



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

Notice of Decision

Decision Date: January 08, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003830

[REDACTED]

Dear [REDACTED],

On September 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's failure to make a timely 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 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: January 08, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003830



Issues

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

Did the Marketplace provide you timely notice of an eligibility determination regarding your application for Medicaid?

Did the Marketplace properly determine that you were not eligible for Medicaid as of June 13, 2015, and therefore ineligible for Medicaid continuous coverage?

Procedural History

The Marketplace received your initial application for health insurance on April 21, 2015, which reflected an expected household income of \$10,292.36 for the 2015 tax year.

On April 22, 2015, the Marketplace issued a notice regarding your April 21, 2015 application, stating that you may be eligible for health insurance through New York State of Health but more information was needed to verify your income and confirm your eligibility.

On April 24, 2015, an income verification document was uploaded to your Marketplace account, which included a letter from [REDACTED], stating that your last date of employment with that company was March 20, 2015. This document was invalidated on that same day because you attested to receiving income, but provided proof that you had no income.

Also on April 24, 2015, the Marketplace sent you a notice stating that the documents you submitted did not resolve the inconsistency in your application, and you were requested to submit additional information to verify your income.

On May 13, 2015, your application was modified to reflect an expected household income of \$1,630.50 for the 2015 tax year. This application also reflected that you began working at [REDACTED] on March 20, 2015, and ended that employment on May 30, 2015.

On May 14, 2015, the Marketplace issued a notice regarding your May 13, 2015 application, stating that you may be eligible for health insurance through New York State of Health but more information was needed to verify your income and confirm your eligibility.

On May 26, 2015, your application was modified to reflect an expected household income of \$1,295.00 for the 2015 tax year. This application also reflected that you began working at [REDACTED] on May 1, 2015, and ended that employment on May 30, 2015.

On May 27, 2015, the Marketplace issued a notice regarding your May 26, 2015 application, stating that you may be eligible for health insurance through New York State of Health but more information was needed to verify your income and confirm your eligibility.

On May 28, 2015, an income verification document was uploaded to your Marketplace account, which included the same letter from [REDACTED] [REDACTED] previously provided to the Marketplace. This document was invalidated on June 2, 2015 because you attested to income from one job, but submitted a letter of termination from a different job.

Also on June 2, 2015, the Marketplace sent you a notice stating that the documents you submitted did not resolve the inconsistency in your application, and you were requested to submit additional information to verify your income.

On June 4, 2015, income verification documents were uploaded to your Marketplace account, which included paystubs issued on May 15, 2015 and May 29, 2015 by [REDACTED]. These documents were invalidated on June 8, 2015 because you attested in your May 26, 2015 application that your employment with [REDACTED] ended on May 30, 2015 and did not provide a letter of separation from this employer.

Also on June 8, 2015, the Marketplace sent you a notice stating that the documents you submitted did not resolve the inconsistency in your application, and you were requested to submit additional information to verify your income.

On June 10, 2015, your application was updated to reflect an expected household income of \$13,380.00 for the 2015 tax year. It further reflected that you are currently working at [REDACTED], as of May 1, 2015 to December 31, 2015.

On June 11, 2015, the Marketplace issued a notice regarding your June 10, 2015 application, stating that you may be eligible for health insurance through New York State of Health but more information was needed to verify your income and confirm your eligibility.

On June 10, 2015, income verification documents were uploaded to your Marketplace account, which included a written statement that you were unemployed for the month of April 2015, the same letter of separation from [REDACTED], a written statement that you expect to continue working at [REDACTED], and a copy of your paystubs issued on May 15, 2015 and May 29, 2015 by [REDACTED].

On June 12, 2015, your application was updated to reflect an expected income of \$21,742.50 from your employment with [REDACTED].

On June 13, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible to receive an advance premium tax credit of up to \$192.00 per month and, if you selected a silver level plan, for cost-sharing reductions, effective July 1, 2015. The notice further stated that you were not eligible for Medicaid because the income you provided of \$21,742.50 was above the allowable income limit.

On June 26, 2015, the written statement confirming your unemployment for the month of April 2015 and your letter of separation from [REDACTED] were verified as valid proof of having no income for the month of April 2015.

On June 27, 2015 the Marketplace issued a notice of eligibility redetermination stating that you were eligible to receive an advance premium tax credit of up to \$192.00 per month and, if you selected a silver level plan, for cost-sharing reductions, effective August 1, 2015. The notice further stated that you were not eligible for Medicaid because the income you provided of \$21,742.50 was above the allowable income limit.

On July 8, 2015, you spoke with the Marketplace's Account Review Unit and appealed the Marketplace's failure to provide timely notice of your eligibility determination, and contested that you should be entitled to Medicaid Continuous Coverage as of April 1, 2015.

On August 8, 2015, the Marketplace issued a notice of eligibility determination stating that you are eligible for Medicaid, effective April 1, 2015 to April 30, 2015,

because your monthly household income of \$0.00 was below the allowable monthly income limit.

On September 18, 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 Marketplace account indicates that you receive notices from the Marketplace via regular mail. You further testified that the address listed in your account is correct.
- 2) No notices sent to you at the address listed on your Marketplace account have been returned as undeliverable.
- 3) You expect to file your 2015 federal income tax return as single, and claim no dependents.
- 4) You initially applied for health insurance through the Marketplace on April 21, 2015, with the assistance of a hospital representative. According to this application, you attested to an expected household income of \$10,292.36. You testified that, at the time of this application, this income was an accurate reflection of your expected income for the 2015 tax year.
- 5) On April 22, 2015, the Marketplace issued a notice that stated more information was needed in order to make a determination. You testified that you did not receive this notice and were not aware that you must provide additional information.
- 6) The record reflects that a letter from Maxim Healthcare was uploaded to your Marketplace account on April 24, 2015, confirming that your last date of employment was March 20, 2015. The record further reflects that this document was invalidated on April 24, 2015, because you attested to receiving income, but provided a letter attesting to no income.
- 7) On April 24, 2015, the Marketplace issued a notice stating that the documentation you provided did not resolve the inconsistency in your application, and you were requested to provide additional proof of income in order to make a determination. You testified that you did not

receive this notice and were not aware that you must submit additional information.

- 8) You testified that you began working at [REDACTED] in May 2015. You further testified that you were unemployed during the month of April 2015, but did not file for unemployment insurance benefits.
- 9) Your application was updated on May 13, 2015 to reflect an expected annual income of \$1,630.50 from [REDACTED]. The application further reflected that you worked at [REDACTED] from March 20, 2015 to May 30, 2015. You testified that your boss assisted you in completing this application and, at the time you submitted this application, you believed that the income listed was an accurate reflection of your expected income for the 2015 tax year. However, you testified that you are now aware that income listed was not an accurate reflection of your expected income for the 2015 tax year. You further testified that, at the time, you believed that your boss was completing your application correctly.
- 10) On May 14, 2015, the Marketplace issued a notice that stated more information was needed in order to make a determination. You testified that you did not receive this notice and were not aware that you must submit additional information.
- 11) Your application was updated on May 26, 2015 to reflect an expected annual income of \$1,295.00 from [REDACTED]. This application further reflected that you worked at [REDACTED] from May 1, 2015 to May 30, 2015. You testified that your boss also assisted you in completing this application, and at the time you submitted this application, you believed that the income listed was an accurate reflection of your expected income for the 2015 tax year. However, you testified that you are now aware that income listed was not an accurate reflection of your expected income for the 2015 tax year. You further testified that you believe your boss intended to list this income as your monthly income, not annual.
- 12) On May 27, 2015, the Marketplace issued a notice that stated more information was needed in order to make a determination. You testified that you did not receive this notice and were not aware that you must submit additional information.
- 13) On May 28, 2015, another copy of the April 24, 2015 letter from [REDACTED] was uploaded to your Marketplace account. This document was invalidated on June 2, 2015, because you attested to income from [REDACTED] but submitted a letter of termination from [REDACTED], not [REDACTED].

- 14) On June 2, 2015, the Marketplace issued a notice stating that the documentation you provided did not resolve the inconsistency in your application, and you were requested to provide additional proof of income in order to make a determination. You testified that this was the first notice you received from the Marketplace.
- 15) The record reflects that a copy of your paystubs from [REDACTED] were uploaded to your Marketplace account on June 4, 2015. The record further reflects that you earned \$847.50 on May 15, 2015, and \$825.00 on May 29, 2015, before taxes were deducted. The record further reflects that these documents were invalidated on June 8, 2015, because you submitted paystubs from [REDACTED], but attested in the May 26, 2015 application that this employment ended on May 30, 2015.
- 16) The record reflects that written statements were uploaded to your Marketplace account on June 10, 2015, confirming that you were unemployed during the month of April 2015 and did not seek unemployment insurance benefits. These statements further confirmed that you are currently employed by [REDACTED], and you expect to continue working for this company.
- 17) On June 10, 2015, your account was updated to reflect an expected annual income of \$13,380.00. You testified that, at the time you submitted your application, this income was an accurate estimation of your expected income from [REDACTED], as your income is based on commissions.
- 18) On June 11, 2015, the Marketplace issued a notice that stated more information was needed in order to make a determination.
- 19) On June 12, 2015, your account was updated to reflect an expected annual income of \$21,742.50. You testified that, at the time you submitted your application, this income was an accurate reflection of your expected income for the 2015 tax year.
- 20) On August 8, 2015, the Marketplace issued a notice that stated you were eligible for Medicaid for the month of April 2015 because your monthly household income of \$0.00 was below the allowable monthly income limit.
- 21) You testified that, since you were determined Medicaid eligible for the month of April 2015, this eligibility should be continued for 12 consecutive months.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid through the Marketplace can be provided 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), 435.911(b)(1), 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).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose 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 12-month period. This 12-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 (N.Y. Soc. Serv. Law § 366(4)(c)).

Timeliness

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

Legal Analysis

The first issue under review is whether the Marketplace failed to provide you timely notice of your eligibility determination.

You applied for health insurance through the Marketplace on April 21, 2015 with the assistance of a hospital representative. This application listed an expected household income of \$10,292.36 for the 2015 tax year and the Marketplace relied upon that information.

On April 22, 2015, the Marketplace sent you a notice stating that more information was needed in order to make an eligibility determination in your case. Since the Marketplace needed more information from you to make an eligibility determination, your application was not complete as of April 22, 2015.

You testified that you did not receive any notices from the Marketplace between April and May 2015 requesting additional information to confirm your eligibility. However, the record indicates that the notices were issued to the address you have listed on your Marketplace account, and that there is no indication that any of the notices were returned to the Marketplace as undeliverable.

Although you testified that you did not receive any notices requesting additional income information, a copy of your letter of separation from your employer, [REDACTED], was uploaded to your Marketplace account on April 24, 2015.

Also on April 24, 2015, the Marketplace sent you a notice stating that the documentation you submitted was insufficient to resolve the inconsistency in your application and additional information was still required to confirm your eligibility, therefore, your application was still incomplete as of April 24, 2015.

On May 13, 2015, your account was adjusted to reflect an expected household income of \$1,630.50 for the 2015 tax year and, therefore, superseded your April 21, 2015 application. On May 14, 2015, the Marketplace sent you a notice stating that more information was needed in order to make an eligibility determination in your case. Since the Marketplace needed more information from you to make an eligibility determination, your new application was not complete as of May 13, 2015.

On May 26, 2015, your account was again adjusted to reflect an expected household income of \$1,295.00 for the 2015 tax year and, therefore, superseded your May 13, 2015 application. On May 27, 2015, the Marketplace sent you a notice stating that more information was needed in order to make an eligibility determination in your case. Since the Marketplace needed more information from you to make an eligibility determination, your new application was not complete as of May 27, 2015.

On May 28, 2015, another copy of the letter of separation from your employer, [REDACTED], was uploaded to your Marketplace account. On June 2, 2015, the Marketplace sent you a notice stating that the documentation you submitted was insufficient to resolve the inconsistency in your application and additional information was still required to confirm your eligibility, therefore, your May 26, 2015 application was still incomplete as of May 28, 2015.

On June 4, 2015, a copy of your paystubs from [REDACTED] for the month of May 2015 was uploaded to your Marketplace account. On June 8, 2015, the Marketplace sent you a notice stating that the documentation you submitted was insufficient to resolve the inconsistency in your application and additional information was still required to confirm your eligibility, therefore, your May 26, 2015 application was still incomplete as of June 8, 2015.

On June 10, 2015, your account was again adjusted to reflect an expected household income of \$13,380.00 for the 2015 tax year and, therefore, superseded your May 26, 2015 application.

Also on June 10, 2015, written statements were uploaded to your Marketplace account confirming that you were unemployed during the month of April 2015 and did not seek unemployment insurance benefits. These statements further confirmed that you are currently employed by [REDACTED] and you expect to continue working for this company.

Since the Marketplace received the necessary information to make an eligibility determination in your case on June 10, 2015, your application was considered complete on that date.

Your eligibility was rerun on June 12, 2015 based on the information you submitted to the Marketplace. On June 13, 2015, the Marketplace issued a notice of eligibility determination, which was three days from the date your application was considered complete.

Since your application was complete on June 10, 2015, and the Marketplace issued a notice of eligibility determination on June 13, 2015, the Marketplace provided you notice of your eligibility within 45 days, as required by law (42 CFR § 435.912). Therefore, your June 13, 2015 notice of eligibility determination was timely.

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 second issue is whether the Marketplace properly determined that you were not eligible for Medicaid continuous coverage.

Under New York State law, once a person is eligible for Medicaid, that eligibility generally continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

As previously established, your application was not complete until June 10, 2015, and rerun on June 12, 2015 based on an expected household income of \$21,742.50 for the 2015 tax year.

You are in a one-person household. According to the record, you expect to file your 2015 federal income tax return as single and claim no dependents on that return.

Your June 12, 2015 application listed an expected household income of \$21,742.50, which was based on the income documentation you provided to the Marketplace. You credibly testified that this income is an accurate reflection of your expected 2015 household income as of that date.

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 completed application, the relevant FPL was \$11,770.00 for a one-person household. Since \$21,742.50 is 184.75% of the 2015 FPL, the Marketplace properly found you to be ineligible for Medicaid, using the information provided in your completed application.

Since you were correctly determined ineligible for Medicaid on June 13, 2015 based on your completed application, you were therefore ineligible for “continuous coverage.”

The Marketplace’s June 13, 2015 notice of eligibility determination is AFFIRMED.

Decision

The Marketplace issued you a timely notice of eligibility determination on June 13, 2015.

The Marketplace’s June 13, 2015 notice of eligibility determination is AFFIRMED.

Effective Date of this Decision: January 08, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

This decision has no effect on any eligibility determination made after July 8, 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)).

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

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).

Summary

The Marketplace issued you a timely notice of eligibility determination on June 13, 2015.

The Marketplace's June 13, 2015 notice of eligibility determination is AFFIRMED.

This decision does not change your eligibility.

This decision has no effect on any eligibility determination made after July 8, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

