



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002724

[REDACTED]

Dear Ms. [REDACTED]

On June 30, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 20, 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 (CFR) 45 CFR § 155.545(b).

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Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002724



Issue

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

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

Procedural History

On May 31, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid because your annual household income of \$8,808.00 was at or below the allowable income limit for that program. The notice further stated that your coverage through Medicaid would begin May 1, 2014 and advised you to select a health plan.

On July 7, 2014, the Marketplace issued an enrollment notice confirming that you had selected Healthfirst as your Medicaid Managed Care (MMC) plan. The notice stated that your coverage under Healthfirst would begin July 1, 2014.

On March 10, 2015, the Marketplace issued a notice that it was time to renew your health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by April 15, 2015 or you might lose the financial assistance you were currently receiving.

You updated your Marketplace account several times between March 10, 2015 and April 14, 2015, in which you attested to a range of annual household incomes of \$8,400.00 to \$21,120.00.

On March 11, 2015 and March 12, 2015, the Marketplace issued eligibility redetermination notices, each of which stated that you were no longer eligible for Medicaid, but that your coverage would continue until April 30, 2015. The notice further advised you to submit a revised application between March 16, 2015 and April 15, 2015 so that an appropriate decision could be made. This eligibility determination was effective March 1, 2015.

On March 17, 2015, the Marketplace issued a notice confirming receipt of an application submitted on March 16, 2015, which stated that you may be eligible for health insurance through the NY State of Health, but that more information is needed to make a determination. It requested that you provide income documentation by April 3, 2015 to confirm the information you provided in your account is accurate.

On March 20, 2015, the Marketplace issued a disenrollment notice confirming that your coverage through the Healthfirst MMC would end effective April 30, 2015.

On April 13, 2015, the Marketplace received a letter issued by [REDACTED] [REDACTED] dated March 27, 2015, stating that you were a social worker who is retained as an independent contractor. It further stated that you receive \$22.00 per session and your earnings to date were \$1,210.00.

In response to your applications submitted on April 13, 2015 and April 14, 2015, the Marketplace issued notices on April 14, 2015 and April 15, 2015, each of which stated that you may be eligible for health insurance through the NY State of Health, but that more information is needed to make a determination. The notices requested that you provide income documentation by May 1, 2015 and May 2, 2015, respectively, to confirm the information you provided in your account is accurate.

On April 16, 2015, the Marketplace issued a notice stating the documentation you provided to the Marketplace was insufficient to resolve the inconsistency and requested that you provide additional income documentation so that Marketplace could make an eligibility determination in your case.

On April 28, 2015, the Marketplace received (1) three checks issued by [REDACTED] between March 20, 2015 and April 17, 2015 and (2) a Self-Declaration of Income (Form DOH-5018 (10/10)), in which you attested to not receiving any paystubs, having a projected income of \$12,000.00 for 2015, and being paid on a bi-weekly basis.

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In response to your applications submitted on April 30, 2015 and May 4, 2015, the Marketplace issued notices on May 1, 2015 and May 5, 2015, each of which stated that you may be eligible for health insurance through the NY State of Health, but that more information is needed to make a determination. The notices requested that you provide income documentation by May 18, 2015 and May 22, 2015, respectively, to confirm the information you provided in your account is accurate.

On May 4, 2015, you spoke to the Marketplace's Account Review Unit and appealed the March 20, 2015 disenrollment notice insofar as your Medicaid coverage terminated April 30, 2015.

On June 30, 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 support the following findings of fact:

- 1) Your application reflects that you anticipate filing your 2015 taxes with a tax filing status of single, and that you do not expect to claim any dependents on that tax return.
- 2) Your Marketplace account indicates that notification alerts were sent to you via email.
- 3) There is nothing in the record to suggest that you did not receive the notifications sent by the Marketplace.
- 4) You were initially found eligible for Medicaid effective May 1, 2014.
- 5) The Marketplace issued a renewal notice on March 20, 2015 requesting that you update your account by April 15, 2015 in order for the Marketplace to make a determination.
- 6) You revised your account multiple times between March 10, 2015 and April 14, 2015. In each case, the Marketplace found that you either remained on Medicaid until April 30, 2015 due to continuous coverage guidelines or that more information was needed in order to make a determination.
- 7) On March 20, 2015, the Marketplace issued a disenrollment notice confirming that your Medicaid coverage would be terminated as of April 30, 2015.

- 8) On April 13, 2015, you provided to the Marketplace a letter issued by [REDACTED] dated March 27, 2015, stating that you were a social worker who had been retained as an independent contractor. It further stated that you received \$22.00 per session and your earnings to date were \$1,210.00.
- 9) On April 28, 2015, you provided to the Marketplace three checks issued by [REDACTED] reflecting that you received (1) \$330.00 on March 20, 2015, (2) \$946.00 on April 4, 2015 and (3) \$638.00 on April 17, 2015.
- 10) On April 28, 2015, you provided to the Marketplace a Self-Declaration of Income (Form DOH-5018 (10/10)) in which you attested to not receiving any paystubs, having a projected income of \$12,000.00 for 2015, and being paid on a bi-weekly basis.
- 11) You testified that you are employed as an independent contractor by [REDACTED] and are paid on a bi-weekly basis.
- 12) You testified that your anticipated income during 2015 when you submitted your Self-Declaration of Income on April 28, 2015 was approximately \$12,000.00 or \$1,000.00 per month. However, you further testified as of the hearing that your expected annual income is closer to \$6,000.00.
- 13) You testified that you could not locate the checks reflecting payments made to you by [REDACTED] during May 2015, and that you do not keep track of your earnings versus your deductions on a month-by-month basis.
- 14) You live in Queens County, New York.

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

Applicable Law and Regulations

Medicaid Continuous Coverage

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

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

Medicaid Renewal

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)).

The Marketplace must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, the Marketplace must issue a redetermination as projected by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The sole issue under review is whether the Marketplace properly disenrolled you from your Medicaid coverage April 30, 2015.

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Under New York State law, once a person is eligible for Medicaid, that eligibility generally continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

The record reflects that on May 31, 2014, the Marketplace issued an eligibility determination notice that you were eligible for Medicaid as of May 1, 2014. Since you were determined eligible for Medicaid based on the application you submitted on May 31, 2014, you remained eligible for Medicaid for 12 continuous months; that is, until April 30, 2015. Therefore, the March 11, 2015 and March 12, 2015 eligibility redetermination notices stating you had continuous coverage through Medicaid until April 30, 2015 were correct and are AFFIRMED.

It necessarily follows that your eligibility for financial assistance was up for redetermination.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every 12 months, without requiring information from the individual if it able to do so based on reliable information contained in the individual's account or other more current information available to the agency. 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 in 2015, and that you needed to supply additional information by April 15, 2015 or your financial assistance might end.

The record reflects that you provided several updates to your application between March 10, 2015 and April 14, 2015 which included a range of expected incomes between \$8,400.00 and \$21,120.00. In each case, the Marketplace found that you either remained on Medicaid until April 30, 2015 due to the continuous coverage guidelines, which related to your Medicaid eligibility during 2014, or that more information was needed in order to make a determination.

When the Marketplace cannot confirm your income based upon the attestations in your application, it may request that you provide additional income documentation in order to make a determination. The Marketplace will accept as income documentation earnings statements over a period of four consecutive weeks to prove your employment wages over that period, or your records of earnings and expenses for a period of three months to prove your self-employment income.

The credible evidence of record indicates that the only documentation you provided to the Marketplace prior to April 15, 2015, was a letter issued by your employer stating that you received \$22.00 per hour, that your earnings were \$1,210.00 as of March 27, 2015, and that you were paid on a bi-weekly basis. Since this was inconsistent with the documents requested, the Marketplace could not determine your eligibility beginning May 1, 2015.

Since you did not provide the necessary documentation to the Marketplace by April 15, 2015, the Marketplace properly relied upon the information available to it in order to make an annual redetermination of your eligibility. Since the necessary documentation was not received before the deadline, the Marketplace was proper in not issuing a new determination. Therefore, the March 20, 2015 disenrollment notice was correct when issued and is AFFIRMED.

It was not until April 28, 2015 that you provided to the Marketplace a DOH Self-Declaration of Income form to attest that your expected earnings were \$12,000.00 for the year. Therefore, your case is RETURNED to the Marketplace to verify your earnings and to redetermine your eligibility for financial assistance based on a one-person household with an annual household income of \$12,000.00 for an individual living in Queens County, New York.

Decision

The March 11, 2015 and March 12, 2015 eligibility redetermination notices are AFFIRMED.

The March 20, 2015 disenrollment notice is AFFIRMED.

Your case is RETURNED to the Marketplace to verify your earnings and to redetermine your eligibility for financial assistance based on a one-person household with an annual household income of \$12,000.00 for an individual living in Queens County, New York.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

Your enrollment in your Healthfirst Medicaid Managed Care plan was properly terminated on April 30, 2015.

You will receive a new notice based on a one-person household with an annual household income of \$12,000.00 for an individual living in Queens County, New York.

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.

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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 March 11, 2015 and March 12, 2015 eligibility redetermination notices are **AFFIRMED**.

The March 20, 2015 disenrollment notice is **AFFIRMED**.

Your case is **RETURNED** to the Marketplace to verify your earnings and to redetermine your eligibility for financial assistance based on a one-person household with an annual household income of \$12,000.00 for an individual living in Queens County, New York.

Your enrollment in your Healthfirst Medicaid Managed Care plan was properly terminated on April 30, 2015.

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You will receive a new notice based on a one-person household with an annual household income of \$12,000.00 for an individual living in Queens County, New York.

Legal Authority

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A Copy of this Decision Has Been Provided To:

