



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

Notice of Decision

Decision Date: May 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001358

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 eligibility determination.

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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Issue

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

Did the Marketplace properly determine that, as of December 22, 2014, you were no longer eligible for Medicaid?

Procedural History

On February 10, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2014.

On December 4, 2014, the Marketplace issued a notice to remind you to renew your health insurance coverage for 2015. That notice stated that based on federal and state data sources, a decision could not be made whether you qualify for financial help paying for your health coverage. It also stated that you must update the information on your NY State of Health account by December 15, 2014 and that if you missed the deadline, the financial assistance you were receiving may end.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination stating that you are not eligible for Medicaid because you did not respond to the renewal notice and did not complete your renewal within the requested timeframe.

On January 6, 2015, you spoke to the Marketplace’s Account Review Unit and appealed that determination insofar as it denied your eligibility for Medicaid.

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).

On January 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to give you an opportunity to submit supporting income documentation.

On February 2, 2015, the Marketplace's Appeals Unit received your supporting documentation, which included four copies of the Notice of Decision issued by your local Department of Social Services, and copies of paystubs issued to you on October 3, 2014; December 12, 2014; December 26, 2014; January 9, 2015; and January 23, 2015. The documents were collectively marked as Appellant's Exhibit 1 and incorporated into the record. The record was closed on February 2, 2015.

On February 9, 2015, the Marketplace redetermined your eligibility for financial assistance.

On February 10, 2015, the Marketplace issued a notice stating that you were eligible for Medicaid effective February 1, 2015.

Findings of Fact

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

- 1) You testified, and the record reflects, that you are the only person in your tax household and you expect to file your 2015 tax return as Single.
- 2) You testified, and the record reflects that you earn \$13.00 per hour and work about 36 hours every two weeks. You further testified, and the record reflects, that you are paid biweekly; therefore, you received two paychecks during December 2014 and two paychecks during January 2015 (Appellant's Exhibit 1).
- 3) The record reflects that the pretax wages you received during December 2014 and January 2015 were as follows: \$416.00 on December 12, 2014; \$468.00 on December 26, 2014; \$468.00 on January 9, 2015; and \$468.00 on January 23, 2015 (Appellant's Exhibit 1).
- 4) You testified that you do not have any other sources of income.
- 5) You testified, and the record reflects, that your local Department of Social Services' Medical Assistance Program denied your application for Medicaid, dated December 22, 2014, because your identity matched that of a person who was already receiving Medicaid coverage through New York State of Health (Appellant's Exhibit 1).

- 6) You testified that you submitted supporting income documentation to [REDACTED] in response to a notice requesting the documentation, but were not aware that the Marketplace did not receive these documents.
- 6) You testified that you have not updated your Marketplace account because you were not aware that you had a Marketplace account.

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

Applicable Law and Regulations

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 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 (MAGI) that is at or below 138% of the federal poverty level (FPL) 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 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 still the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

Legal Analysis

The only issue is whether the Marketplace properly determined that you were not eligible for Medicaid coverage as of December 22, 2014.

Your Medicaid coverage through the Marketplace began effective January 1, 2014, so your Medicaid eligibility was subject to redetermination at the end of the year.

The Marketplace must redetermine your Medicaid eligibility, without asking you for information, if it can do so using reliable data in your account or more current information that is available. On December 4, 2014, the Marketplace issued a notice indicating that it could not make that redetermination using the available “federal and state data sources”; and it directed you to update your account by December 15, 2014 in order for your eligibility to be redetermined.

The record reflects that the information in your Marketplace account was not updated by the December 15, 2014 deadline.

You credibly testified that you were not aware that there was a difference between applying for Medicaid through New York State of Health and applying for Medicaid through your Local Department of Social Services. You further credibly testified that you submitted supporting income documentation to your local Department of Social Services; however, the Marketplace did not receive these documents prior to the scheduled hearing.

Since the Marketplace did not receive your updated account information prior to December 15, 2014, the Marketplace properly terminated your financial assistance for failure to respond to the renewal notice.

However, at the hearing, you credibly testified and provided supporting evidence regarding your current income.

You credibly testified to your hourly wage and the number of hours you work each week. You also credibly testified that you are paid biweekly. You provided evidence that you received gross earnings of \$884.00 during December 2014 and \$936.00 during January 2015.

Additionally, the record indicates that your eligibility was redetermined by the Marketplace with the result that you were determined eligible for Medicaid effective February 1, 2015.

Since the record now contains evidence of your earnings for December 2014 and January 2015, the Marketplace should determine your eligibility for retroactive Medicaid for those months if it has not already done so.

Decision

The December 22, 2014 notice of eligibility determination is **AFFIRMED**.

The February 10, 2015 notice of eligibility determination continues in effect.

Effective Date of this Decision: May 13, 2015

How this Decision Affects Your Eligibility

This decision does not change your current eligibility. You remain eligible for Medicaid.

If the Marketplace has not already determined your eligibility for retroactive Medicaid during December 2014 and December 2015, it should do so, using gross earnings of \$884.00 for December 2014 and \$936.00 for January 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 22, 2014 notice of eligibility determination is AFFIRMED.

The February 10, 2015 notice of eligibility determination continues in effect.

This decision does not change your current eligibility. You remain eligible for Medicaid.

If the Marketplace has not already determined your eligibility for retroactive Medicaid during December 2014 and December 2015, it should do so, using gross earnings of \$884.00 for December 2014 and \$936.00 for January 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:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]