



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

Notice of Decision

Decision Date: September 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002595

[REDACTED]

Dear [REDACTED],

On June 8, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 16, 2015 eligibility determination and April 17, 2015 disenrollment notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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Issues

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

Did the Marketplace properly determine that you were not eligible for financial assistance or not eligible to enroll in a qualified health plan at full cost through the Marketplace as of April 16, 2015?

Did the Marketplace properly disenroll you from MetroPlus Health Plan, Inc. effective April 30, 2015?

Procedural History

On November 4, 2014 the Marketplace issued a notice to renew your health coverage for 2015. The notice stated that you qualify for Medicaid effective January 1, 2015 because federal and state data sources show that your income is within the income limit.

On December 29, 2014 the Marketplace issued a notice confirming your enrollment in MetroPlus Health Plan, Inc. effective February 1, 2015.

On January 21, 2015 the Marketplace sent you Form 1095-A, your 2014 Health Insurance Marketplace Statement.

On February 11, 2015 the Marketplace received the 2014 Form 1095-A as return mail because it was determined undeliverable.

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On April 16, 2015 the Marketplace issued an eligibility determination notice that you are “not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance. [You] also cannot enroll in a qualified health plan at full cost through the [Marketplace].” The notice states that the information sent by the Marketplace “was returned to the Marketplace as undeliverable. Please update your mailing address so you can remain eligible for health coverage through [the Marketplace].”

On April 17, 2015 the Marketplace issued a disenrollment notice that your MetroPlus Health Plan, Inc. will end effective April 30, 2015.

On April 24, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being disenrolled from Medicaid.

On June 8, 2015, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until June 10, 2015 to allow you to submit additional documentation.

On June 11, 2015 you submitted a four-page fax to the Marketplace Appeals Unit. The evidence was made part of the record and marked as “Appellant Exhibit A.” The record is now complete and closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You are applying for health insurance through the Marketplace for yourself only.
- 2) On November 4, 2014 the Marketplace issued a notice stating that you qualify for Medicaid effective January 1, 2015.
- 3) On December 29, 2014 the Marketplace issued a notice confirming your enrollment in MetroPlus Health Plan, Inc. effective February 1, 2015.
- 4) On February 11, 2015 the Marketplace received the 2014 Form 1095-A as return mail because it was determined undeliverable.
- 5) On April 16, 2015 the Marketplace issued an eligibility determination notice that you are not eligible for financial assistance and cannot enroll in a qualified health plan at full cost through the [Marketplace]. The notice states that the information sent by the Marketplace “was returned to the Marketplace as undeliverable. Please update your mailing address so you can remain eligible for health coverage through [the Marketplace].”

- 6) On April 17, 2015 the Marketplace issued a disenrollment notice that your MetroPlus Health Plan, Inc. will end effective April 30, 2015.
- 7) You testified that your current address is [REDACTED].
- 8) According to your Marketplace Account, your current employer is [REDACTED].
- 9) You submitted a paycheck from [REDACTED] with the address of [REDACTED].

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 household income that is at or below 138% of the 2014 federal poverty level for the applicable family size (see 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

An individual is eligible for enrollment in Medicaid when she meets the nonfinancial criteria and has a monthly household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)). Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

An adult whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person's household remains Medicaid eligible for twelve months unless the person becomes ineligible due to "citizenship status, lack of [New York] state residence, or failure to provide a valid social security number" (N.Y. Social Services Law § 366.4(c)).

Legal Analysis

At issue is whether the Marketplace correctly found you not eligible for Medicaid as of April 16, 2015.

On November 4, 2014, the Marketplace issued a notice stating that based on federal and state data sources, you are eligible for Medicaid. On December 29, 2014 the Marketplace issued a notice confirming your enrollment in MetroPlus Health Plan, Inc. effective February 1, 2015.

On January 21, 2015 the Marketplace sent you Form 1095-A, your 2014 Health Insurance Marketplace Statement. However, the Form was returned to the Marketplace as undeliverable on February 11, 2015.

The Marketplace issued an eligibility determination notice that you are not eligible for financial assistance and cannot enroll in a qualified health plan at full cost through the Marketplace. The notice directed you to return to the Marketplace to update your mailing address so you can remain eligible for health coverage through the Marketplace.

You credibly testified that you currently reside at [REDACTED]. You also submitted a paycheck from your current employer, [REDACTED] showing your address is [REDACTED].

Since there is sufficient evidence to verify your current residence, the April 16, 2015 eligibility determination notice is RESCINDED.

Since the April 17, 2015 Marketplace disenrollment notice terminated your Medicaid coverage before the completion of twelve continuous months, it is RESCINDED.

The November 4, 2014 Marketplace notice stating that you qualify for Medicaid effective January 1, 2015 is REINSTATED.

Decision

This decision RESCINDS the April 16, 2015 eligibility determination and the April 17, 2015 disenrollment notices.

The November 4, 2014 Marketplace notice stating that you qualify for Medicaid effective January 1, 2015 is REINSTATED.

Effective Date of this

Effective Date of this Decision: September 14, 2015

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How this Decision Affects Your Eligibility

This decision (cancels) the April 16, 2015 determination and the April 17, 2015 disenrollment notices.

You are eligible for Medicaid effective January 1, 2015 and remain eligible for twelve continuous months.

You remain enrolled in MetroPlus Health Plan, Inc. effective February 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:

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Summary

This decision RESCINDS the April 16, 2015 eligibility determination and the April 17, 2015 disenrollment notices.

The November 4, 2014 Marketplace notice stating that you qualify for Medicaid effective January 1, 2015 is REINSTATED.

This decision cancels the April 16, 2015 determination and the April 17, 2015 disenrollment notices.

You are eligible for Medicaid effective January 1, 2015 and remain eligible for twelve continuous months.

You remain enrolled in MetroPlus Health Plan, Inc. effective February 1, 2015

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:

