



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

## Notice of Decision

Decision Date: February 8, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004586

[REDACTED]

Dear [REDACTED],

On December 29, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 1, 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 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: February 8, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004586



## Issues

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

Did the Marketplace properly disenroll you and your child from your Medicaid coverage effective June 30, 2015?

## Procedural History

On January 4, 2015, the Marketplace received your initial application for financial assistance with your health insurance.

That same day an eligibility determination was made finding you and your child eligible for Medicaid effective January 1, 2015. This determination was made based upon your reported household income of \$0.00.

Additionally, that same day you enrolled in CDPHP Medicaid which would begin February 1, 2015.

On February 13, 2015, you updated your account and your income changed to \$45,000.00. You and your child were found no longer eligible for Medicaid, however you would continue to receive Medicaid coverage until December 31, 2015.

On June 30, 2015, an eligibility determination was made finding you and your child no longer eligible for Medicaid, however your Medicaid coverage would continue until December 31, 2015.

On July 1, 2015, a disenrollment notice was issued terminating you and your child's coverage through Medicaid effective June 30, 2015.

On August 12, 2015, a disenrollment notice was issued ending you and your son's Medicaid fee-for-service coverage as of August 31, 2015.

On August 18, 2015, an eligibility determination was made finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$0.00 per month effective October 1, 2015, and your son eligible to enroll in Child health plus at a cost of \$30.00 per month effective October 1, 2015.

On September 2, 2015, you contacted the Marketplace's Account Review Unit and appealed your disenrollment from your Medicaid coverage.

On December 29, 2015, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

## **Findings of Fact**

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

- 1) You testified that you are seeking insurance for yourself and your child.
- 2) You testified that you currently reside in a two-person household.
- 3) You testified that your income did change to \$45,000.00 annually when you updated your account on February 13, 2015, but that you still believed you would remain enrolled in your Medicaid coverage until December 31, 2015.
- 4) You testified that you were told by a Marketplace representative that you were disenrolled because of third party health insurance was being detected in the system.
- 5) There is nothing in the record from the Marketplace indicating in your account or in writing to you that third party health insurance was detected as being active.
- 6) You testified that you were not receiving third party health insurance.

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- 7) On August 6, 2015, you uploaded documentation from State Health Benefit Plan showing a termination date of your employment as December 31, 2014 as well as receiving no benefits under that plan (Appellant's Exhibit 1).

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

## **Applicable Law and Regulations**

### Medicaid Eligibility

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 § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In general, the Marketplace must review Medicaid eligibility once every twelve 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)).

### Medicaid Effective Date

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)).

### Continuous Coverage and Third Party Health Insurance

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered, 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)).

Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

The first issue under review is did the Marketplace properly disenroll you from your Medicaid coverage effective June 30, 2015?

On January 4, 2015, the Marketplace received your initial application for financial assistance with your health insurance.

That same day an eligibility determination was made finding you and your child eligible for Medicaid effective January 1, 2015. This determination was made based upon your reported household income of \$0.00.

On February 13, 2015, you updated your account and your income changed to \$45,000.00. You and your child were found no longer eligible for Medicaid, however you would continue to receive Medicaid coverage until December 31, 2015.

Most applicants 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. Despite your increased income change on February 13, 2015, you and your child remained eligible to receive Medicaid coverage continuously for a twelve month period.

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Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including having third party health insurance.

You testified that you were told by a Marketplace representative that you were disenrolled because of third party health insurance was being detected in the system.

You testified that you provided proof of the end date of any Third Party Health Insurance that the Marketplace may have believed you were receiving. On August 6, 2015, you uploaded documentation from State Health Benefit Plan showing a termination date of your employment as December 31, 2014 as well as receiving no benefits under that plan (Appellant's Exhibit 1).

Absent evidence to the contrary, your eligibility for coverage under Medicaid should have remained continuous for a twelve month period despite your income change, and without evidence of you receiving third party health insurance. Therefore the Marketplace's July 1, 2015 disenrollment notice is **RESCINDED**.

## **Decision**

You and your child remain eligible under continuous coverage to receive Medicaid coverage until December 31, 2015.

The Marketplace's July 1, 2015 disenrollment notice is **RESCINDED**.

Your case is returned to the Marketplace to reinstate your Medicaid coverage for the period of January 1, 2015 to December 31, 2015

**Effective Date of this Decision:** February 8, 2016

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

You and your child remain eligible under continuous coverage to receive Medicaid coverage until December 31, 2015.

Your case is returned to the Marketplace to reinstate your Medicaid coverage for the period of January 1, 2015 to 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)).

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 Marketplace's July 1, 2015 disenrollment notice is RESCINDED.

You and your child remain eligible under continuous coverage to receive Medicaid coverage until December 31, 2015.

Your case is returned to the Marketplace to reinstate your Medicaid coverage for the period of January 1, 2015 to December 31, 2015

## **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:**

