



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

## Notice of Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002375

[REDACTED]

Dear [REDACTED],

On June 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 12, 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 (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: October 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002375

[REDACTED]

## Issue

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

Did the Marketplace properly terminate your Medicaid managed care plan coverage effective March 31, 2015?

## Procedural History

On April 2, 2014, the Marketplace issued a notice confirming your request to receive all information from the New York State of Health electronically.

On April 15, 2014, the Marketplace received your completed, updated application.

On April 24, 2014, the Marketplace received a signed letter from your former employer stating that your last day of employment was April 5, 2014.

On May 1, 2014, the Marketplace issued an eligibility determination notice stating that you were found eligible for Medicaid. The notice further stated that your Medicaid coverage would begin April 1, 2014, but you must choose a Medicaid managed care (MMC) plan soon or one would be chosen for you.

On September 9, 2014, the Marketplace issued a notice confirming your enrollment in an MMC, and advised you that your insurance coverage through Medicaid would begin on April 1, 2014 and your MMC coverage would begin on October 1, 2014.

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On September 10, 2014, the Marketplace issued a notice stating that you had been enrolled into this MMC since you had not selected a plan on your own. It reconfirmed that your insurance coverage through Medicaid would begin on April 1, 2014 and your MMC coverage would begin on October 1, 2014.

On February 11, 2015, the Marketplace issued a notice stating that it was time for you to renew your health insurance coverage. The notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualified for continuing financial help in paying for your health coverage. You were directed to update the information in your NY State of Health account by March 15, 2015, or the financial help you were receiving might end.

You submitted a revised application on February 15, 2015, but the application was either not completed or your eligibility was not processed by the Marketplace until March 11, 2015. In this application, you attested to an expected yearly income of \$26,000.00.

On March 12, 2015, the Marketplace issued an eligibility redetermination notice stating that you were eligible to enroll in a qualified health plan (QHP); newly conditionally eligible to receive an advance premium tax credit (APTC) of up to \$218.00 per month; newly conditionally eligible for cost-sharing reductions (CSR), provided you selected a silver-level plan; and ineligible for Medicaid, all effective April 1, 2015. The notice further stated that your eligibility was conditional pending the receipt income documentation by June 9, 2015.

Also on March 12, 2015, the Marketplace issued a disenrollment notice confirm that your MMC coverage would end effective March 31, 2015.

On April 10, 2015, you appealed the March 12, 2015 disenrollment notice insofar as you were found no longer eligible for MMC coverage effective March 31, 2015.

On April 11, 2015, the Marketplace issued an additional eligibility redetermination notice stating that you were eligible to enroll in a QHP; newly conditionally eligible to receive an APTC of up to \$218.00 per month; newly conditionally eligible for CSR, provided you selected a silver-level plan; and ineligible for Medicaid, effective April 1, 2015. Again, the notice further stated that your eligibility was conditional pending the receipt income documentation by June 9, 2015.

On June 2, 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 were found eligible for Medicaid on May 1, 2014. Your Medicaid fee-for-service coverage began April 1, 2015.
- 2) You were not enrolled in a Medicaid managed care (MMC) plan until September 8, 2014, which provided you an October 1, 2014 coverage start date under that plan.
- 3) You testified, and the record reflects, that you elected to receive all notifications from the Marketplace electronically.
- 4) The Marketplace issued a renewal notice on February 11, 2015 requesting that you update your account no later than March 15, 2015.
- 5) You testified that you were told by a Marketplace representative that you did not have to update your application by March 15, 2015 since you would be enrolled in your MMC until October 1, 2015.
- 6) Your eligibility was rerun on March 11, 2015, based on a February 15, 2015 application. You were found eligible to enroll in a qualified health plan; eligible to receive an advance premium tax credit of up to \$218.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions, effective April 1, 2015. You were also found ineligible for Medicaid at that time.
- 7) The Marketplace issued a disenrollment notice on March 12, 2015 confirming that your MMC coverage would terminate effective March 31, 2015.

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

## Applicable Law and Regulations

### Medicaid

Medicaid through the Marketplace can be provided 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 (MAGI) that is at or below 138% of

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the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

Most adults determined eligible for Medicaid are guaranteed 12 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 12-month period. This 12-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 MAGI (N.Y. Soc. Serv. Law § 366(4)(c)).

### Annual Eligibility Redetermination

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)).

## **Legal Analysis**

The only issue is whether your coverage through a Medicaid managed care (MMC) plan was properly terminated effective March 31, 2015.

You were determined eligible for Medicaid effective April 1, 2014. The Marketplace eventually enrolled you in an MMC plan, since you did not select one for yourself, and that coverage took effect on October 1, 2014.

An individual who is determined eligible for Medicaid remains insured through Medicaid for 12 consecutive months from their date of eligibility under continuous coverage.

Because you became Medicaid eligible effective April 1, 2014, your coverage through Medicaid continued for twelve months, until March 31, 2015. Your initial enrollment in an MMC plan on October 1, 2015 does not result in an extension of the 12 consecutive months of Medicaid eligibility.

You credibly testified that you were surprised at having been disenrolled from your MMC plan as of March 31, 2015 since a Marketplace representative had informed you that your plan coverage would be terminated one year after you enrolled in your MMC plan, or October 1, 2015. However, even if you were given

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this misinformation, any reliance on it was unreasonable, given the notices the Marketplace sent you advising you that action was required on your part to maintain your eligibility.

Since your 12 consecutive months of Medicaid eligibility was due to expire on March 31, 2015, the Marketplace was required to issue a renewal notice to confirm whether you were eligible to continue your financial assistance, which may have included Medicaid, after March 31, 2015.

The Marketplace's February 11, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage. It requested that you update your information no later than March 15, 2015. The credible evidence reflects that you revised your application on February 15, 2015 and your eligibility was rerun on March 11, 2015. As a result of your revised application, on March 12, 2015, you were found eligible to enroll in a qualified health plan; conditionally eligible to receive an advance premium tax credit of up to \$218.00 per month; and, if you selected a silver-level plan, conditionally eligible for cost-sharing reductions, effective April 1, 2015. You were also found not eligible for Medicaid at that time.

Since the record supports continuing your MMC plan coverage was properly terminated effective March 31, 2015, the March 12, 2015 disenrollment notice is AFFIRMED.

## **Decision**

The March 12, 2015 disenrollment notice is AFFIRMED

**Effective Date of this Decision:** October 10, 2015

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

Your MMC plan coverage terminated effective March 31, 2015.

This Decision has no effect on any subsequent determinations issued by the Marketplace on or after March 12, 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.

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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 March 12, 2015 disenrollment notice is **AFFIRMED**

Your MMC plan coverage terminated effective March 31, 2015.

This Decision has no effect on any subsequent determinations issued by the Marketplace on or after March 12, 2015.

### **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545(a).

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**A Copy of this Decision Has Been Provided To:**

