



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: AP000000002377

[REDACTED]

Dear [REDACTED],

On July 31, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 4, 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]
Appeal Identification Number: AP000000002377

[REDACTED]

Issue

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

Did the Marketplace properly disenroll you from Medicaid effective April 30, 2015?

Procedural History

On January 10, 2015, the Marketplace issued a notice that stated it was time for you to renew your health insurance coverage. The notice further stated that based on information about you from state and federal data sources obtained as of December 27, 2014, you were eligible for Medicaid, effective March 1, 2015.

On January 17, 2015, the Marketplace issued a notice confirming your enrollment in a MetroPlus Medicaid managed care (MMC) plan. The notice further stated that "insurance coverage through Medicaid will begin March 1, 2015 and enrollment with MetroPlus Health Plan, Inc will begin May 1, 2014."

On April 4, 2015, the Marketplace issued a disenrollment notice confirming that your coverage under the MetroPlus MMC plan would terminate effective April 30, 2015 because you "[were] no longer eligible to enroll in health insurance through New York State of Health."

On April 10, 2015 you spoke with the Marketplace's Account Review Unit and appealed that determination.

On July 31, 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 coverage through the Marketplace on March 1, 2015. Your MetroPlus Medicaid managed care plan coverage started on that same date.
- 2) You testified that you are currently on disability and receiving income through your Social Security Administration (SSA) benefits, but that you are not currently enrolled in Medicare. You further testified that you expect your Medicare coverage to begin next year.
- 3) You testified, and your application reflects, that you are currently enrolled in Medicaid through your Local Department of Social Services, and have been receiving such coverage since September 1, 2014.
- 4) Your application reflects that you live in Kings County, New York.

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

Applicable Law and Regulations

Medicaid is provided through the Marketplace to adults who meet all of the following criteria: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits; (4) are not otherwise eligible for and enrolled for mandatory coverage under Medicaid; and (5) have household income that is at or below 138% of the federal poverty level, including the 5% disregard for household income where applicable (42 CFR § 435.119(b); 42 CFR § 435.603(d)).

Legal Analysis

The only issue under appeal is whether you are entitled to Medicaid benefits through the Marketplace.

The Marketplace redetermined your eligibility for health insurance through the New York State of Health Marketplace on January 16, 2015 based on information

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about you from state and federal data sources obtained as of December 27, 2014.

On January 17, 2015, the Marketplace issued you a notice of eligibility determination stating that you were eligible for Medicaid effective March 1, 2015.

However, you credibly testified that you applied for Medicaid at the Kings County Local Department of Social Services (LDSS), and had been found eligible for and enrolled in Medicaid through your LDSS beginning September 1, 2014. You further testified that your Medicaid coverage through the Kings County LDSS is current and continuing.

Since the credible evidence of record reflects that you are enrolled in Medicaid through Kings County LDSS, you are not eligible for Medicaid through the New York State of Health.

Decision

The April 4, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: October 10, 2015

How this Decision Affects Your Eligibility

Your Medicaid benefits issued through Kings County Local Department of Social Services remain unchanged by this Decision.

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)).

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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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Summary

The April 4, 2015 disenrollment notice is **AFFIRMED**.

Your Medicaid benefits issued through Kings County Local Department of Social Services remain unchanged by this Decision.

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:

