



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

## Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004087



Dear [REDACTED],

On January 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 17, 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 letter.

### 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004087



## Issues

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

Did the Marketplace properly terminate your health insurance coverage with Metro Plus Health Plan, Inc. effective June 30, 2015?

## Procedural History

On January 23, 2015 the Marketplace rendered a preliminary eligibility determination that you are eligible for Medicaid. However, in order for your eligibility to be finalized, you must submit documents to confirm that the information you provided in your application is accurate.

On January 23, 2015 you uploaded an employment documentation to your Marketplace account.

On January 24, 2015 the Marketplace issued an eligibility determination notice stating that you are conditionally eligible for Medicaid effective January 1, 2015. The notice states that additional information is required to confirm your eligibility for Medicaid for the period of October 1, 2014 to December 31, 2014 by February 7, 2015.

On the same day the Marketplace issued an enrollment notice confirming your enrollment in MetroPlus Health Plan, Inc. and enrollment will begin March 1, 2015.

On June 15, 2015 your Marketplace account was updated.

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On June 16, 2015 the Marketplace issued an eligibility determination that you are eligible to receive up to \$90.00 of advance premium tax credits effective July 1, 2015.

On June 17, 2015 the Marketplace issued a disenrollment notice that your MetroPlus Health Plan Inc. coverage would terminate June 30, 2015.

On July 28, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being disenrolled from your Medicaid (MetroPlus Health Plan Inc.) coverage.

On October 7, 2015 you had a scheduled telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The Hearing Officer made three attempts to contact for the scheduled hearing, but was unable to reach you.

On October 8, 2015 you faxed a "Letter of Good Cause" to the Marketplace requesting that your hearing be rescheduled.

Your telephone hearing was rescheduled with a Hearing Officer from the NY State of Health Appeals Unit for January 19, 2016. The record was developed during the hearing and left open until January 20, 2016 to allow you to submit additional documentation to the Marketplace Appeals Unit.

On January 19, 2016 you faxed a three-page document to the Marketplace Appeals Unit. That document has been marked as "Appellant Exhibit A" and made part of the record. The record is now complete and closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

1. You are applying for health insurance through the Marketplace for yourself.
2. According to your January 23, 2015 Marketplace application, you plan on filing your 2015 federal income tax return with the tax filing status of single and claim no dependents on that return.
3. According to your January 23, 2015 Marketplace application, you attested to an expected yearly income of \$4,976.00.
4. On January 23, 2015 you uploaded a letter from the [REDACTED] at [REDACTED] New York stating that your "last date of working was Friday, December 18<sup>th</sup>, 2014."

5. According to your Marketplace account, the document submitted on January 23, 2015 was never invalidated by the Marketplace.
6. On January 24, 2015, the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid effective January 1, 2015. The notice states that additional income documentation is needed to confirm your eligibility for Medicaid for the period of October 1, 2014 to December 31, 2014 by February 7, 2015.
7. On January 24, 2015 the Marketplace issued an enrollment notice confirming your enrollment as of January 23, 2015 in MetroPlus Health Plan, Inc. and coverage will begin March 1, 2015.
8. On June 15, 2015 your Marketplace account was updated. You attested to an expected 2015 household income of \$35,326.95.
9. On June 17, 2015 the Marketplace issued a disenrollment notice that your insurance coverage with Metro Plus Health Plan, Inc. would end effective June 30, 2015.
10. On June 16, 2015 the Marketplace issued an eligibility determination that you are eligible to receive up to \$90.00 of advance premium tax credits effective July 1, 2015.
11. You testified that you are seeking to have Medicaid coverage continued through 2015.

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

## **Applicable Law and Regulations**

### 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 level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR

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§ 435.4). On the date of your application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

### Continuous Coverage:

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of 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(a); N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

The issue under review is whether the Marketplace properly terminated your Medicaid health insurance coverage effective June 30, 2015.

According to the record, you expect to file your 2015 tax return with the tax status of single and claim no dependents on that return.

On your January 23, 2015 application, you attested to an expected household income of \$4,976.00. On the following day, the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid effective January 1, 2015. The notice states that additional income documentation is needed to confirm your eligibility for Medicaid for the period of October 1, 2014 to December 31, 2014.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Since \$4,976.00 is 42.28% of the 2015 FPL, the Marketplace properly found you to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Additionally, 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 June 15, 2015, your Marketplace account was updated. This application showed that your annual expected household income had increased to \$35,326.95. However, since you were correctly eligible for Medicaid based on the application you submitted on January 23, 2015, you

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remain eligible for Medicaid for 12 continuous months, regardless of any increases in your household income.

Since you should have received continuous Medicaid coverage through December 31, 2015, the June 17, 2015 disenrollment notice is **RESCINDED**.

You remain eligible for Medicaid under the continuous coverage from January 1, 2015 through December 31, 2015.

## **Decision**

The June 17, 2015 notice of disenrollment is **RESCINDED**.

This case is **RETURNED** to the Marketplace to **REINSTATE** your Medicaid Fee-For-Service from January 1, 2015 through December 31, 2015, and MetroPlus Health Plan Inc. from March 1, 2015 through December 31, 2015.

**Effective Date of this Decision:** February 4, 2016

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

This Decision cancels the June 17, 2015 disenrollment notice.

You are eligible for Fee-For-Service Medicaid from January 1, 2015 through December 31, 2015.

You are enrolled in MetroPlus Health Plan Inc. from March 1, 2015 through December 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))

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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 June 17, 2015 notice of disenrollment is RESCINDED.

This Decision cancels the June 17, 2015 disenrollment notice.

You are eligible for Fee-For-Service Medicaid from January 1, 2015 through December 31, 2015.

You are enrolled in MetroPlus Health Plan Inc. from March 1, 2015 through December 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:**

