



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: AP000000002234

[REDACTED]

Dear [REDACTED],

On April 30, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 7, 2015 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002234



Issues

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

Did the Marketplace properly determine that your health insurance coverage through Excellus Health Plan, Inc. should be effective February 1, 2015?

Procedural History

On December 11, 2014 the Marketplace issued an eligibility determination notice stating that you and your spouse are eligible for Medicaid effective December 1, 2014. On the same day the Marketplace issued an enrollment confirmation that you and your spouse have been enrolled in Excellus Health Plan, Inc. effective January 1, 2015.

On December 17, 2014 your Marketplace Account was updated. The Marketplace rendered a preliminary eligibility determination stating that the information you provided does not match what the Marketplace obtained from State and Federal data sources. In order for your eligibility to be determined, you must submit documents to confirm that the information you provided in your application is accurate.

The following day the Marketplace issued a notice cancelling your and your spouse's Excellus Health Plan, Inc. effective January 1, 2015.

On December 19, 2015 the Marketplace issued an eligibility determination notice stating that you and your spouse are eligible for Medicaid effective December 1, 2015.

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On January 7, 2015 the Marketplace issued an enrollment notice confirmation stating that your health insurance coverage through Excellus Health Plan, Inc. will begin February 1, 2015.

On March 30, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of health coverage through Excellus Health Plan, Inc.

On April 30, 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 currently applying for health insurance through the Marketplace for yourself only (Testimony).
2. You are no longer applying for health insurance through the Marketplace for your spouse because she qualifies for Medicare (Testimony).
3. On December 11, 2014, the Marketplace issued eligibility notices stating that you and your spouse are eligible for Medicaid effective December 1, 2014, and you have chosen to enroll in Excellus Health Plan, Inc. with an effective date of January 1, 2015.
4. On December 17, 2014 your Marketplace Account was updated. 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 18, 2014 the Marketplace issued a Cancellation Notice stating that your insurance coverage through Excellus Health Plan, Inc. would be cancelled effective January 1, 2015.
6. You testified that on December 21, 2014 you received health insurance cards from Excellus Health Plan, Inc.
7. You testified that you discovered at a January 13, 2015 medical appointment that your Excellus Health Plan, Inc. health insurance was not active.
8. You testified that you have an outstanding medical bill of \$190.00.

9. On January 7, 2015, the Marketplace issued a notice stating that your insurance coverage through Medicaid will begin January 1, 2015, and enrollment with Excellus Health Plan, Inc. will begin February 1, 2015.

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 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 NY State of Health properly determined that your Excellus Health Plan, Inc. should be effective February 1, 2015.

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 December 11, 2014 the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective December 1, 2014 and enrolled in Excellus Health Plan, Inc. with an effective date of January 1, 2015.

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).

On December 17, 2014 your Marketplace Account was updated. 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 Cancellation Notice on December 18, 2014 stating that your insurance coverage with Excellus Health Plan, Inc. would terminate effective January 1, 2015.

Since the December 18, 2014 Notice of Cancellation terminated your Medicaid coverage before the completion of twelve continuous months, it is RESCINDED.

On January 7, 2015, the Marketplace issued a notice stating that your insurance coverage through Medicaid will begin January 1, 2015, and enrollment with Excellus Health Plan, Inc. will begin February 1, 2015. This notice is MODIFIED to state that your health insurance coverage through Excellus Health Plan, Inc. is effective January 1, 2015.

You testified that you have an outstanding medical bill of \$190.00 from January 13, 2015 that was the result of the gap in coverage of your Medicaid Managed Care plan. If you have medical expenses during January 2015 that was the result of the Marketplace's error, you are eligible for reimbursement for those medical expenses.

Decision

The December 18, 2014 Notice of Cancellation is RESCINDED.

The January 7, 2015 Marketplace notice is MODIFIED to state that your health insurance coverage through Excellus Health Plan, Inc. is effective January 1, 2015

Effective Date of this Decision: August 27, 2015

How this Decision Affects Your Eligibility

Your health insurance coverage through Excellus Health Plan, Inc. is effective January 1, 2015.

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

Summary

The December 18, 2014 Notice of Cancellation is **RESCINDED**.

The January 7, 2015 Marketplace notice is **MODIFIED** to state that your health insurance coverage through Excellus Health Plan, Inc. is effective January 1, 2015

Your health insurance coverage through Excellus Health Plan, Inc. is effective January 1, 2015.

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You are 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.

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:

