



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

Notice of Decision

Decision Date: May 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001326

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]:

On February 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 eligibility redetermination.

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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Decision

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[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine on December 21, 2014 that you were no longer eligible for Medicaid coverage?

Procedural History

On February 18, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid coverage, effective January 1, 2014. The notice did not state that any further information was needed to finalize your eligibility. The Marketplace also issued a notice confirming that you chose to receive information from the Marketplace electronically.

That same day, the Marketplace issued a notice which confirmed your enrollment with the Medicaid managed care plan you selected; it also stated that your insurance coverage through Medicaid would begin January 1, 2014 and enrollment with the Medicaid managed care plan you selected would begin February 1, 2014.

On November 6, 2014 and November 16, 2014, the Marketplace issued notices stating that it was time to renew your NY State of Health coverage. They further stated that "[b]ased on the information from federal and state sources, the Marketplace could not make a decision on whether you qualify for financial help paying for your health coverage." They required that you update your account by December 15, 2014, or the financial assistance you were receiving might end.

No changes were made to your Marketplace account by December 15, 2014.

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On December 21, 2014, the Marketplace redetermined your eligibility.

On December 22, 2014, the Marketplace issued a notice of redetermination, stating that you were not eligible for Medicaid, Child Health Plus, tax credits, or cost-sharing reductions to help pay for the cost of insurance. It also stated that you were not eligible to enroll in a qualified health plan at full cost through the Marketplace. The notice further stated that you had not provided information on your incarceration status, which the Marketplace needed to confirm before making any determination regarding your eligibility. Lastly, the notice informed you that, if you were enrolled in a health plan, you would no longer receive coverage through your plan and you would receive a separate notice confirming that your coverage has ended.

On December 27, 2014, the Marketplace issued a disenrollment notice confirming that your coverage would end effective December 31, 2014.

On January 2, 2015, you spoke with the Marketplace's Account Review Unit to appeal the December 22, 2014 eligibility redetermination.

On January 14, 2015, the Marketplace received a Proof of Incarceration letter from the [REDACTED], dated January 7, 2015, stating that you had been released by court order, without sentencing, on October 30, 2014.

On February 9, 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 are single and have no children.
- 2) You became eligible for Medicaid in the Marketplace effective January 1, 2014.
- 3) The Marketplace issued a notice on February 18, 2014 indicating that you had chosen to receive all information from the NY State of Health electronically.
- 4) You testified that you were incarcerated from April 23, 2014 to May 1, 2014, and from September 18, 2014 to October 30, 2014.

- 5) You testified that you had not checked your Marketplace account since your initial Medicaid enrollment, and had not been aware of the Marketplace's November 6, 2014 and November 16, 2014 notices regarding the request to update your account information for the 2015 plan year.
- 6) You testified that you were not incarcerated on January 1, 2014.
- 7) On January 14, 2015, you submitted to the Marketplace a January 7, 2015 letter from the [REDACTED] in your county. The letter confirmed that your incarceration ended October 30, 2014.
- 8) You testified that you are now pregnant and seeking Medicaid coverage for both yourself and your unborn child.

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

Applicable Law and Regulations

The "eligibility of Medicaid beneficiaries whose financial eligibility is determined using MAGI-based income must be renewed once every 12 months" (42 CFR § 435.916(a)). A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person's household remains Medicaid eligible for 12 months unless the person becomes ineligible due to "citizenship status, lack of [New York] state residence, or failure to provide a valid social security number" (N.Y. Social Services Law § 366.4(c)).

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)).

The Marketplace must provide an annual redetermination notice with the person's projected eligibility determination for the following year, "including, if applicable, the amount of any advance payments of the premium tax credit and the level of any cost-sharing reductions or eligibility for Medicaid, [Child Health Plus], or the [Basic Health Plan]" (45 CFR §§ 155.335(c)(3)).

If an individual who is incarcerated was enrolled in Medicaid immediately prior to the incarceration, that person remains eligible under Medicaid for some services, and upon release, shall remain eligible until such time as a determination is

made that the person is no longer eligible for Medicaid (N.Y. Soc. Serv. Law § 366(1-a)).

Legal Analysis

You became eligible for Medicaid through the Marketplace effective January 1, 2014.

On November 6, 2014 and November 16, 2014, the Marketplace issued notices stating that it was time to renew your NY State of Health Coverage for 2015 plan year, because your eligibility for Medicaid began on January 1, 2014. Each notice stated that a determination could not be made on information obtained from federal and state data sources and directed you to update your account by December 15, 2014 so that the Marketplace could make an appropriate decision.

There was no response to either notices on or before December 15, 2014.

When a person who is incarcerated is already enrolled in Medicaid, the services for an individual are not the same as those available to beneficiaries of full Medicaid. Additionally, the Marketplace is required to redetermine your eligibility every year, and requested you to update your account. Since you did not do so, the Marketplace could not verify your status and eligibility and it properly determined that you were no longer eligible to enroll in coverage or to receive assistance through the Marketplace. Therefore, we must AFFIRM the December 22, 2014 notice of eligibility determination.

However, on January 14, 2015, you uploaded a letter from the [REDACTED], dated January 7, 2015, stating that your incarceration had ended October 30, 2014.

We note that on February 9, 2015, immediately after the hearing, you submitted an additional application to the Marketplace in which you again attested that you were not in jail or prison. Based on this application, the Marketplace issued a notice of eligibly redetermination on February 10, 2015, finding you conditionally eligible for Medicaid effective February 1, 2015, pending the receipt of documentation to confirm your incarceration status by May 12, 2015.

Since it appears there is now sufficient documentation in your Marketplace file to establish your incarceration status, your case is RETURNED to the Marketplace for redetermination solely to the extent of confirming your eligibility for Medicaid based upon the documentation now available.

Decision

The December 22, 2014 eligibility determination is AFFIRMED.

The case is RETURNED to the Marketplace to determine whether the documentation now in the file, including but not limited to the January 7, 2015 correspondence from the [REDACTED], is sufficient to confirm your eligibility for Medicaid.

Effective Date of this Decision: May 22, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

This Decision has no effect on any subsequent determinations issued by the Marketplace after December 22, 2014 including the February 10, 2015 determination finding you conditionally eligible for Medicaid beginning February 1, 2015.

The case is RETURNED to the Marketplace solely to determine whether the documentation now in the file, including but not limited to the January 7, 2015 correspondence from the [REDACTED], is sufficient to confirm your eligibility for Medicaid.

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:
NY State of Health Appeals
P.O. Box 11729
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Summary

The December 22, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

This Decision has no effect on any subsequent determinations issued by the Marketplace after December 22, 2014 including the February 10, 2015 determination finding you conditionally eligible for Medicaid beginning February 1, 2015.

The case is RETURNED to the Marketplace to determine whether the documentation now in the file, including but not limited to the January 7, 2015 correspondence from the [REDACTED], is sufficient to confirm your eligibility for Medicaid.

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:

[REDACTED]
[REDACTED]
[REDACTED]