



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

## Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002214

[REDACTED]

Dear [REDACTED]

On May 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 17, 2015 eligibility determination and February 20, 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).

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## Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002214

## Issue

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

Did the Marketplace properly terminate your one-year-old child's Medicaid effective February 28, 2015?

## Procedural History

Based on your March 24, 2014 application, the Marketplace determined your child was eligible for Medicaid effective March 1, 2014.

According to your Marketplace account, your child was enrolled in Medicaid Fee For Services (FFS) as of March 1, 2014 and Emblem Health, a Medicaid Managed Care (MMC) plan, as of May 1, 2014.

On January 9, 2015, the Marketplace issued a renewal notice that stated it did not have enough information from state and federal data source to determine whether your child qualified for financial help paying for her insurance in the upcoming year. The notice instructed you to update the information on your Marketplace account by February 15, 2015, so it could make the appropriate decision. It also stated that, if you miss the deadline, the financial assistance your child was getting then may end.

Information was not updated on your Marketplace account by February 15, 2015.

On February 17, 2015, the Marketplace issued a notice of eligibility redetermination that your child was not eligible for Medicaid, Child Health Plus, or for tax credits or cost

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sharing reductions and cannot enroll in a qualified health plan through the Marketplace because you did not respond to the renewal notice and complete your renewal information within the required timeframe.

On February 20, 2015, the Marketplace issued a disenrollment notice that your child's coverage with Emblem Health will end effective February 28, 2015 because she is no longer eligible to enroll in health insurance through the Marketplace.

On March 23, 2015, the Marketplace received your written request to appeal your child's health coverage with Emblem Health being terminated on the basis that you never received a renewal notice to fill out.

On May 8, 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) According to your Marketplace account, your average income for April 2015 was verified by the Marketplace at \$1,153.00 that month.
- 2) According to your Marketplace account, you plan on filing your 2015 taxes as Head of Household and will be claiming three minor children as dependents on your 2015 tax return.
- 3) You testified that your child was born [REDACTED], turned one year old on [REDACTED], and has had Medicaid health coverage through the Marketplace since birth.
- 4) You testified that you are only appealing the disenrollment of that child's coverage from Emblem Health, an MMC plan, effective February 28, 2015.
- 5) You testified that the Medicaid application handled your infant child's enrollment in 2014. You further testified that you never signed up for a Marketplace account on your own, never used your online Marketplace account, and never received notice that information to recertify your child was due.
- 6) You testified that you learned that your child's coverage with Emblem Health was ending February 28, 2015 when you received the February 20, 2015 disenrollment notice.

- 7) You testified that you receive recertification paperwork for your two older children every year, including 2015, but did not receive any notices or paperwork for your one-year-old child this year.
- 8) You need coverage for your one-year-old child during April 2015 to cover the cost of a hospital emergency room visit that month.
- 9) You did not understand when a Marketplace representative gave you the 855 Customer Service Center number for the Marketplace that you should call and update your information and request retroactive coverage.
- 10) You thought that the hearing was going to result in your one-year-old child being re-enrolled retroactively so you did not contact the Marketplace before the hearing date to update your application before the May 8, 2015 hearing date or to request retroactive coverage for your one-year-old child.
- 11) When you updated your application on June 1, 2015, you requested help paying for medical bills for the last three months and specified that you needed help in April 2015.
- 12) According to your Marketplace account, the Marketplace redetermined your one-year-old child's eligibility on June 1, 2015 and found that your child was eligible for Medicaid as of June 1, 2015, and had coverage through Medicaid FFS for the month of June 2015 and was enrolled with Health Insurance Plan of Greater New York, an Emblem Health MMC plan, effective July 1, 2015 (see June 2, 2015 notice of eligibility redetermination and June 2, 2015 enrollment notice).

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)).

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The Marketplace must send an annual renewal notice that contains the information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (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 after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (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

In general, the Marketplace must review Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" ((42 CFR § 435.916(a)(1), (d)). The Marketplace must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

If an applicant for health insurance is determined Medicaid eligible, coverage will begin on the first day of the first month that the applicant was determined eligible (18 NYCRR § 360-2.4(c)). The applicant may be determined retroactively eligible for coverage for up to three months prior to their application, if they would have been eligible during the month when medical care or services were received (*id.*).

## **Legal Analysis**

The first issue is whether the Marketplace properly terminated your one-year-old child's Medicaid coverage effective February 28, 2015.

According to the record, your child's Medicaid eligibility took effect on March 1, 2014 and enrollment in her Medicaid Managed Care plan began on May 1, 2014. Since your one-year-old child was entitled to 12 months of continuous coverage, her Medicaid eligibility, and with it her Medicaid Managed Care plan, continued until February 28, 2015. Therefore, the Marketplace properly issued a renewal notice on January 9, 2015 and gave you over 30 days to comply and update your Marketplace account information.

However, you testified that you did not receive the renewal notice for your one-year-old child and did not know to update your Marketplace account information. Although you testified that you did not receive the renewal notice, your Marketplace account reflects that you elected to receive notices from the Marketplace through regular mail and did, in fact, receive the February 20, 2015 disenrollment notice in the mail. Since there is no

evidence in the record to suggest that the renewal notice was returned to the Marketplace as undeliverable, it is deemed to have been mailed and received.

Since the Marketplace did not have updated information from you and it was required by law to update your one-year-old child's eligibility for Medicaid before the one year anniversary of her coverage expired, the Marketplace relied on the information that was available in the renewal notice; namely, that there was not sufficient information to update your application. Accordingly, the Marketplace properly issued a notice of eligibility redetermination that your one-year-old child did not qualify for an annual renewal of her Medicaid coverage or for any other insurance affordability programs or to enroll in a qualified health plan at full cost as of March 1, 2015. Therefore, the Marketplace's eligibility redetermination issued February 17, 2015 and the corresponding February 20, 2015 disenrollment notice are correct and are AFFIRMED.

## **Decision**

The February 17, 2015 eligibility redetermination is AFFIRMED.

The February 20, 2015 disenrollment notice is AFFIRMED.

This decision has no effect on any determination made after February 20, 2015.

**Effective Date of this Decision:** August 27, 2015

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

This decision does not affect your one-year-old's disenrollment from her Emblem Health plan effective February 28, 2015.

Your child's coverage under Medicaid became effective again as of June 1, 2015, and her enrollment in an MMC plan began July 1, 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.

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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 February 17, 2015 eligibility redetermination is AFFIRMED.

The February 20, 2015 disenrollment notice is AFFIRMED.

This decision does not affect your one-year-old's disenrollment from her Emblem Health plan effective February 28, 2015.

Your child's coverage under Medicaid became effective again as of June 1, 2015, and her enrollment in an MMC plan began July 1, 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:**

