid coverage will be terminated. Upon this determination, the recipient has a right to timely and adequate notice of their discontinuance of Medicaid benefits (18 NYCRR § 360-2.7(a)-(b); 18 NYCRR § 358-3.3(a)(1)).

Notice is timely when it is mailed at least 10 days before the effective date of the proposed action (18 NYCRR § 358-2.23).

Legal Analysis

The issue is whether you were properly disenrolled from Medicaid as of February 28, 2015.

According to your testimony and the information in the record, your birthday is [REDACTED]; therefore, you are currently 71 years old. At the time of your February 26, 2014 application, you were 70 years old. You also testified, and the record reflects, that you are not a parent or a caretaker relative of a dependent child.

On February 26, 2014, when the Marketplace received your modified application, you were 70 years old and did not meet the nonfinancial criteria to qualify for MAGI-based Medicaid through the Marketplace.

However, on April 21, 2014, the Marketplace determined that you were eligible for Medicaid effective February 1, 2014, and your enrollment with UnitedHealthcare of New York, Inc. was effective April 1, 2014. The record reflects that you received Medicaid fee-for-service coverage from January 1, 2014 to December 31, 2014, but remained enrolled in UnitedHealthcare of New York, Inc. effective April 1, 2014 to February 28, 2015.

The record reflects that your eligibility was redetermined for MAGI-based Medicaid through the Marketplace, and a renewal notice was issued on January 7, 2015. Since you were 71 years old at the time of the eligibility redetermination issued on January 7, 2015, you did not qualify for MAGI-based Medicaid through the Marketplace. Therefore, the February 18, 2015 disenrollment notice is AFFIRMED.

At the hearing, you also testified that you believe you did not receive adequate notice of the February 18, 2015 termination notice discontinuing your Medicaid coverage.

If a Medicaid recipient has been determined ineligible for Medicaid, then their Medicaid coverage will be terminated. However, the recipient has a right to

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timely and adequate notice of their discontinuance of Medicaid benefits. Notice is timely when it is mailed at least 10 days before the effective date of the proposed action.

Since the record reflects that the Marketplace issued the disenrollment notice on February 18, 2015, which is 10 days prior to the end of your UnitedHealthcare of New York, Inc. enrollment on February 28, 2015, the notice discontinuing your Medicaid Managed Care plan coverage was timely.

However, on March 18, 2015, the Marketplace issued an eligibility redetermination notice that stated you were again eligible for Medicaid effective March 1, 2015. In a separate notice issued on March 18, 2015, the Marketplace confirmed your enrollment in UnitedHealthcare of New York, Inc. effective May 1, 2015. The Marketplace system, however, reflects that your enrollment with Medicaid fee-for-service and UnitedHealthcare of New York, Inc. begin effective March 1, 2015, and end February 29, 2016.

The March 18, 2015 is not under review, as no appeal was filed with regard to this decision.

Therefore, that later eligibility determination remains in effect.

Please note, however, that you will no longer be eligible to enroll in Medicaid through the Marketplace once your Medicaid eligibility ends again on February 29, 2016.

The Marketplace does not have the authority to decide if you will qualify for non-MAGI-based Medicaid at that time. You should contact your local Department of Social Services for consideration for eligibility for Medicaid then, and the local Department of Social Services will determine your eligibility for Medicaid.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the New York City Human Resources Administration. A listing of offices can be found at <http://www.nyc.gov/html/hra/html/home/home.shtm>.

Decision

The February 18, 2015 disenrollment notice is AFFIRMED.

However, you later were again found eligible for Medicaid, and you will remain eligible for Medicaid Fee-For-Service and remain enrolled in UnitedHealthcare of New York, Inc. effective March 1, 2015 to February 29, 2016.

Effective Date of this Decision: August 18, 2015

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How this Decision Affects Your Eligibility

You no longer qualify for MAGI-based Medicaid through the Marketplace, however, your Medicaid eligibility through the Marketplace continues for the remainder of your Medicaid eligibility year ending on February 29, 2016. At that time, you will no longer be eligible to apply for Medicaid through 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 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
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Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The February 18, 2015 disenrollment notice is AFFIRMED.

However, you later were again found eligible for Medicaid, and you will remain eligible for Medicaid Fee-For-Service and remain enrolled in UnitedHealthcare of New York, Inc. effective March 1, 2015 to February 29, 2016.

You no longer qualify for MAGI-based Medicaid through the Marketplace, however, your Medicaid eligibility through the Marketplace continues for the remainder of your Medicaid eligibility year ending on February 29, 2016. At that time, you will no longer be eligible to apply for Medicaid through 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:

