



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

## Notice of Decision

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002783

[REDACTED]

Dear [REDACTED],

On June 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 7, 2015 eligibility determination and May 8, 2015 cancellation 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 Code of 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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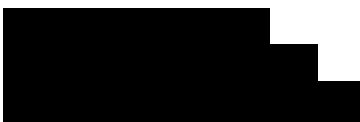


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## Decision

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002783



## Issue

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

Did the Marketplace properly determine that you were no longer eligible for Medicaid and as a result ended your enrollment in your Medicaid managed care plan, effective February 28, 2015?

## Procedural History

On March 17, 2014, an eligibility determination notice was issued stating that you and your spouse were eligible for Medicaid, effective March 1, 2014, because your household income of \$13,000.00 was at or below the allowable income limit.

That same day, the Marketplace issued a confirmation stating that you had elected to receive notices from the Marketplace electronically.

On March 19, 2014, an enrollment confirmation notice was issued that stated that you had selected a Medicaid managed care plan and that the effective date of that plan was May 1, 2014.

On January 7, 2015, the Marketplace issued a notice stating that it was time to renew your health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2015, or you might lose the financial assistance you were currently receiving.

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No updates were made to your account by February 15, 2015.

On February 17, 2015, the Marketplace issued a notice stating that you had not responded to the renewal notice and that you were therefore no longer eligible for financial assistance. The Marketplace also indicated that you were no longer eligible to enroll in a health insurance plan through the Marketplace, even at full cost.

On February 20, 2015, the Marketplace issued a disenrollment notice stating that your coverage would end effective February 28, 2015.

On May 5, 2015 and May 6, 2015 your Marketplace application was updated to include your correct address, and your eligibility was rerun by the Marketplace.

On May 6, 2015 and May 7, 2015, the Marketplace issued notices of eligibility redetermination stating that you were eligible to receive up to \$492.00 in advance premium tax credits (APTC) and to receive cost-sharing reductions (CSR), because your household income of \$25,618.00 was at or below the allowable income limits. This eligibility was effective June 1, 2015. You were not eligible for Medicaid.

On May 6, 2015, you spoke to the Marketplace's Account Review Unit and appealed the Marketplace's determinations insofar as they found that you and your spouse were not eligible for Medicaid and disenrolled you from your Medicaid managed care plan.

On May 8, 2015, the Marketplace issued a confirmation that your coverage under your former Medicaid managed care plan had ended.

On June 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record remained open until June 26, 2015, so that you could submit documentation regarding your household income. This documentation was faxed to the Appeals Unit on June 26, 2015, and the record was closed.

## **Findings of Fact**

- 1) Your Marketplace account indicates that alerts were sent to you via email.
- 2) You testified that you did not receive any notice from the Marketplace, either by mail or electronically, stating that you needed to update your account or you might lose the financial assistance you were receiving.
- 3) You testified that you first became aware you had been disenrolled from your managed care plan when you tried to use your plan.

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- 4) You testified that you wish to be reconsidered for Medicaid, because you will actually make less money in 2015 than you did in 2014.
- 5) You submitted a copy of your tax return for the 2014 tax year, and it showed adjusted gross income of \$21,213.00 (Appellant's Exhibit #1).

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), 42 CFR § 435.916(a)(1), (d)).

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)).

### 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 (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 February 16, 2015, when the Marketplace first reran your eligibility based on your apparent failure to respond to the renewal notice, that was the

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2015 FPL, which is \$15,930.00 for a two-person household (80 Fed. Reg. 3236, 3237).

Financial eligibility for Medicaid for applicants who are currently receiving Medicaid benefits financial eligibility may be based either on current monthly household income and family size or income based on projected annual household income and family size for the remainder of the current calendar year (42 CFR § 435.603(h)(2), *but see* SPA 13-0055-MM3, as approved March 19, 2014).

## **Legal Analysis**

The issue is whether the Marketplace properly determined that you and your spouse were no longer eligible for Medicaid and properly ended your enrollment in Medicaid, effective February 28, 2015.

You were originally found eligible for Medicaid based on a household income of \$13,000.00, effective March 1, 2014.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually, and must provide the individual with notice of the need for the redetermination. The Marketplace's January 7, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage in 2015, and that you needed to supply additional information by February 15, 2015 or your financial assistance might end.

Because there was no timely response to this notice, you and your spouse were terminated from your enrollment in Medicaid.

However, you credibly testified that you received no notice advising you of the need to update your account, either by mail or electronically.

You submitted your tax return for the 2014 tax year, which showed an adjusted gross income of \$21,213.00. You also testified that you expected to have even less household income in 2015. Had you received the notice advising you that you needed to update your Marketplace account, this is the income you would have submitted.

You were entitled to notice of the need to renew your application, and there is no evidence to show that you received the emails which alerted you that documents had been uploaded to your account. Therefore, it is found that the Marketplace improperly disenrolled you and your spouse from Medicaid without the proper notice.

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Therefore, the matter will be returned to the Marketplace for a redetermination of your eligibility as of February 15, 2015, based on annual expected household income of \$21,213.00, for a two-person household living in Niagara County.

## **Decision**

The May 7, 2015 eligibility determination and May 8, 2015 cancellation notice are **RESCINDED**.

Your case is **RETURNED** to the Marketplace for a redetermination of the eligibility for you and your spouse as of February 15, 2015, based on annual expected household income of \$21,213.00, for a two-person household living in Niagara County.

In the interim, you and your spouse will remain enrolled in any health plan in which you are currently enrolled.

**Effective Date of this Decision:** August 25, 2015

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

This does not constitute a final determination on your eligibility. You and your spouse will remain enrolled in any health plan in which you are currently enrolled, until the Marketplace has made a redetermination on your eligibility effective as of February 15, 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)).

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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  
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- By fax: 1-855-900-5557

## **Summary**

The May 7, 2015 eligibility determination and May 8, 2015 cancellation notice are **RESCINDED**.

Your case is **RETURNED** to the Marketplace for a redetermination of the eligibility for you and your spouse as of February 15, 2015, based on annual expected household income of \$21,213.00, for a two-person household living in Niagara County.

This does not constitute a final determination on your eligibility. You and your spouse will remain enrolled in any health plan in which you are currently enrolled, until the Marketplace has made a redetermination on your eligibility effective as of February 15, 2015.

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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**A Copy of this Decision Has Been Provided To:**

