



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

Notice of Decision

Decision Date: February 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005238

[REDACTED]

Dear [REDACTED],

On February 12, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 18, 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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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

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NY State of Health Number: [REDACTED]
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Issue

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

Did the Marketplace properly determine that your enrollment in Medicaid was terminated effective August 31, 2015?

Procedural History

On November 27, 2014, the Marketplace issued a notice of eligibility redetermination stating that you and your family remained eligible for Medicaid, effective October 1, 2014.

On February 12, 2015, the income information in your Marketplace account was updated.

On February 13, 2015, the Marketplace issued a notice of eligibility redetermination stating that you and your family were no longer eligible for Medicaid. However, your Medicaid coverage would continue until September 30, 2015, because certain individuals determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible. This eligibility was effective as of February 1, 2015.

On February 14, 2015, the Marketplace issued an enrollment confirmation notice stating that you and your family were enrolled in a Medicaid Managed Care plan.

On August 18, 2015 the Marketplace issued a disenrollment notice stating that your and your family's enrollment in your Medicaid Managed Care plan and Medicaid Fee-For-Service coverage ended effective August 31, 2015.

On November 18, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your Medicaid coverage was made inactive by the Marketplace effective February 2015.

On February 12, 2016, 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 testified that you are only appealing your eligibility.
- 2) Your application states that you file your taxes as married filing jointly with your spouse and that you claim three dependents.
- 3) At your request, the Hearing Officer modified your appeal issue to only include the issue discussed in Complaints # [REDACTED] which state your application is showing you as having Medicaid from 04/01/2014 to 09/30/2015. However, the system was not showing any coverage.
- 4) You testified that your spouse was told by a Marketplace representative that you were terminated from Medicaid as of February 2015. You further testified that you are receiving bills from your health care providers back to February 2015.
- 5) On February 12, 2015 you updated your Marketplace application to attest to an annual household income of \$45,000.00.
- 6) You testified that while you were eligible for Medicaid you were not incarcerated.
- 7) You testified that while you were eligible for Medicaid you did not move outside of New York State.
- 8) You testified that while you were eligible for Medicaid you did not become eligible for Third Party Health insurance.

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 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)).

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 § 435.4). On the date of your application, that was the 2015 FPL, which is \$28,410.00 for a five-person household (80 Fed. Reg. 3236, 3237).

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 issue under review is whether the Marketplace properly determined that your enrollment in Medicaid was terminated effective August 31, 2015.

On November 27, 2014 the Marketplace issued a notice of eligibility redetermination stating that you and your family remain eligible for Medicaid, effective October 1, 2014. There is no indication that this determination was false when it was issued and it is therefore considered correct.

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.”

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The record reflects that on February 12, 2015 you changed the income amount in your application to \$45,000.00. However, since you were correctly determined eligible for Medicaid in the November 27, 2014 eligibility determination, you should have remained eligible for Medicaid for 12 continuous months regardless of any increases in your household income.

You testified that your spouse was told by a Marketplace representative that you were terminated from Medicaid as of February 2015. You further testified that you are receiving bills from your health care providers back to February 2015.

There are certain exceptions to the continuous coverage policy such as an individual becoming incarcerated, no longer being considered a resident of New York, or obtaining third party health insurance. However, the record does not indicate that any of these exceptions apply to your case.

Therefore, the August 18, 2015 disenrollment notice stating that your enrollment in your Medicaid Managed Care plan and Medicaid Fee-For-Service coverage ended effective August 31, 2015 is MODIFIED because the Marketplace should have continued your Medicaid coverage until September 30, 2015.

Your case is RETURNED to the Marketplace to ensure that your Medicaid coverage is reinstated as of October 1, 2014 through September 30, 2015 and that your medical bills are covered as appropriate.

Decision

The August 18, 2015 disenrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan and Medicaid Fee-For-Service coverage ended effective September 30, 2015.

Your case is RETURNED to the Marketplace to ensure that your Medicaid coverage is reinstated continuously from October 1, 2014 to September 30, 2015.

Effective Date of this Decision: February 22, 2016

How this Decision Affects Your Eligibility

Your Medicaid coverage should have continued for a full year as of October 1, 2014.

Your case is being returned to the Marketplace to reinstate your Medicaid coverage through September 30, 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:
NY State of Health Appeals
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- By fax: 1-855-900-5557

Summary

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The August 18, 2015 disenrollment notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan and Medicaid Fee-For-Service coverage ended effective September 30, 2015.

Your case is RETURNED to the Marketplace to ensure that your Medicaid coverage is reinstated continuously from October 1, 2014 to September 30, 2015.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

