



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

## Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004373

[REDACTED]

Dear [REDACTED],

On January 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 13, 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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## Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004373



## 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 New York State Catholic Health Plan, Inc. effective August 31, 2015?

## Procedural History

On February 10, 2015, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid and will begin February 1, 2015.

On the same day the Marketplace issued a notice confirming that you were enrolled in New York State Catholic Health Plan, Inc. on February 9, 2015 and coverage will begin March 1, 2015.

On August 11, 2015 your Marketplace account was updated.

On August 12, 2015 the Marketplace issued a notice that you “may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination.”

On August 13, 2015 the Marketplace issued a disenrollment notice that your New York State Catholic Health Plan, Inc. would end effective August 31, 2015.

On August 19, 2015 additional income documentation was uploaded to your Marketplace account. The Marketplace issued an eligibility determination stating that you are eligible for up to \$138.00 of advance premium tax credit per month and cost-sharing reductions, if you enroll in a silver-level qualified health plan, effective as of October 1, 2015.

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On the same day the Marketplace issued a notice stating that on August 18, 2015 you requested a telephone hearing to review your “[e]ligibility determination.”

On November 12, 2015 you had a scheduled telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. You requested to adjourn the hearing in order to receive and review the Marketplace’s evidence packet.

Your telephone hearing was rescheduled with a Hearing Officer from the NY State of Health Appeals Unit for January 5, 2016. 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 are applying for health insurance through the Marketplace for yourself.
2. On February 10, 2015, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid and will begin February 1, 2015.
3. On February 10, 2015 the Marketplace issued an enrollment notice confirming your enrollment as of February 9, 2015 in New York State Catholic Health Plan, Inc.
4. You testified that on multiple occasions were told by Marketplace representatives that you would have twelve months of Medicaid coverage, regardless of any increase in income.
5. On August 13, 2015 the Marketplace issued a disenrollment notice that your insurance coverage with New York State Catholic Health Plan, Inc. would end effective August 31, 2015.
6. On August 19, 2015 a statement from the Director of Human Resources at your employer was uploaded to your Marketplace account. It states that you would begin your employment on September 14, 2015, and would receive \$7,500.00 per month in gross income.
7. On August 19, 2015 the Marketplace issued an eligibility determination stating that you are eligible for up to \$138.00 of advance premium tax credit per month and cost-sharing reductions, if you enroll in a silver-level qualified health plan, effective as of October 1, 2015.

8. You testified that you are seeking to have Medicaid coverage continued through January 31, 2016.

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)).

### 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; N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

Currently at issue is whether New York State of Health properly disenrolled you from New York State Catholic Health Plan, Inc. effective August 31, 2015.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

On February 10, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective February 1, 2015. On the same day the Marketplace issued a notice confirming that you were enrolled in New

York State Catholic Health Plan, Inc. on February 9, 2015 and the coverage will begin March 1, 2015.

On August 11, 2015 your Marketplace account was updated. On the following day the Marketplace issued a notice that you “may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination.”

On August 13, 2015 the Marketplace issued a disenrollment notice that your New York State Catholic Health Plan, Inc. would end effective August 31, 2015.

Since the August 13, 2015, notice of disenrollment improperly terminated your New York State Catholic Health Plan, Inc. coverage before the completion of twelve continuous months, it is RESCINDED.

Therefore, the February 10, 2015 eligibility and enrollment notices are REINSTATED.

## **Decision**

The August 13, 2015 notice of disenrollment is RESCINDED.

The February 10, 2015 eligibility determination is REINSTATED.

The February 10, 2015 enrollment notice is REINSTATED.

**Effective Date of this Decision:** January 22, 2016

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

This Decision cancels the August 13, 2015 disenrollment notice.

You are eligible for Fee-For-Service Medicaid from February 1, 2015 through January 31, 2016.

You are enrolled in New York Catholic Health Plan, Inc. from March 1, 2015 through January 31, 2016.

## **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.

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).

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 August 13, 2015 notice of disenrollment is RESCINDED.

The February 10, 2015 eligibility determination is REINSTATED.

The February 10, 2015 enrollment notice is REINSTATED.

This Decision cancels the August 13, 2015 disenrollment notice.

You are eligible for Fee-For-Service Medicaid from February 1, 2015 through January 31, 2016.

You are enrolled in New York Catholic Health Plan, Inc. from March 1, 2015 through January 31, 2016.

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).

## **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:**

