



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

## Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003070

[REDACTED]

Dear [REDACTED],

On July 31, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 17, 2015 eligibility determination.

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: October 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003070

[REDACTED]

## Issues

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

Did the Marketplace properly determine that you were not eligible for financial assistance or to enroll in a qualified health plan at full cost through the Marketplace effective March 31, 2015?

Did the Marketplace properly disenroll you from your Medicaid Managed Care plan effective March 31, 2015?

## Procedural History

On May 2, 2014, the Marketplace issued a notice of eligibility determination based on your April 24, 2014 application and determined you were eligible for Medicaid. The notice stated that your coverage through Medicaid Fee For Services will begin April 1, 2014 and your enrollment with Emblem Health, a Medicaid Managed Care plan, will begin June 1, 2015.

On February 10, 2015, the Marketplace issued a renewal notice that, based on federal and state data sources, a decision could not be made about whether or not you qualify for financial help paying for your health coverage for the next period. The notice stated that you had to update information on your Marketplace account by March 15, 2015 and, if you miss the deadline, the financial assistance you are now getting may end.

As of March 15, 2015, your application was not updated.

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On March 17, 2015, the Marketplace issued a notice of eligibility redetermination that you are not eligible for Medicaid, Child, Health Plus, or to receive tax credits or cost sharing reductions and cannot enroll in a qualified health plan at full cost through New York State of Health. The reason provided was because you did not respond to the renewal notice and did not complete your renewal within the required time frame and your eligibility will end effective March 31, 2015.

On March 19, 2015, the Marketplace issued a disenrollment notice that your insurance coverage with Emblem Health will end effective March 31, 2015.

On May 19, 2015, the Marketplace uploaded a copy of your May 18, 2015 letter requesting an appeal from being disenrolled from Medicaid due to not renewing your coverage.

On May 21, 2015, you spoke with a representative from the Marketplace's Account Review Unit and renewed your appeal.

On July 31, 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, you elected to receive communications from the Marketplace through regular mail.
- 2) You testified that, on January 21, 2015, you left the country to return to Jamaica and did not return until April 15, 2015.
- 3) You testified that you picked up your mail on April 16, 2015 and first learned that you had been disenrolled from your Medicaid Managed Care plan as of March 31, 2015.
- 4) You testified that you have tried on many occasions to re-enroll through the Marketplace via the telephone after April 15, 2015, but that you are disconnected and no one calls you back.
- 5) You testified that you want help paying medical bills that you incurred over the past three months and want Medicaid reinstated as soon as possible.

- 6) You testified that you are married, unemployed, continue to have no income, have no dependents, and are supported by your family.
- 7) You testified that your wife works and probably earns around \$16,000.00 annually.
- 8) Your wife is not listed on your application and is not in need of insurance.
- 9) As of the date of your disenrollment, you were 60 years old and turned 61 years old on [REDACTED].
- 10) You stated you understood that to have your eligibility for Medicaid redetermined as of July 31, 2015, that you would have to contact the Marketplace and update your application information and would be required to know your wife's annual income and provide documents of her income from April 2015 through July 2015.

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 information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (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 after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (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)).

### Redetermination During a Benefit Year

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).

When a redetermination is issued as a result of a change in an applicant's information, the Marketplace must generally make that redetermination effective on the first day of the month following the date the Marketplace is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, the Marketplace may determine that any change made after the 15<sup>th</sup> of any month will not be effective until the first of the next following month (45 CFR §155.330 (f)(2)), and it has chosen to do so.

## Medicaid

Medicaid can be provided through the Marketplace 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 that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

In an analysis of Medicaid eligibility, the determination is based on the federal poverty level (FPL) "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). In February and March 2015, that was the 2015 FPL, which is \$15,930.00 for a two-person household (79 Fed. Reg. 3593, 3593).

If an applicant for health insurance is determined Medicaid eligible, coverage will begin on the first day of the first month for which eligibility is established (18 NYCRR § 360-2.4(c)). The applicant may be determined retroactively eligible for coverage for up to three months prior to the month of the application, if Medicaid eligible during the month when medical care or services were received (*id.*).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses 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 (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

## Legal Analysis

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 February 10, 2015, the Marketplace issued an annual renewal notice in your case because your twelve months of Medicaid coverage as of April 1, 2014 was due to end on March 31, 2015. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualify for financial help paying for your health coverage. You were asked to update the information in your account by March 15, 2015 or the financial help you were receiving might end.

You testified that you did not receive this notice because you were out of the country and, therefore, could not timely update your application. However, the Marketplace was required to and did issue a notice of eligibility redetermination based on the information available in your Marketplace account at that time. Without accurate income information, the Marketplace issued a notice that you no longer qualified for financial assistance or to enroll in a qualified health plan at full cost through the Marketplace because you failed to provide the updated information regarding your account on time.

Therefore, the Marketplace's March 17, 2015 notice of eligibility redetermination was correct when issued and is AFFIRMED.

Further, your disenrollment from Emblem Health, your Medicaid Managed Care plan, effective March 31, 2015 coincides with the end of twelve months of combined coverage under Medicaid, including Medicaid Fe For Services as of April 1, 2014 and Emblem Health as of June 1, 2014.

Therefore, the Marketplace's March 19, 2015 disenrollment notice was correct when issued and is AFFIRMED.

However, the Marketplace can redetermine one's eligibility for Medicaid at any time during the year.

Although you testified that you are married, and your wife probably earns around \$16,000 dollars a year, the current record lacks sufficient income documentation to return this matter to the Marketplace. Once you have obtained income documentation, please provide it to the Marketplace.

## **Decision**

The Marketplace's March 17, 2015 notice of eligibility redetermination was correct when issued and is AFFIRMED.

The Marketplace's March 19, 2015 disenrollment notice was correct when issued and is AFFIRMED.

**Effective Date of this Decision:** October 15, 2015

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

You were disenrolled from your Medicaid Managed Care plan on March 31, 2015, and do not have insurance coverage through the Marketplace as of that date.

## **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:

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## **Summary**

The Marketplace's March 17, 2015 notice of eligibility redetermination was correct when issued and is AFFIRMED.

The Marketplace's March 19, 2015 disenrollment notice was correct when issued and is AFFIRMED.

You were disenrolled from your Medicaid Managed Care plan on March 31, 2015, and do not have insurance coverage through the Marketplace as of that date.

## **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:**

