



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: AP000000002624

[REDACTED]

Dear [REDACTED],

On June 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 17, 2015 eligibility determination and April 19, 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 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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## Decision

Decision Date: September 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002624



## Issue

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

Did the Marketplace properly terminate your Medicaid Managed Care plan coverage effective April 30, 2015?

## Procedural History

On May 8, 2014, the Marketplace received your initial application for health insurance.

On May 9, 2014, the Marketplace issued an eligibility determination notice based on your May 8, 2014 application. It stated that you were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit. This notice also stated that "your insurance coverage through Medicaid fee-for-service would begin May 1, 2014 and enrollment with your Medicaid managed care (MMC) plan would begin June 1, 2014."

On March 10, 2015, the Marketplace issued a notice stating that it was time to renew your health insurance coverage. The notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualified for continuing financial help in paying for your health coverage. You were directed to update the information in your NY State of Health account by April 15, 2015, or the financial help you were receiving might end.

No updates were made to your account before April 15, 2015.

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On April 17, 2015, the Marketplace issued an eligibility redetermination notice stating that you were not eligible for Medicaid, Child Health Plus, tax credits or cost-sharing reductions. It also stated that you were no longer eligible to enroll in a qualified health plan at full cost. This determination was issued because you had not responded to the renewal notice and completed your renewal within the required timeframe.

On April 19, 2015, the Marketplace issued a disenrollment notice confirming that your MMC plan coverage would terminate effective April 30, 2015.

On April 27, 2015, you spoke to the Marketplace's Account Review Unit and appealed the Marketplace's April 17, 2015 eligibility determination and April 19, 2015 disenrollment notice insofar as you believed your MMC plan coverage should not have terminated on April 30, 2015.

On June 19, 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 effective May 1, 2014.
- 2) You enrolled in an MMC plan with such coverage beginning June 1, 2014.
- 3) Your MMC plan coverage terminated effective April 30, 2015.
- 4) You testified that you were surprised at having been disenrolled from your MMC plan as of April 30, 2015 since a Marketplace representative informed you that your plan coverage would terminate one year after you enrolled in your MMC plan, or May 31, 2015.
- 5) The Marketplace issued a renewal notice on March 10, 2015 requesting that you update your account no later than April 15, 2015.
- 6) You revised your application on April 27, 2015.

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

### Annual Eligibility Redetermination

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)).

## **Legal Analysis**

The only issue is whether your coverage through a Medicaid Managed Care (MMC) plan was properly terminated effective April 30, 2015.

You were determined eligible for Medicaid effective May 1, 2014. You enrolled in a MMC plan, and that coverage took effect on June 1, 2014.

An individual who is determined eligible for Medicaid remains insured through Medicaid for twelve consecutive months from their date of eligibility under continuous coverage.

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Because you became Medicaid eligible effective May 1, 2014, your coverage through Medicaid continued for twelve months, until April 30, 2015. Your initial enrollment in an MMC plan on June 1, 2014 does not result in an extension of the twelve consecutive months of Medicaid eligibility.

You credibly testified that you were surprised at having been disenrolled from your MMC plan as of April 30, 2015 since a Marketplace representative had informed you that your plan coverage would be terminated one year after you enrolled in your MMC plan, or May 31, 2015. However, even if you were given this misinformation, any reliance on it was unreasonable, given the notices the Marketplace sent you, advising you that action was required on your part to maintain your eligibility.

Since your 12 consecutive months of Medicaid eligibility was due to expire on April 30, 2015, the Marketplace was required to issue a renewal notice to confirm whether you were eligible to continue your financial assistance, which may have included Medicaid, after April 30, 2015.

The Marketplace's March 10, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage. It requested that you update your information no later than April 15, 2015. The credible evidence of record reflects that you revised your application on April 27, 2015.

Since the record supports continuing your MMC plan, coverage was properly terminated effective April 30, 2015. The April 19, 2015 disenrollment notice is **AFFIRMED**.

## **Decision**

The Marketplace's April 17, 2015 eligibility determination and April 19, 2015 disenrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** September 14, 2015

## **How this Decision Affects Your Eligibility**

Your MMC plan coverage terminated effective April 30, 2015.

This Decision has no effect on any subsequent determinations issued by the Marketplace on or after April 19, 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  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The Marketplace's April 17, 2015 eligibility determination and April 19, 2015 disenrollment notice are **AFFIRMED**.

Your MMC plan coverage terminated effective April 30, 2015.

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This Decision has no effect on any subsequent determinations issued by the Marketplace on or after April 19, 2015.

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).



**A Copy of this Decision Has Been Provided To:**

