



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

Notice of Decision

Decision Date: August 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001799

[REDACTED]

Dear [REDACTED],

On March 19, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 7, 2014 and February 15, 2015 eligibility determination notices.

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 you were eligible for Medicaid, effective January 1, 2015?

Procedural History

On June 17, 2014, the Marketplace issued a notice stating that you had elected to receive notices from the Marketplace electronically.

On November 7, 2014, the Marketplace sent you a renewal notice that stated you qualified for Medicaid because federal and state data sources showed that your income is between \$0.00 and \$16,105.00 and therefore within the allowable income range for Medicaid based on your household size. This eligibility was effective January 1, 2015. The notice also stated that if this decision was incorrect, you needed to update your account by December 15, 2014 in order for corrections to go into effect by January 1, 2015.

Your account was not updated by December 20, 2015.

On February 14, 2015, you updated your application to change the income listed in your application.

On February 15, 2015, the Marketplace issued an eligibility determination notice that stated you were no longer eligible for Medicaid; however, your Medicaid coverage would continue until December 31, 2015 because certain individuals

who are determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible.

On February 17, 2015, you spoke to the Marketplace's Account Review Unit and appealed that determination insofar as you were still enrolled in Medicaid coverage.

On March 19, 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 testified that for 2015 you plan on filing an income tax return with a tax filing status of single and you will claim no dependents on that tax return.
- 2) You testified that you were not aware you were eligible for Medicaid until you went to the doctor's office in February and attempted to use your insurance card from Health Republic and it was declined.
- 3) You testified that you did not receive notice that you had to renew your insurance coverage through the Marketplace. The record reflects that you elected to receive paperless notices.
- 4) The income you entered into your application on February 14, 2015 was \$33,187.00. This income consisted of \$18,720.00 in income from a job and \$14,467.00 in income from capital gains. You testified that this amount is correct and your best estimate as to what your annual income will be for 2015.
- 5) You testified that your monthly income is roughly consistent.
- 6) You testified that you reside in Erie County, New York.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year, including any expected eligibility for financial assistance (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice within a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice, and any reported changes (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The issue is whether the Marketplace properly determined that you were eligible for Medicaid effective January 1, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 7, 2014, the Marketplace purportedly issued an annual eligibility redetermination notice in your case. That notice stated that based on information from federal and state sources, you qualified for Medicaid. You were asked to update the information in your account by December 15, 2014 if this was incorrect.

However, you testified and the record reflects that you elected to receive your notices from the Marketplace via electronic mail, and you credibly testified that you did not receive any notice advising you that your eligibility had changed.

Therefore, you should be given an opportunity to resubmit an application through the Marketplace with the information you would have submitted had you been given timely notice of the need to update your account.

You first renewed your eligibility for financial assistance through the Marketplace for 2015 on February 14, 2015, and therefore we will assume that this is the information that would have been used had you timely updated your account in response to the renewal notice.

Therefore, the November 7, 2014 and the February 15, 2015 eligibility determination notices are RESCINDED.

According to the record, there is one person in your household. You plan on filing your 2015 tax return as single and will claim no dependents on that tax return.

According to the February 14, 2015 application you submitted to the Marketplace, you attested to an expected household income of \$33,187.00 for the 2015 tax year. You also testified to this amount at your hearing as being your best estimate as to what your income will be this year.

To qualify for Medicaid coverage effective January 1, 2015, you would have had to meet all of the Medicaid criteria and have a household income no higher than \$16,105.00 (138% of \$11,670.00, the 2014 federal poverty level for a one-person household).

The matter is returned to the Marketplace for a redetermination of your eligibility effective January 1, 2015, based on a household size of one person, expected annual income of \$33,187.00, and a county of residence of Erie County.

Decision

The November 7, 2014 and February 15, 2015 eligibility determinations are RESCINDED.

Your case is RETURNED to the Marketplace for a redetermination of your eligibility for financial assistance based on a household size of one person, expected annual income of \$33,187.00, and a county of residence of Erie County.

Effective Date of this Decision: August 18, 2015

How this Decision Affects Your Eligibility

This is not a final determination your family's eligibility for financial assistance.

Your case is being sent back to the Marketplace for a redetermination of your eligibility for financial assistance based on a household size of one person, expected annual income of \$33,187.00, and a county of residence of Erie County.

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 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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If You Have Questions about this Decision (Customer Service Resources):

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NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 7, 2014 and February 15, 2015 eligibility determinations are **RESCINDED**.

This is not a final determination your family's eligibility for financial assistance.

Your case is being sent back to the Marketplace for a redetermination of your eligibility for financial assistance based on a household size of one person, expected annual income of \$33,187.00, and a county of residence of Erie County.

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:

