



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003728

[REDACTED]

Dear [REDACTED],

On September 4, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 17, 2015 disenrollment notice and June 30, 2015 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 Code of Federal Regulation (CFR) 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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Issues

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

Did the Marketplace properly determine on February 12, 2015, that you were not eligible for Medicaid effective April 1, 2015?

Did the Marketplace properly determine on June 30, 2015, that you were not eligible for Medicaid effective August 1, 2015?

Procedural History

On February 12, 2015, the Marketplace issued a notice stating that it was time to renew your health insurance for 2015. That notice stated that you now qualify for a tax credit up to \$270.76 per month and to receive help paying your share of out-of-pocket costs, if you enroll in a silver level plan. The notice also stated that you are not eligible for Medicaid effective April 1, 2015.

On March 17, 2015, the Marketplace issued a notice stating that your UnitedHealthcare of New York, Inc. coverage will end effective March 31, 2015.

On June 30, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to receive up to \$259.00 of advance premium tax credits per month and cost-sharing reductions, if you enroll in a silver-level plan. The notice also stated that you are not eligible for Medicaid because the household income you provided is over the allowable income limit.

On the same day, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible to receive.

On September 4, 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 are applying for health insurance through the Marketplace for yourself.
2. You testified that you do not plan to file a 2015 federal income tax return.
3. According to you June 29, 2015 Marketplace application, you are single and do not currently reside with any children.
4. You testified that you began receiving \$2,180.00 per month in Social Security Disability Insurance in February 2015. Your Marketplace application shows a projected 2015 household income of \$23,188.00.
5. You testified you had a medical procedure on June 15, 2015, and have an outstanding bill for that procedure.
6. You testified you became aware that you were no longer enrolled in Medicaid when you were picking up a prescription at the end of June 2015.
7. You were eligible for Medicaid from April 1, 2014 through March 31, 2015 through the Marketplace.
8. You testified that you never received a notice to renew your health insurance coverage through the Marketplace.
9. According to your Marketplace Account, you have opted to receive notices from the Marketplace through the mail.

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 projected eligibility determination for the following year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)).

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 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 the date of your application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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 March 19, 2014).

Legal Analysis

The first issue under review is whether the Marketplace properly determined you not eligible for Medicaid on February 12, 2015.

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 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 projected eligibility determination for the following year. 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 February 12, 2015, the Marketplace issued an annual renewal notice in your case. That notice stated that you now qualify for a tax credit up to \$270.76 per month and to receive help paying your out-of-pocket costs, if you enroll in a silver level plan. The notice also found you not eligible for Medicaid.

You testified that the Marketplace never mailed you a notice to renew your 2015 health insurance coverage. However, there is no evidence in the record to suggest that the notice February 12, 2015 notice was undeliverable.

Accordingly, the February 12, 2015, 2015 eligibility determination that you are not eligible for Medicaid is AFFIRMED.

The second issue is whether the Marketplace properly determined that you are not eligible for Medicaid on June 30, 2015.

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 FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Your projected 2015 household income is listed as \$23,188.00 in your Marketplace application. Since \$23,188.00 is 198.7% of the 2015 FPL, the Marketplace properly found you to be not eligible for Medicaid on an expected annual income basis, using the information provided in your application.

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 \$1,354.00 per month. According to your Marketplace application and testimony, you have been receiving \$2,180.00 per month in Social Security Benefits since February 2015. Therefore, you do not qualify for Medicaid.

Since the February 12, 2015 and June 30, 2015 eligibility determinations properly found you not eligible for Medicaid, they are correct and AFFIRMED.

Decision

The February 12, 2015 eligibility determination notice is AFFIRMED.

The June 30, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are eligible for up to \$259.00 monthly of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level health plan.

You are not eligible for Medicaid.

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 February 12, 2015 eligibility determination notice is AFFIRMED.

The June 30, 2015 eligibility determination notice is AFFIRMED.

This decision does not change your eligibility.

You are eligible for up to \$259.00 monthly of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level health plan.

You are not eligible for Medicaid.

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:

