



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

**Notice of Decision**

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002118

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s February 14, 2015 notice of eligibility determination and February 15, 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 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

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002118

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine that your son was no longer eligible for Medicaid effective February 28, 2015?

## Procedural History

On December 4, 2014, the Marketplace issued a notice of eligibility determination, which stated that your son was conditionally eligible for Medicaid effective November 1, 2014. The notice further stated that you must provide proof of his citizenship status and his social security number before February 10, 2015 in order to confirm his eligibility.

On February 14, 2015, the Marketplace issued a notice of eligibility redetermination, which stated that your son was no longer eligible for Medicaid because you had not provided proof of his social security number or citizenship status to confirm his eligibility.

On March 16, 2015, the Marketplace received your written request to appeal the Marketplace's determination regarding your son's Medicaid eligibility.

On March 18, 2015, you provided copies of your birth certificate, your Social Security card, your son's birth certificate, and your son's Social Security card.

On March 25, 2015, the Marketplace issued a notice of eligibility redetermination, which stated that your son remained conditionally eligible for Medicaid effective

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March 1, 2015. The notice further stated that because you were requesting help paying for medical bills from the last 3 months, you must provide proof of income by April 8, 2015 for the time period between December 1, 2014 and February 28, 2015.

On April 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 closed at the end of the hearing.

## **Findings of Fact**

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

- 1) Your son was born on [REDACTED].
- 2) The record reflects that your son was determined eligible for Medicaid effective November 1, 2014.
- 3) You testified that you received notices from the Marketplace requesting proof of your son's Social Security number and citizenship status. You further testified that you were unable to immediately provide these documents because you were waiting for his social security card and birth certificate to be mailed to you.
- 4) By February 10, 2015, the Marketplace did not receive the requested documentation of your son's social security number or proof of his citizenship.
- 5) You testified that you sent the requested documentation to the Marketplace in January 2015. The record reflects that the Marketplace received a copy of your son's birth certificate and social security card on March 18, 2015 (Appellant's Exhibit 1, April 29, 2015).
- 6) You testified that you wanted to ensure that your son is currently receiving Medicaid coverage.

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

## **Applicable Law and Regulations**

Medicaid is available to children under one year of age who have a modified adjusted gross income at or below 223% of the federal poverty Level (FPL) for

the applicable family size (see 42 CFR § 435.118(c); NY Department of Health Administrative Directive 13ADM-03).

A person whose Medicaid eligibility is based on the modified adjusted gross income if the person or the person's household remains Medicaid eligible for twelve 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)).

## **Legal Analysis**

The only issue is whether the Marketplace properly determined that your son was no longer eligible for Medicaid coverage through the Marketplace because you failed to provide proof of your son's social security number and citizenship status.

A person who is Medicaid eligible will remain eligible for Medicaid for twelve months unless the person becomes ineligible due to a failure to provide a valid social security number.

On December 4, 2014, the Marketplace issued a notice of eligibility determination, which stated that your son is conditionally eligible for Medicaid effective November 1, 2014. The notice further stated that you must provide proof of his social security number before February 10, 2015 in order to confirm his eligibility.

By February 10, 2015, the Marketplace had not receive the requested documentation from you. Therefore, the Marketplace was required to redetermine your son's eligibility for Medicaid based on the lack of information available in his account.

Since the requested documentation was not provided by February 10, 2015, the Marketplace's February 14, 2015 notice of eligibility determination is AFFIRMED.

However, the record reflects that the Marketplace received the requested documentation on March 16, 2015. Your case is RETURNED to the Marketplace to verify the documentation you provided on behalf of your son, if it has not already done so.

This Decision has no effect on any subsequent determinations issued by the Marketplace.

## **Decision**

The February 14, 2015 notice of eligibility redetermination is AFFIRMED.

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Your case is RETURNED to the Marketplace to verify the documentation you provided on behalf of your son, if it has not already done so.

This Decision has no effect on any subsequent determinations issued by the Marketplace.

**Effective Date of this Decision:** July 15, 2015

### **How this Decision Affects Your Eligibility**

This Decision does not change your son's eligibility.

Your case is being sent back to the Marketplace to verify the documentation you provided on behalf of your son, if it has not already done so.

This Decision has no effect on any subsequent determinations issued by the Marketplace.

### **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.

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

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- By calling the Customer Service Center at 1-855-355-5777
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## **Summary**

The February 14, 2015 notice of eligibility redetermination is **AFFIRMED**.

Your case is being sent back to the Marketplace to verify the documentation you provided on behalf of your son, if it has not already done so.

This Decision does not change your son's eligibility.

This Decision has no effect on any subsequent determinations issued by the Marketplace.

## **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]