



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

Notice of Decision

Decision Date: July 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002247

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED],

On May 12, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 1, 2015 eligibility redetermination.

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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[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine that your wife was eligible to remain in Medicaid through May 31, 2015 as stated in the April 1, 2015 determination?

Procedural History

On November 7, 2014, the Marketplace issued a renewal notice that, based on the information from federal and state sources, a decision could not be made about whether or not your wife qualified for financial help in 2015 paying for her health coverage. It requested that information on your NY State of Health account by December 15, 2014 be updated so an appropriate decision can be made. It also stated that if you miss this deadline, the financial assistance your wife is getting now may end.

On December 12, 2014, the Marketplace issued a notice of eligibility redetermination based on updated information it had recently received. That notice stated, in relevant part, that your wife is no longer eligible for Medicaid but will remain in Medicaid through May 31, 2015 under the 12 month continuous coverage policy. It also stated that you must come back between April 16, 2015 and May 16, 2015 and update the information on your NY State of Health account so they can make an appropriate decision for the next period.

Based on your Marketplace application being modified several times thereafter, the Marketplace issued several notices of eligibility redetermination, in all of which,

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including the most recent eligibility redetermination dated April 1, 2015, your wife was determined eligible to remain in Medicaid through May 31, 2015.

On March 31, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed not being able to have your wife's coverage under a Medicaid Managed Care plan or with a qualified health plan through the Marketplace.

On May 12, 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) You testified that, after the birth of your son in [REDACTED], your wife was determined eligible to remain in Medicaid until May 31, 2015.
- 2) You testified you were "okay" with your wife being covered under Medicaid for twelve months, but that you want to be able to change her enrollment before the May 31, 2015 end of her current Medicaid continuous coverage.
- 3) You testified that you tried to access your Marketplace account as you had been instructed, to select coverage for your wife but you were not given that option.
- 4) You testified that you are concerned that you will not be able to get your wife enrolled in a qualified health plan with you by the May 15, 2015 deadline in order for her enrollment to be effective June 1, 2015.
- 5) You testified that you do not want your wife to go without coverage even for one month.
- 6) You agreed to contact the Marketplace and request assistance one last time in an effort to get your wife enrolled in a qualified health plan with you.
- 7) According to your Marketplace account, you were assisted in the afternoon of May 12, 2015, your wife's enrollment in a qualified health plan was initiated the next morning, and on May 14, 2015, the Marketplace issued a letter confirming your and your wife's enrollment in Healthfirst Silver, effective June 1, 2015.

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

Applicable Law and Regulations

Most adults determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage even if they lose Medicaid eligibility 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 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 (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

On December 12, 2014, the Marketplace issued an eligibility determination notice based on updated information it had recently received. The notice stated, in relevant part, that your wife no longer qualified for Medicaid but that her existing coverage would continue until May 31, 2015. Since her Medicaid eligibility began on June 1, 2014, she is entitled to 12 months of continuous coverage ending on May 31, 2015. Therefore, the December 12, 2014 and the April 1, 2015 notices of eligibility redetermination finding your wife remained in Medicaid until May 31, 2015 were correct and are AFFIRMED.

However, you credibly testified that you attempted to access your Marketplace account to update your household’s application so your wife’s eligibility could be redetermined and you could select a plan for her before May 15, 2015, but were not presented with the option to do so. Notwithstanding, your Marketplace account reflects that your household’s eligibility was reran on the afternoon of May 12, 2015, and you and your wife were determined eligible to share in up to \$591.00 per month of advance premium tax credits and cost-sharing reductions, effective June 1, 2015. Your Marketplace account further reflects that your selection of Healthfirst Silver was confirmed in a letter issued by the Marketplace on May 14, 2015, with an effective start date of June 1, 2015, provided you pay your premium on time.

Since you and your wife have been successfully enrolled in Healthfirst Silver, which can start as early as June 1, 2015, the situation has been resolved and no further action is needed.

Decision

The December 12, 2014 and April 1, 2015 notices of eligibility redetermination are AFFIRMED.

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).

Effective Date of this Decision: July 28, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your wife remained eligible for Medicaid through May 31, 2015.

Your and your wife's current eligibility determination is not affected. You both remain eligible to share in up to \$591.00 per month of advance premium tax credits and cost-sharing reductions, effective June 1, 2015, and your enrollment in Healthfirst Silver can start as early as June 1, 2015, provided you pay our first month's premium on time.

I f 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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- By fax: 1-855-900-5557

Summary

The December 12, 2014 and April 1, 2015 notices of eligibility redetermination are AFFIRMED.

This decision does not change your eligibility.

Your wife remained eligible for Medicaid through May 31, 2015.

Your and your wife's current eligibility determination is not affected. You both remain eligible to share in up to \$591.00 per month of advance premium tax credits and cost-sharing reductions, effective June 1, 2015, and your enrollment in Healthfirst Silver can start as early as June 1, 2015, provided you pay our first month's premium on time.

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]
[REDACTED]