



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

Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004438

[REDACTED]

Dear [REDACTED],

On November 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 26, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004438

[REDACTED]

Issue

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

Did the Marketplace properly disenroll you from your Medicaid Managed Care plan effective April 30, 2015?

Procedural History

The Marketplace received your initial application for health insurance on July 29, 2014.

On July 30, 2014, the Marketplace issued an eligibility determination notice based on the information you provided in the July 29, 2014 application. The notice stated that you were eligible for Medicaid. The notice further stated that your coverage through Medicaid would begin August 1, 2014 and your enrollment with New York State Catholic Health Plan, Inc. (Fidelis Care) would begin September 1, 2014.

On March 25, 2015, the Marketplace received a revised application in which you attested to an expected yearly income of \$13,260.00.

On March 26, 2015, the Marketplace issued a notice stating that based on the information contained in the March 25, 2015 application you may be eligible for health insurance through the NY State of Health, but more information was needed to make a decision. It directed you to provide income documentation for your household by April 12, 2015.

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On that same day, the Marketplace issued a disenrollment notice confirming that your coverage under Fidelis Care would end effective April 30, 2015.

On April 24, 2015, the Marketplace received a facsimile from you containing two earning statements issued to you by your employer, [REDACTED], between March 25, 2015 and April 8, 2015.

On April 27, 2015, the Marketplace received several revised applications in which you attested to a range of household incomes from \$13,260.00 to \$16,856.31.

On April 28, 2015, the Marketplace issued an eligibility redetermination notice stating, in relevant part, that you were eligible for Medicaid, effective April 1, 2015. This notice also advised you to select a health plan.

On April 29, 2015, the Marketplace issued a notice confirming that that your coverage through Medicaid would begin April 1, 2015, but that you must choose a health plan soon or one would be chosen for you.

On June 17, 2015, the Marketplace issued a notice confirming your enrollment in Fidelis Care as your Medicaid Managed Care (MMC) plan. The notice further stated that your coverage under the MMC would begin August 1, 2015.

On August 24, 2015, you spoke to the Marketplace's Account Review Unit and appealed your disenrollment from your MMC effective April 30, 2015, or alternatively seeking to backdate your MMC plan coverage start date to May 1, 2015.

On November 24, 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) You were first found eligible for Medicaid on July 30, 2014. Your fee-for-service Medicaid began August 1, 2014.
- 2) You selected New York State Catholic Health Plan, Inc. (Fidelis Care) as your Medicaid Managed Care (MMC) plan on or about July 30, 2014. Your coverage under the Fidelis Care plan began September 1, 2014.

- 3) You testified that you submitted a revised application to the Marketplace on March 25, 2015 to reflect that your domestic partner, [REDACTED], had exhausted his unemployment benefits.
- 4) You expect to file your 2015 federal income tax return as single, and claim your son, [REDACTED], as your sole dependent.
- 5) On March 25, 2015, the Marketplace issued a disenrollment notice stating that your coverage under Fidelis care would end effective April 30, 2015.
- 6) You submitted several additional applications to the Marketplace on April 27, 2015, in which you attested to a range of household incomes from \$13,260.00 to \$16,856.31. Based on these application, you were found eligible for fee-for service Medicaid effective April 1, 2015.
- 7) You testified that you believed you had selected Fidelis Care around April 27, 2015 since you would have selected a plan around that same time that you had been found eligible for Medicaid during April 2015.
- 8) You testified that you incurring medical expenses related to seeing a counselor during early 2015. You further testified that you began receiving notices from Fidelis Care rejecting claims you made during May and June of 2015.
- 9) On or about June 16, 2015, you again selected Fidelis Care as your MMC plan. You were found eligible for coverage under this plan beginning August 1, 2015.
- 10) On June 17, 2015, the Marketplace issued a notice confirming your enrollment in Fidelis Care as your MMC plan. The notice further stated that your coverage under the MMC would begin August 1, 2015.
- 11) You testified that you were seeking to reinstate your MMC plan coverage effective May 1, 2015.

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)).

Legal Analysis

The only issue under review is whether you were properly disenrolled from your Medicaid Managed Care (MMC) plan, effective April 30, 2015.

On July 30, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid as of August 1, 2014. That determination has not been appealed and is not under review here.

The record reflects that you selected New York State Catholic Health Plan, Inc. (Fidelis Care) as your Medicaid Managed Care (MMC) plan on or about July 30, 2014. Your coverage under the Fidelis Care plan began September 1, 2014.

You testified that you submitted a revised application on March 25, 2015 to reflect that your domestic partner, [REDACTED], had exhausted his unemployment benefits.

Based on that revised application, the Marketplace issued a notice on March 26, 2015 requesting more income documentation to confirm your eligibility, and issued a disenrollment notice advising you that your coverage under Fidelis Care would be terminated, effective April 30, 2015.

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 March 25, 2014 you changed the income amount in your application because your domestic partner had exhausted his

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unemployment benefits. However, since you were determined eligible for Medicaid based on the application you submitted on June 29, 2014, you remain eligible for Medicaid for 12 continuous months regardless of any change in your household income. As a result, you were improperly disenrolled from your MMC plan effective April 30, 2015.

Since the Marketplace determined you eligible for Medicaid as of August 1, 2014, and therefore eligible for continuous coverage, the March 26, 2015 disenrollment notice is RESCINDED.

Your case is returned to the Marketplace to facilitate your reenrollment in you Medicaid managed care plan, without interruption.

Decision

The March 26, 2015 disenrollment notice is RESCINDED.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

Your fee-for-service Medicaid coverage began effective August 1, 2014.

Your Medicaid Managed Care (MMC) plan, which began on September 1, 2014, continues until at least July 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:
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- By fax: 1-855-900-5557

Summary

The March 26, 2015 disenrollment notice is **RESCINDED**.

Your case is returned to the Marketplace to facilitate your reenrollment in you Medicaid managed care plan, without interruption.

Your fee-for-service Medicaid coverage began effective August 1, 2014.

Your Medicaid Managed Care (MMC) plan, which began on September 1, 2014, continues until at least July 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:

