



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

Notice of Decision

Decision Date: January 14, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004764

[REDACTED]

Dear [REDACTED],

On December 10, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 29, 2015 disenrollment notice, and September 23, 2015 enrollment confirmation 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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NY State of Health Number: [REDACTED]
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Issues

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

Did the Marketplace properly disenroll you from your Medicaid Managed Care plan due to a detection of Third Party Health Insurance, effective August 31, 2015?

Did the Marketplace properly determine that your enrollment in Healthfirst should be effective November 1, 2015?

Procedural History

On May 19, 2015, the Marketplace received your updated application for health insurance.

That same day an eligibility determination was made finding you eligible for Medicaid, effective May 1, 2015.

On June 10, 2015, an enrollment confirmation notice was issued confirming your enrollment with Healthfirst, a Medicaid Managed Care plan, effective July 1, 2015.

On August 27, 2015, the Marketplace redetermined your eligibility and found you eligible for Medicaid, effective September 1, 2015.

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On August 29, 2015, a disenrollment notice was issued ending your coverage under Healthfirst, effective August 31, 2015. The notice stated this was because you were no longer eligible to remain enrolled in your current health insurance.

On September 22, 2015, an enrollment confirmation notice was issued confirming your enrollment in Healthfirst with a plan start date of November 1, 2015.

That same day you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your coverage under your Medicaid Managed Care plan on November 1, 2015 and not September 1, 2015.

On December 10, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit with aid of a Spanish Interpreter (██████████). 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 testified that you are seeking insurance for yourself.
- 2) You testified that you are seeking a start date of your Medicaid Managed Care plan for September 1, 2015.
- 3) The record reflects that on May 19, 2015, you were found eligible for Medicaid based on the information you provided in your application.
- 4) The record reflects that you selected a Medicaid Managed Care plan with Healthfirst on June 10, 2015 with a start date of July 1, 2015.
- 5) You were disenrolled from your Medicaid Managed Care plan effective August 31, 2015.
- 6) You testified that you were told by a Marketplace representative that you were disenrolled from your Managed Care plan because a new Third Party Health Insurance was detected as being in effect for you.
- 7) You testified that you found out that you had been disenrolled from your Managed Care plan after arranging for a medical procedure in the month of September 2015.

- 8) You testified that you provided proof of the end date of your Third Party Health Insurance in the form of a letter from UnitedHealthcare dated July 21, 2015. This letter shows an end date of your health insurance of May 8, 2015. (Appellant's Exhibit A).
- 9) You testified that, as a result of your disenrollment from your Medicaid Managed Care plan effective August 31, 2015, you were re-enrolled in your Medicaid Managed care plan on September 22, 2015 with a new start date of November 1, 2015.

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)).

Continuous Coverage and Third Party Health Insurance

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. 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 issue under review is did the Marketplace properly disenroll you from your Medicaid Managed Care plan, effective August 31, 2015, due to the system detecting that you had Third Party Health Insurance.

On May 19, 2015, an eligibility determination was made based upon your updated application for health insurance finding you eligible for Medicaid, effective May 1, 2015. On June 10, 2015, an enrollment confirmation notice was issued confirming your enrollment with Healthfirst, a Medicaid Managed Care plan, effective July 1, 2015. You were then disenrolled from your Medicaid Managed Care plan effective August 31, 2015.

You testified that you found out that you had been disenrolled from your Managed Care plan after arranging for a medical procedure in the month of September 2015. You further testified that you were told by a Marketplace representative that you were disenrolled from you Managed Care plan because a new Third Party Health Insurance was detected as being in effect for you.

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.

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

You testified and the record reflects that you provided proof of the end date of your Third Party Health Insurance in the form of a letter from UnitedHealthcare dated July 21, 2015. This letter shows an end date of your Third Party Health Insurance of May 8, 2015 (Appellant's Exhibit A). Based thereon, the record reflects that you did not have Third Party Health Insurance on August 29, 2015. Because the information relied upon by the Marketplace in disenrolling you from your Medicaid Managed Care plan for having Third Party Health Insurance was incorrect, the August 29, 2015 disenrollment notice was incorrectly issued and is RESCINDED.

Therefore, the Marketplace is directed to (1) reinstate your health insurance coverage with your Medicaid Managed Care plan, effective September 1, 2015, and (2) inform you accordingly.

Based on the foregoing findings, the September 22, 2015 enrollment confirmation notice has been superseded (replaced) by the findings in this decision and, therefore, is rendered MOOT.

Decision

The August 29, 2015 disenrollment notice is RESCINDED.

The September 23, 2015 enrollment confirmation notice has been superseded by this decision and, therefore is MOOT.

The Marketplace is directed to reinstate your health insurance coverage with your Medicaid Managed Care plan, effective September 1, 2015, and inform you accordingly.

Effective Date of this Decision: January 14, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is July 1, 2015.

The Marketplace will reinstate your health insurance coverage with your Medicaid Managed Care plan as of September 1, 2015, and will inform you accordingly.

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

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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 29, 2015 disenrollment notice is RESCINDED.

The September 23, 2015 enrollment confirmation notice has been superseded by this decision and, therefore is MOOT.

The Marketplace is directed to reinstate your health insurance coverage with your Medicaid Managed Care plan, effective September 1, 2015, and inform you accordingly.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is July 1, 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:

