



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

Notice of Decision

Decision Date: June 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001418

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

Dear [REDACTED],

On February 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 18, 2014, preliminary 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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[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

Issues

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

Did the Marketplace properly determine that you were eligible for Medicaid as of November 18, 2014?

Procedural History

On November 6, 2014, the Marketplace sent you a notice to renew your NY State of Health coverage. The notice stated that NY State of health did not have enough information from state and federal data sources to determine if you could get help paying for your insurance or what coverage you could have next year. You were directed to return to your account and provide more information by December 15, 2014 so that you would be covered for 2015.

On November 27, 2014, the Marketplace issued two notices of eligibility determination. The first, based on a November 9, 2014 application, states that with an attested household income of \$24,119.50, you are eligible for an advance premium tax credit of up to \$232.00 per month and eligible for cost-sharing reductions. The second, based on a November 18, 2014 application, states that with an attested household income of \$13,644.50, you are eligible for Medicaid.

On December 9, 2014, the Marketplace issued a notice stating that your insurance coverage through Medicaid would begin August 1, 2014, and enrollment with UnitedHealthcare of New York, Inc. would begin January 1, 2015.

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On December 18, 2014, you modified your health insurance application through the Marketplace. On December 19, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through New York State of Health. It further states: "You do not qualify for Medicaid ... or to receive a tax credit to help pay for the cost of coverage because the income you provided to us in your application is over \$45,960.00, which is above the allowable income limit for these programs."

On December 25, 2014, the Marketplace issued a Disenrollment Notice stating that your coverage with UnitedHealthcare Silver HMO ended effective November 30, 2014.

On December 29, 2014, you mailed the following documents to the Marketplace:

- (1) A copy of your UnitedHealthcare insurance card (Appellant Exhibit A);
- (2) ██████████ Transaction Statement from November 12, 2014, through December 11, 2014 (Appellant Exhibit B);
- (3) A complaint letter to the UnitedHealthCare Appeals Unit (Appellant Exhibit C);
- (4) Letter to your Primary Care Physician (PCP) requesting a referral for eye-care services (Appellant Exhibit D).
- (5) Letter to the UnitedHealthcare Appeals Unit (Appellant Exhibit E);
- (6) Letter to the NY State of Health appealing your UnitedHealthcare (UHC) Silver HMO plan termination and Medicaid enrollment (Appellant Exhibit F);
- (7) December 25, 2014, Disenrollment Notice from NY State of Health (Appellant Exhibit G).

On February 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing. The record was held open until February 20, 2015, because you were directed to submit additional documents.

On February 6, 2015, you submitted (1) pay stubs from ██████████ ██████████ and (2) Medical Claim Details from UnitedHealthCare of New York, Inc. The evidence has been collectively marked as "Appellant's Exhibit H" and made part of the record. The record is now complete and closed.

Findings of Fact

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

1. You are applying for health insurance through the Marketplace for yourself only.

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2. You plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that return.
3. On your November 18, 2014 Marketplace application, you attested that your 2015 expected household income is \$13,644.50.
4. You are currently employed by [REDACTED] (Appellant Exhibit H) and you testified that you have been employed there since September 2014.
5. You mailed an appeal request to NY State of Health on December 29, 2014. It states that you are appealing your "United HealthCare (UHC) Silver HMO plan termination" and "Medicare enrollment" on November 30, 2014 (Appellant Exhibit F).
6. You stated in your appeal request that, "I had understated my 2015 estimated income on the NYSE web-site when re-applying for 2015 in November 2014" (Appellant Exhibit F).
7. On February 6, 2015, you submitted pay stubs from [REDACTED]. On November 13, 2014, you received a paystub with gross earnings of \$1,020.00. On November 20, 2014, you received a pay stub with gross earnings of \$840.00. On November 26, 2014, you received a pay stub with gross earnings of \$1,050.00. On December 4, 2014, you received a pay stub with gross earnings of \$600.00 (Appellant Exhibit H pp. 2-5).

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

Applicable Law and Regulations

Medicaid:

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 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)).

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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 2014 FPL, which is \$11,670.00 for a two-person household (79 Fed. Reg. 3593, 3593).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid Managed Care Complaints:

The Department of Health maintains a toll free telephone line, 1-800-206-8125, and an email address: managedcarecomplaint@health.ny.gov that is available to anyone wishing to file a complaint regarding a New York State managed care plan.

Legal Analysis

Currently at issue is whether the Marketplace correctly found you eligible for Medicaid as of November 18, 2014.

In the application that was submitted on December 18, 2014, you attested to an expected yearly income of \$13,644.50, and the eligibility determination relied upon that information.

According to the record you are in a one-person household. You plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that return.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and 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. On the date of your December 18, 2014 application, the relevant FPL was \$11,670.00 for a one-person household.

You provided evidence showing that the information contained in your application did not accurately reflect your November 2014 income. You stated in your appeal request, “I had understated my 2015 estimated income on the NYSE web-site when reapplying for 2015 in November 2014. I mistakenly put in the current income for 2014. I corrected it to the estimated 2015 income after speaking to a NYSE representative” (Appellant Exhibit F).

On February 6, 2015, you submitted pay stubs from [REDACTED]. On November 13, 2014, you received a paystub with gross earnings of \$1,020.00. On November 20, 2014, you received a pay stub with gross earnings of \$840.00. On November 26, 2014, you received a pay stub with gross earnings of \$1,050.00 (Appellant's Exhibit H).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,605.00 per month. Based on the three pay stubs you submitted, your November 2014 income was at least \$2,910.00, which exceeds the monthly income limit for Medicaid.

Since a review of the available evidence confirms that the November 27, 2014, notice, and the November 18, 2014, preliminary determinations on which it was based, are not supported by the record, they are RESCINDED.

During your hearing you raised issues regarding benefit payments from UnitedHealthcare of New York, Inc. The Marketplace Appeals Unit is not authorized to address issues related to reimbursement of services covered under a Medicaid Managed Care Plan.

Decision

The November 27, 2014 notice of eligibility determination based on the November 18, 2014 preliminary determination is RESCINDED.

Effective Date of this Decision: June 8, 2015

How this Decision Affects Your Eligibility

This decision rescinds (cancels) the November 2014 notices of determination stating that you are eligible for Medicaid eligibility.

According to the documents and testimony you provided, you are not eligible for Medicaid.

This decision has no effect on any determination made after November 27, 2014.

The Department of Health maintains a toll free telephone line, 1-800-206-8125, and an email address: managedcarecomplaint@health.ny.gov that is available to anyone wishing to file a complaint regarding a New York State managed care plan.

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).

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 November 27, 2014 notice of eligibility determination and the November 18, 2014 preliminary determinations are **RESCINDED**.

This decision rescinds (cancels) the November 2014 determinations of Medicaid eligibility, and you are not Medicaid eligible based on the documentation and testimony you provided.

This decision has no effect on any determination made after November 27, 2014.

You may contact the Department of Health's toll free telephone line, 1-800-206-8125, and/or an email address: managedcarecomplaint@health.ny.gov to file a complaint regarding a New York State managed care plan's inadequate or inaccessible health care.

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]
[REDACTED]
[REDACTED]