



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

Notice of Decision

Decision Date: July 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002320

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

Dear [REDACTED],

On May 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 1, 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).

This page intentionally left blank.



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

Decision

Decision Date: July 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002320

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

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that you do not qualify for Medicaid because you are already enrolled in Medicaid?

Procedural History

You submitted your initial application to the Marketplace on September 17, 2014.

On September 18, 2014, the Marketplace issued a notice stating that you may be eligible for health insurance through the Marketplace but more information is needed to make a determination.

On October 8, 2014, you reapplied through the Marketplace.

On December 1, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through the Marketplace. You were found not eligible for Medicaid because federal and state data sources showed that you were already enrolled in Medicaid, Child Health Plus or another program.

On February 27, 2015, you reapplied for health insurance through the Marketplace.

On February 28, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through

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).

the Marketplace. You were found not eligible for Medicaid because federal and state data sources showed that you were already enrolled in Medicaid, Child Health Plus or another program.

On April 7, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your eligibility for Medicaid.

On May 8, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You authorized your cousin, [REDACTED], to be your authorized representative during the hearing. 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 applying for health insurance through the Marketplace for yourself only.
2. You do not plan on filing a 2015 federal income tax return.
3. You are not married and do not have any dependents.
4. You testified that you do not have any income since September 2014 and have an expected 2015 yearly income of \$0.00.
5. You testified that you have never applied for Medicaid before September 2014 through the Marketplace.
6. You testified that you have been to the Human Resources Administration (HRA) in December 2014, January 2015 and April 2015, and they were unable to find an active Medicaid case for you in their Welfare Management System (WMS).
7. You testified that you want your Medicaid to have an effective start date of January 1, 2015.
8. You testified that you may have outstanding medical bills. You have been to the doctor since January 2015, but have not received a medical bill to date.

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 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 federal poverty level (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 one-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).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The only issue under appeal is whether or not you are entitled to Medicaid benefits through New York State of Health Marketplace.

On December 1, 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. The notice states that you not qualify for Medicaid because federal and state data sources show that you are already enrolled in Medicaid, Child Health Plus or another program.

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).

You credibly testified that you have only applied for government-sponsored health insurance benefits through the Marketplace. You testified that you went to Human Resources Administration (HRA) in December 2014, January 2015 and April 2015, and at each appointment was told that you do not have an active Medicaid case in the Welfare Management System (WMS).

You credibly testified that you do not have any income since September 2014 and have an expected 2015 yearly income of \$0.00.

Since you have provided credible testimony that you do not have an active Medicaid case, the December 1, 2014 eligibility determination is RESCINDED.

Your case is returned to the Marketplace to determine your Medicaid eligibility for the month of October 2014 with an income of \$0.00.

Decision

The December 1, 2014 eligibility determination is RESCINDED.

Your case is RETURNED to the Marketplace to determine your Medicaid eligibility for October 2014 with an income of \$0.00.

Effective Date of this Decision: July 28, 2015

How this Decision Affects Your Eligibility

This decision does not determine your eligibility.

It returns your case to the Marketplace to redetermine your eligibility for Medicaid based on an income of \$0.00.

The Marketplace will issue a new eligibility determination notice.

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.

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).

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 1, 2014 eligibility determination notice is RESCINDED.

Your case is returned to the Marketplace to redetermine your eligibility based on an income of \$0.00.

The Marketplace will issue a new eligibility determination notice.

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]