



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

Notice of Decision

Decision Date: October 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002605

[REDACTED]

Dear [REDACTED],

On June 3, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 20, 2015 eligibility determination regarding your twenty-year-old son.

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 45 CFR § 155.545(b).

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NY State of Health Number: [REDACTED]
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Issues

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

Did the Marketplace properly determine that, effective January 1, 2015, your twenty-year-old son was no longer eligible for Medicaid, but would remain in continuous coverage until June 30, 2015?

Did the Marketplace properly determine thereafter that your twenty-year-old son was not eligible for Medicaid effective January 1, 2015?

Procedural History

On June 20, 2014, the Marketplace issued a notice of eligibility redetermination that your twenty-year-old son (son) was eligible for Medicaid, effective June 1, 2014.

On January 20, 2015 and January 29, 2015, the Marketplace issued eligibility redetermination notices that you and your spouse are eligible to share up to \$531.00 per month of advance premium tax credits (APTC) and cost sharing reductions (CSR) effective March 1, 2015. The notices also stated that your son was no longer eligible for Medicaid, but his coverage under Medicaid would continue until June 30, 2015.

On January 21, 2015 and January 29, 2015, the Marketplace issued enrollment notices that, in relevant part, stated your son's Medicaid continuous coverage would begin January 1, 2015.

On February 21, 2015, the Marketplace issued an eligibility redetermination notice that, in relevant part, stated your son was eligible for Medicaid continuous coverage, effective

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February 1, 2015 until June 30, 2015. That same day the Marketplace issued an enrollment notice that your son's continuous Medicaid coverage would begin February 1, 2015.

On March 20, 2015, the Marketplace issued a notice of eligibility redetermination that, based on your reported income of \$40,004.00, you and your son are eligible to share up to \$419.00 per month of APTC and, if you select a silver-level qualified health plan (QHP), eligible for CSR, effective May 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming your and your son's enrollment in EssentialCare Platinum plan with a premium responsibility of \$582.15 per month after your APTC of \$419.00 was deducted. The notice also stated that your and your son's enrollment could begin after you had paid your first month's premium and could start as early as January 1, 2015.

On April 26, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed your son's Medicaid continuous coverage end date of June 30, 2015.

On June 3, 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) According to your Marketplace account and your testimony, you and your spouse expected to file your 2015 taxes with a tax filing status of Married Filing Jointly and you will be claiming your son as a dependent on that tax return.
- 2) According to your Marketplace account and your testimony, your expected household income for 2015 will be \$40,004.00.
- 3) According to your Marketplace account and your testimony, only you and your son are seeking health insurance coverage through the Marketplace in 2015.
- 4) According to the Marketplace, your son had coverage under Medicaid in 2014 as of January 1, 2014 to January 31, 2014; and thereafter as follows: From February 1, 2014 to February 28, 2014; from March 1, 2014 to March 31, 2014; from April 1, 2014 to May 31, 2014, and from June 1, 2014 to December 31, 2014.

- 5) According to your Marketplace account, the 2014 dates of coverage for your son under Medicaid are registered as June 1, 2014 to December 31, 2014, when his enrollment was terminated.
- 6) You testified that you relied on the January 2015 notices that your son's Medicaid would continue from January 1, 2015 through June 30, 2015.
- 7) You further testified that you first became aware that your son was no longer covered under Medicaid when he was treated at a hospital in January 2015, the cost of which you paid out-of-pocket.
- 8) You testified that you and your broker tried to straighten out your son's Medicaid coverage with the Marketplace, but the Marketplace told you that it could not figure out how to fix the problem between its system, which showed your son's coverage was in effect until June 30, 2015, and the EmedNY system that was showing your son's Medicaid coverage ended December 31, 2014.
- 9) You testified that you are satisfied with your son being covered under your platinum-level QHP, EssentialCare Platinum, beginning May 1, 2015, but want his coverage under Medicaid to continue from January 1, 2015 until coverage under your platinum plan began on May 1, 2015; and specifically during January 2015 when your son incurred hospital and medical expenses.
- 10) According to your Marketplace account, on June 18, 2015, the Marketplace updated coverage under your Marketplace account and provided your son with aid to continue under Medicaid from January 1, 2015 through April 30, 2015, with his coverage under your platinum level QHP, EssentialCare Platinum to begin May 1, 2015.

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)).

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Most adults determined eligible for Medicaid are guaranteed twelve 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 twelve-month period. This twelve-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 modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The only issue under review is whether the Marketplace properly determined that your son was no longer eligible for Medicaid effective January 1, 2015.

In New York State, once an adult is eligible for Medicaid, that eligibility continues for 12 months, even if there are changes to the person’s eligibility factors such as household size and income. Since his Medicaid eligibility through the Marketplace began on January 1, 2014, he was entitled to 12 months of continuous coverage ending on December 31, 2015. Continuous coverage lasts only one year, so when your son’s Medicaid coverage had exhausted, you were required to reapply for health insurance coverage through the Marketplace

However, on January 21, 2015 and again on January 29, 2015 and thereafter, the Marketplace issued eligibility determination notices stating that your son no longer qualified for Medicaid but that his existing coverage under Medicaid would continue until June 30, 2015, when it technically ended as of December 31, 2015. For this reason, the January 21, 2015, January 29, 2015 and the subsequent decisions stating your son had continuous coverage until June 30, 2015 were issued in error. This discrepancy in coverage was caused because your son had continuous Medicaid coverage throughout 2014 for twelve months from January 1, 2014 to December 31, 2014, yet the system showed he had coverage beginning on June 1, 2014, so it extended his coverage into 2015.

The Marketplace recognized the discrepancy in the months of actual Medicaid coverage for your son during 2014 and the 2015 eligibility redetermination notices that stated he had continuous coverage until June 30, 2015, and rectified the situation by putting your son in “aid to continue” under Medicaid from January 1, 2015 to April 30, 2015, which afforded him coverage under Medicaid Fee-For-Service during the appeal process. In your son’s case, it provided coverage so that your son had no gap in his coverage until his coverage under EssentialCare Platinum began on May 1, 2015.

Although the issue of your son’s coverage has been resolved, you testified that you have hospital and medical bills that need to be paid to medical providers or reimbursed to you. To find out how to process your Medicaid claims, you can contact the NYS Medicaid Helpline 1-800-541-2831.

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Decision

The January 21, 2015, January 29, 2015, and February 21, 2015 eligibility redetermination notices and respective, corresponding enrollment notices are MODIFIED in part to state your son had aid to continue under Medicaid from January 1, 2015 through April 30, 2015, and Not continuous Medicaid coverage until June 30, 2015.

The March 20, 2015 eligibility redetermination notice is AFFIRMED.

Effective Date of this Decision: October 22, 2015

How this Decision Affects Your Eligibility

Your son was granted aid to continue under Medicaid Fee-For-Service and had coverage thereunder from January 1, 2015 to April 30, 2015.

Your son remains eligible to share with you up to \$419.00 per month in APTC and CSR, effective May 1, 2015.

Your son remains enrolled in EssentialCare Platinum with you effective May 1, 2015 to December 31, 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.

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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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- By fax: 1-855-900-5557

Summary

The January 21, 2015, January 29, 2015, and February 21, 2015 eligibility redetermination notices and respective, corresponding enrollment notices are MODIFIED in part to state your son had aid to continue under Medicaid from January 1, 2015 through April 30, 2015, and not continuous Medicaid coverage until June 30, 2015.

The March 20, 2015 eligibility redetermination notice is AFFIRMED.

Your son was granted aid to continue under Medicaid Fee-For-Service and had coverage thereunder from January 1, 2015 to April 30, 2015.

Your son remains eligible to share with you up to \$419.00 per month in APTC and CSR, effective May 1, 2015.

Your son remains enrolled in EssentialCare Platinum with you effective May 1, 2015 to December 31, 2015.

To find out how to process your Medicaid claims, you can contact the NYS Medicaid Helpline 1-800-541-2831.

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A Copy of this Decision Has Been Provided To:

