



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

Notice of Decision

Decision Date: July 30, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002631

[REDACTED]
[REDACTED]
[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 9, 2015 and April 21, 2015 eligibility determinations.

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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Issues

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

Did the Marketplace properly determine that you were eligible for Medicaid, effective January 1, 2015?

Did the Marketplace properly determine that you were eligible for continuous Medicaid coverage, effective April 1, 2015?

Procedural History

You first enrolled for health insurance through the Marketplace on November 2, 2013, and elected to receive your notices electronically. You were found eligible to enroll in a qualified health plan (QHP) through the Marketplace, and to receive up to \$209.00 per month in advance premium tax credits (APTC) and cost-sharing reductions (CSR). You were enrolled in a QHP for 2014.

On November 3, 2014, the Marketplace sent you a renewal notice stating that it was time to renew your health insurance coverage for 2015. It further stated that, based on state and federal data sources, you qualified for health care coverage under Medicaid, effective January 1, 2015. You were notified that if you thought this was incorrect, you should update your account between November 16, 2014 and December 15, 2014, in order for the corrections to be effective January 1, 2015.

Your account was not updated by December 20, 2014.

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On December 21, 2014, the Marketplace issued a confirmation of your enrollment in Medicaid, which would begin on January 1, 2015; however, you were advised that you would need to select a health plan soon or one would be selected for you.

On December 26, 2014, the Marketplace issued a notice of disenrollment, stating that your coverage under your former plan would end effective December 31, 2014, because you were no longer eligible to remain enrolled in that plan.

On February 27, 2015, the Marketplace issued a notice confirming your enrollment in a plan with CDPHP, through Medicaid, effective April 1, 2015. The notice clearly stated that your coverage with Medicaid would be effective January 1, 2015 and your enrollment with CDPHP would begin April 1, 2015.

Your account was modified on April 8, 2015 and April 20, 2015.

On April 9, and April 21, 2015, the Marketplace issued notices of eligibility redetermination stating that, effective April 1, 2015, you were no longer eligible for Medicaid; however, your Medicaid coverage will continue until December 31, 2015. This was because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible.

On April 28, 2015, you spoke with the Marketplace's Account Review unit and appealed the determination that stated your coverage would continue under Medicaid, instead of determining that you were eligible for a different insurance affordability program.

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) The record reflects that your eligibility for health insurance was reviewed on November 2, 2014, and you were found eligible for Medicaid. The income upon which this eligibility determination was based was obtained through state and federal data sources, as disclosed in the notice sent on November 3, 2014, and you were provided an opportunity to update your account should any of the information in the notice be incorrect.

- 2) The record reflects that you were determined eligible for Medicaid effective January 1, 2015.
- 3) Your account was not updated until April 8, 2015.
- 4) You testified that you believed the February 27, 2015 enrollment confirmation notice referred to a qualified health plan, not a Medicaid plan.
- 5) You reside in Albany County, New York.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year, including any expected eligibility for financial assistance (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice within a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice, and any reported changes (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

Medicaid

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)).

People who receive or are eligible for Medicaid are not eligible for an advance premium tax credit (APTC) since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

New York State of Health extended the December 15, 2015 enrollment deadline to December 20, 2015 for coverage beginning January 1, 2015 (45 CFR §155.410(f)(1); NY State of Health Extends December 15 Enrollment Deadline, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-extends-december-15-enrollment-deadline> [last updated December 12, 2014]).

Legal Analysis

The first issue is whether the Marketplace properly determined that you were eligible for Medicaid, effective January 1, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 3, 2014, the Marketplace issued an annual eligibility redetermination notice in your case. That notice stated that based on information from federal and state sources, the Marketplace found you would be eligible for Medicaid, effective January 1, 2015. You were notified that if you thought this was incorrect, you should update your account between November 16, 2014 and December 15, 2014, in order for the corrections to be effective January 1, 2015.

The Marketplace extended the December 15, 2014 deadline to December 20, 2014.

When there was no activity in your account by December 20, 2014, the Marketplace was required to use the information that was contained in the November 3, 2014 renewal notice in order to determine your eligibility for coverage beginning January 1, 2015.

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On December 21, 2014 and December 26, 2014, the Marketplace issued two notices that again stated that your enrollment in your former plan would end, and that you would be covered by Medicaid.

Additionally, you testified that you had received the February 27, 2015 notice that confirmed your enrollment in CDPHP and Medicaid, but that you had misunderstood it. There were four notices sent to you by February 27, 2015, advising you that you were eligible for and would be enrolled in Medicaid; you did not act to object to any of them.

Therefore the Marketplace properly found you eligible for Medicaid. Once you were found eligible for Medicaid, you were no longer eligible to receive an advance premium tax credit.

Therefore, the Marketplace's December 21, 2014 eligibility determination is AFFIRMED.

The second issue is whether the Marketplace properly determined that you were eligible for continuous coverage under Medicaid, effective April 1, 2015.

Once a person is found eligible for Medicaid, they remain eligible for Medicaid for 12 continuous months whether their income increases. This is referred to as "continuous coverage."

Since you were properly found eligible for Medicaid, effective January 1, 2015, you continue under Medicaid for the remainder of the 12 months.

Therefore, the April 9, 2015 and April 21, 2015 notices of eligibility determination are also AFFIRMED.

Decision

The December 21, 2014, April 9, 2015, and April 21, 2015 eligibility determinations are AFFIRMED.

Effective Date of this Decision: July 30, 2015

How this Decision Affects Your Eligibility

You remain eligible for Medicaid.

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:
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Summary

The December 21, 2014, April 9, 2015, and April 21, 2015 eligibility determinations are **AFFIRMED**.

You remain eligible for Medicaid.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]