



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

Notice of Decision

Decision Date: October 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002515

[REDACTED]

Dear [REDACTED],

On June 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 13, 2015 renewal notice and March 18, 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).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002515

[REDACTED]

Issue

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

Did the Marketplace properly disenroll you from your Medicaid coverage effective March 31, 2015?

Procedural History

On December 3, 2013, the Marketplace issued a notice confirming your request to receive all correspondence from the Marketplace electronically.

On April 5, 2014, the Marketplace issued an eligibility determination notice stating that you remained eligible for Medicaid. The notice further stated that your insurance coverage through Medicaid would begin April 1, 2014, but you needed to choose a Medicaid managed care (MMC) plan soon or one would be chosen for you.

On July 8, 2014, the Marketplace issued a notice confirming your enrollment in a MMC plan as of July 7, 2014. The notice stated that your insurance coverage through Medicaid would begin April 1, 2014 and your enrollment in the MMC plan would begin August 1, 2014.

On February 13, 2015, the Marketplace issued a notice stating that it was time for you to renew your NY State of Health coverage. It also stated that you had qualified to enroll in a qualified health plan (QHP) and receive an advanced premium tax credit (APTC) of up to \$20.22 per month, but were ineligible for cost-sharing reductions (CSR) and Medicaid. You were invited to pick a different

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health plan since you could not be reenrolled in your current health plan. The notice further stated that you needed to make changes to your account between February 16, 2015 and March 15, 2015 for your new plan to be effective April 1, 2015. This eligibility determination was effective April 1, 2015.

On March 18, 2015, the Marketplace issued a disenrollment notice confirming that your coverage through your MMC plan would end effective March 31, 2015.

On April 20, 2015, the Marketplace received a revised application in which you attested to an expected yearly income of \$24,000.00.

On April 21, 2015, the Marketplace issued an eligibility redetermination notice stating that you were eligible to enroll in a QHP; eligible to receive an APTC of up to \$241.00 per month; and, if you selected a silver-level plan; eligible for CSR, effective June 1, 2015.

On that same date, the Marketplace issued a notice confirming your enrollment in a silver-level QHP. The notice stated that your coverage could begin as early as June 1, 2015 provided you paid the first month's premium.

Also on April 21, 2015, you spoke with the Marketplace's Account Review Unit and appealed your disenrollment from Medicaid as of March 31, 2015.

On June 8, 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) Your Medicaid coverage began on April 1, 2014.
- 2) You elected to receive all notifications from the Marketplace electronically.
- 3) You testified that you received several e-mail alerts from the Marketplace, advising you that notices were in your Marketplace account, but when you logged into your account, there were no notifications. You further stated that you did not receive either electronic or regular U.S. Mail copies of the February 13, 2015 renewal notice or the March 18, 2015 disenrollment notice.

- 4) You testified that you did not become aware that your Medicaid coverage had lapsed until you saw a physician to treat a hernia. Since you updated your account on April 20, 2015, this caused a two month coverage gap since your silver-level QHP's coverage would not begin until June 1, 2015.
- 5) You testified that when you contacted the Marketplace, you were finally able to access the notifications, but that the timeframe in which to renew your coverage had already passed.
- 6) The Marketplace issued a notice on March 18, 2015 confirming that your Medicaid would be terminated effective March 31, 2015.
- 7) You submitted a revised application to the Marketplace on April 20, 2015, and were found eligible to enroll in a health plan, received an advance premium tax credit and cost-sharing reductions beginning June 1, 2015.
- 8) You enrolled in a silver-level QHP beginning June 1, 2015.
- 9) You testified that you were seeking to an extension of your Medicaid coverage to May 31, 2015 since you believed you had not received effective notice.

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 original Medicaid eligibility determination or the date of a subsequent Medicaid

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eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

In general, the Marketplace must review Medicaid eligibility once every 12 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)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that you were no longer eligible for Medicaid coverage effective March 31, 2015.

The record reflects that you were first enrolled in Medicaid coverage on April 1, 2014. Under New York State law, once a person is eligible for Medicaid, that eligibility generally continues for 12 months, even if the household income rises above 138% of the federal poverty level (FPL). This provision is called “continuous coverage.” Accordingly, your twelve months of continuous Medicaid coverage was due to conclude on March 31, 2015, pending a renewal of this coverage.

Since your Medicaid coverage was due to expire on March 31, 2015, the Marketplace was required to issue renewal notices to ensure seamless insurance coverage as of April 1, 2015. The record reflects that the Marketplace issued a notice on February 13, 2015 stating that it was time to renew your NY State of Health coverage. This notice indicated since you were not eligible for Medicaid, you could not be reenrolled in your current health plan. It advised you to select another plan and to make such changes between February 16, 2015 and March 15, 2015 for your new plan to be effective April 1, 2015.

The record reflects that you did not enroll in a new plan until April 20, 2015, which provided you a coverage start date under your silver-level QHP of June 1, 2015.

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Because you did not respond to your renewal notice, after a notice having been sent stating that you were prospectively no longer eligible for Medicaid, the Marketplace was required to end your Medicaid eligibility.

You testified that while you had received e-mails from the Marketplace, no notifications appeared within your account inbox, and that you had not received either electronic or regular U.S. Mail copies of the February 13, 2015 renewal notice or the March 18, 2015 disenrollment notice.

You further stated that you did not become aware that your Medicaid coverage had lapsed until you saw a physician to treat a hernia. Since you updated your account on April 20, 2015, this cause a two month coverage gap since you silver-level QHP's coverage would not begin until June 1, 2015.

You did receive the email alerts that advised you that actions had been taken on your account, and although you testified that there were no notices in your account when you logged in, you did not call the Marketplace until more than two months after the first alert was sent and there is no evidence in your account that the notices did not timely appear.

Since the Marketplace was compelled to end your eligibility for Medicaid and there is insufficient evidence to show that you did not receive proper notice of the February 13, 2015 renewal notice or the March 18, 2015 disenrollment notice, Marketplace's February 13, 2015 renewal notice and March 18, 2015 disenrollment notice are AFFIRMED.

Decision

The Marketplace's February 13, 2015 renewal notice and March 18, 2015 disenrollment notice are AFFIRMED.

Effective Date of this Decision: October 19, 2015

How this Decision Affects Your Eligibility

Your Medicaid managed care plan coverage ended effective March 31, 2015.

You silver-level QHP coverage began June 1, 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.

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
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- By fax: 1-855-900-5557

Summary

The Marketplace's February 13, 2015 renewal notice and March 18, 2015 disenrollment notice are **AFFIRMED**.

Your Medicaid managed care plan coverage ended effective March 31, 2015.

Your silver-level QHP coverage began June 1, 2015.

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A Copy of this Decision Has Been Provided To:

