



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002509

[REDACTED]

Dear Ms. [REDACTED]

On May 26, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 17, 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 Code of 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002509

[REDACTED]

Issue

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

Did the Marketplace properly disenroll you from your Medicaid Managed Care plan effective April 30, 2015?

Procedural History

The Marketplace received your initial application for health insurance on July 24, 2014.

On July 25, 2015, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid, effective July 1, 2014. You were found eligible for Medicaid because your household income of \$4,848.00 was below the allowable income limit for that program. This notice also stated that you needed to choose a Medicaid Managed Care (MMC) plan soon or one would be chose for you.

On December 14, 2014, the Marketplace issued a notice confirming your enrollment in an MMC plan. The notice stated that while your Medicaid coverage began on July 1, 2014, your coverage under this MMC plan would begin December 1, 2015.

On April 15, 2015, the Marketplace received a revised application in which you attested to an expected yearly income of \$0.00 since you had exhausted your unemployment insurance benefits.

On April 16, 2015, the Marketplace issued a notice stating that based on your information in your April 15, 2015 application, you might be eligible for health insurance through the New York State of Health but more information was needed for the Marketplace to make a determination. The Marketplace requested that you provide income documentation by May 3, 2015, or you might be found ineligible to be enrolled in a plan or to receive financial assistance.

On April 17, 2015, the Marketplace issued a disenrollment notice confirming that your MMC plan coverage would end effective April 30, 2015.

On April 20, 2015, the Marketplace received a revised application in which you attested to an expected yearly income of \$5,040.00.

On April 21, 2015, the Marketplace issued an eligibility redetermination notice, stating that you were eligible for Medicaid, effective April 1, 2015. You were found eligible for Medicaid because your household income of \$5,040.00 was below the allowable income limit for that program. This notice also instructed you to select an MMC plan soon.

Also on April 21, 2015, the Marketplace issued a notice confirming, as of April 20, 2015, your enrollment in the same MMC plan in which you were previously enrolled. The notice stated that your Medicaid coverage would begin on April 1, 2014, your coverage under this MMC would begin June 1, 2015. You appealed this notice insofar as you were seeking to have your MMC plan coverage extended to the month of May 2015 in order to avoid a gap in MMC plan coverage.

On May 26, 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 beginning July 1, 2014.
- 2) Your Medicaid Managed Care (MMC) plan coverage started on December 1, 2014.
- 3) You testified that you have been unemployed since March 2014, and that you were collecting unemployment insurance benefits since that month.
- 4) You testified that you exhausted your unemployment insurance benefits in May 2015.

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- 5) You testified that you submitted a revised application on April 15, 2015, which coincided with a filing of your 2014 taxes. You indicated in that application that your expected yearly income for 2015 was \$0.00 because you exhausted your unemployment insurance benefits.
- 6) Your MMC plan coverage was terminated effective April 30, 2015.
- 7) You further revised your application on April 20, 2015 to indicate that you expected to receive \$420.00 per week in unemployment insurance benefits for 12 additional weeks during 2015.
- 8) On April 20, 2015, the Marketplace found you eligible for Medicaid coverage beginning April 1, 2015.
- 9) You selected your prior MMC plan for coverage after having been found eligible for Medicaid again on April 20, 2015. Your MMC plan coverage resumed on June 1, 2015.
- 10) You testified that you were seeking to have your MMC plan coverage extended to the month of May 2015 in order to avoid a gap in MMC plan coverage.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

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 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

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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

The only issue raised on appeal is whether the Marketplace properly disenrolled you from your Medicaid Managed Care (MMC) plan coverage effective April 30, 2015.

On July 25, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid as of July 1, 2014. That determination has not been appealed and is not under review here.

On December 14, 2015, the Marketplace issued a notice confirming your enrollment in an MMC plan, with such coverage beginning on December 1, 2014.

You credibly testified that you updated your application on April 15, 2015 to reflect that your anticipated income would be \$0.00 since you would be exhausting your unemployment insurance benefits. However, as a result of this change in your application, the Marketplace issued a notice on April 16, 2015 stating that a determination could not be made in your case. On April 17, 2015, the Marketplace disenrolled you from your MMC plan coverage, effective April 30, 2015.

Since you were determined eligible for Medicaid as of July 25, 2014, that coverage continues for 12 months from your coverage start date, which was July 1, 2014. This continued coverage includes not only straight Medicaid, but your MMC plan coverage as well. No evidence has been provided to support a finding that you fall within any exception to the continuous coverage policy. Therefore, your Medicaid eligibility and your MMC plan coverage should have remained in effect at least until June 30, 2015 under the continuous coverage policy.

Moreover, the notice sent to you on April 16, 2015 specifically gave you until May 3, 2015 to provide proof of income.

Accordingly, based upon a review of the record, we find there is enough evidence that the April 17, 2015 disenrollment notice terminating your MMC plan coverage as of April 30, 2015 was issued in error and must be RESCINDED. You remain enrolled in your MMC plan until June 30, 2015.

Furthermore, since your MMC plan coverage should not have ended as of April 30, 2015, the notice of enrollment issued on April 21, 2015 is MODIFIED solely to the extent that your MMC plan coverage for the new 12 month coverage period should begin on July 1, 2015, rather than June 1, 2015.

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Decision

The April 17, 2015 disenrollment notice is RESCINDED.

Your enrollment in your Medicaid Managed Care plan that took effect on December 31, 2015, remains in effect until June 30, 2015.

The April 21, 2015 notice of enrollment is MODIFIED solely to the extent that your Medicaid Managed Care plan coverage for the new 12 month coverage period should begin on July 1, 2015, rather than June 1, 2015.

The Marketplace is directed to facilitate the change in the foregoing effective dates accordingly.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

Your Medicaid Managed Care (MMC) plan coverage, which began on December 1, 2015, continues in effect until June 30, 2015 under the continuous coverage policy.

Your new MMC plan coverage takes effect July 1, 2015 for the new 12 month coverage period.

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 17, 2015 disenrollment notice is RESCINDED.

Your enrollment in your Medicaid Managed Care plan that took effect on December 31, 2015, remains in effect until June 30, 2015.

The April 21, 2015 notice of enrollment is MODIFIED solely to the extent that your Medicaid Managed Care plan coverage for the new 12 month coverage period should begin on July 1, 2015, rather than June 1, 2015.

The Marketplace is directed to facilitate the change in the foregoing effective dates accordingly.

Your Medicaid Managed Care (MMC) plan coverage, which began on December 1, 2015, continues in effect until June 30, 2015 under the continuous coverage policy.

Your new MMC plan coverage takes effect July 1, 2015 for the new 12 month coverage period.

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:

