



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: AP000000002665

[REDACTED]

Dear [REDACTED],

On August 26, 2015 you and your husband appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's 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).

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: October 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002665

[REDACTED]

## Issue

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

Did the Marketplace properly determine that your spouse's coverage under EmblemHealth, his Medicaid managed care plan, ended effective March 31, 2015?

## Procedural History

On May 1, 2014 an eligibility determination notice was issued stating that you, your spouse, and your two children remained eligible for Medicaid. The notice further stated that your family's insurance coverage would begin April 1, 2014 but you must choose a health plan soon or one would be chosen for you.

On July 2, 2014 the Marketplace issued a notice confirming your enrollment. The notice stated that your family's insurance coverage through Medicaid would begin April 1, 2014 and enrollment with EmblemHealth would begin June 1, 2014.

On February 13, 2015 the Marketplace issued a renewal notice stating that your family could not be enrolled in their current health plan for 2015. You, your spouse, and your son were eligible for a joint advance premium tax credit of up to \$797.63 per month and, if you enrolled in a silver-level health, plan cost-sharing reductions. This eligibility was effective April 1, 2015.

On March 18, 2015 the Marketplace issued a disenrollment notice stating that enrollment in EmblemHealth for you, your spouse, and your children would end March 31, 2015.

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On April 29, 2015 you contacted the Marketplace's Account Review Unit and appealed the disenrollment notice insofar as it terminated your spouse's coverage under his Medicaid managed care plan on March 31, 2015 instead of April 30, 2015.

On August 26, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. During the hearing, you and your spouse both appeared and provided sworn testimony. 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 testified that you are only appealing the termination date of your spouse's Medicaid managed care plan.
- 2) Your spouse was found fully eligible for Medicaid effective April 1, 2014 and his enrollment in his Medicaid managed care plan began June 1, 2014.
- 3) You testified that you received notices via the regular mail and via email informing you of your family's eligibility status.
- 4) No notices that were sent to the address listed on your Marketplace account were returned to the Marketplace as undeliverable.
- 5) Your spouse testified that the family was enrolled through a health plan at your job effective April 14, 2015.
- 6) Your spouse testified that you called the Marketplace in March to inform them about your new job and you were told by a representative that your family was covered under Medicaid until June.

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

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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)).

### Notice of Termination of Eligibility for Medicaid

If a Medicaid recipient has been determined ineligible for Medicaid, then their Medicaid coverage will be terminated. Upon this determination, the recipient has a right to timely and adequate notice of their discontinuance of Medicaid benefits (18 NYCRR § 360-2.7(a)-(b); 18 NYCRR § 358-3.3(a)(1)).

The effective date of discontinuance will be the date the recipient becomes ineligible, or a later date if necessary in order to provide the recipient with timely notice of the discontinuance (18 NYCRR § 360-2.7(a)).

The Marketplace must give beneficiaries timely and adequate notice of any proposed action to terminate, discontinue, or suspend their eligibility under Medicaid (42 CFR § 435.919(a)). The Marketplace must send a notice at least 10 days before the effective date of action, with some exceptions not relevant here (42 CFR § 431.211, 18 NYCRR § 358-2.23).

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that your spouse's coverage under EmblemHealth, his Medicaid managed care plan, ended effective March 31, 2015.

According to the record, your spouse was eligible for Medicaid coverage effective April 1, 2014, and he was enrolled in EmblemHealth as his Medicaid managed care plan, effective June 1, 2014.

An individual who is determined eligible for Medicaid remains insured through Medicaid for 12 consecutive months from their date of eligibility under continuous coverage.

Because your spouse became eligible for Medicaid effective April 1, 2014 his coverage through Medicaid continued for twelve months, until March 31, 2015. On March 18, 2015 the Marketplace issued a disenrollment notice stating that your spouse's enrollment in EmblemHealth would end effective March 31, 2015.

Your spouse testified that you called the Marketplace in March to inform them about your new job and you were told by a representative that your family was covered under Medicaid until June. However, this is not supported by the legal authority listed above. Since your husband's 12 months of Medicaid eligibility expired on March 31, 2015, the Marketplace properly terminated his coverage as of that date.

Moreover, the Marketplace must give timely and adequate notice of any proposed action to terminate, discontinue, or suspend an individual's eligibility under Medicaid. The Marketplace must send a notice at least 10 days before the effective date of this action.

On February 13, 2015 the Marketplace issued a renewal notice stating that your spouse could not be enrolled in his current health plan.

On March 18, 2015 the Marketplace issued a disenrollment notice stating that your spouse's enrollment in EmblemHealth will end effective March 31, 2015.

You testified that you received notices via the regular mail and via email informing you of your family's eligibility status. No notices that were sent to the address listed on your Marketplace account were returned to the Marketplace as undeliverable.

Therefore, you received adequate and timely notice that your spouse's Medicaid coverage was going to end effective March 31, 2015.

Since the Marketplace properly terminated your spouse's Medicaid coverage after the twelfth month of eligibility and you received adequate notice of this termination, the Marketplace's March 18, 2015 disenrollment notice is **AFFIRMED**.

## **Decision**

The March 18, 2015 disenrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** October 19, 2015

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

This decision does not change your spouse's eligibility.

Your spouse's coverage through EmblemHealth ended effective March 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. 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):**

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## **Summary**

The March 18, 2015 disenrollment notice is AFFIRMED.

This decision does not change your spouse's eligibility.

Your spouse's coverage through EmblemHealth ended effective March 31, 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:**

