



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: AP000000004743



Dear [REDACTED],

On December 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's failure to issue 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 (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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: January 08, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004743



## Issue

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

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

## Procedural History

On April 7, 2015 the Marketplace received your application for health insurance. The Marketplace rendered a preliminary eligibility determination that “[t]he information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information.”

On the same day you uploaded your Unemployment Insurance Monetary Benefit Determination, from New York State Department of Labor, for the period of March 30, 2015 through April 3, 2016.

On April 8, 2015 the Marketplace issued a notice that you “may be eligible for health insurance through New York State of Health but MORE information is needed to make a determination.” The notice directed you to submit additional income documentation by April 25, 2015 to confirm that the information you provided in your application is accurate.

On September 16, 2015 you updated your Marketplace application.

On September 17, 2015 the Marketplace issued an eligibility determination that you are eligible to purchase a qualified health plan at full cost through New York State of Health, effective November 1, 2015.

On September 21, 2015, you spoke with the Marketplace's Account Review Unit and appealed the Marketplace's failure to provide timely notice of your eligibility determination regarding your eligibility for Medicaid continuous coverage.

On December 11, 2015, you had a telephone hearing with a Hearing Officer from the Appeals Unit of NY State of Health. During the hearing you uploaded a screenshot of your Unemployment Insurance Benefits from the period of April 5, 2015 through September 6, 2015 to your Marketplace account. The screenshot has been printed out and marked as "Appellant Exhibit A" and made part of the record. The record is now complete and closed.

## **Findings of Fact**

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

- 1) You applied for health insurance coverage through the Marketplace on April 7, 2015.
- 2) According to your April 27, 2015 Marketplace application, you were employed at [REDACTED] from January 1, 2015 through March 31, 2015. You were also expected to receive 26 weeks of unemployment insurance benefits at the weekly rate of \$288.00.
- 3) On April 7, 2015 you uploaded your Unemployment Insurance Monetary Benefit Determination from the New York Department of Labor for the period of March 30, 2015 through April 3, 2016. That statement used [REDACTED] as the employer on file and determined a weekly benefit rate of \$288.00.
- 4) You testified that you currently do not have any outstanding medical bills.
- 5) You testified that you want to avoid having to pay a tax penalty for on your 2015 U.S. Individual Income Tax Return.
- 6) According to your Marketplace account, your Unemployment Insurance Monetary Benefit Determination that was uploaded on April 7, 2015 was never verified by the Marketplace.
- 7) On December 11, 2015 you uploaded a screenshot of your Unemployment Insurance Benefits from the period of April 5, 2015 through September 6, 2015 to your Marketplace account. You were issued:

- (a) \$0.00 on April 9, 2015;
- (b) \$0.00 on April 13, 2015;
- (c) \$144.00 on April 14, 2015;
- (d) \$288.00 on April 20, 2015, and
- (e) \$288.00 on April 28, 2015 (Appellant Exhibit A).

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

## **Applicable Law and Regulations**

### Timely Medicaid Notice

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).

### 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 level for the applicable family size (42 CFR §§ 435.119(b), 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 \$11,670.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Financial eligibility for Medicaid for applicants who are currently receiving Medicaid benefits is based on current monthly household income and family size

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(42 CFR § 435.603(h)(2); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

## **Legal Analysis**

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

You applied for health insurance through the Marketplace on April 7, 2015. The Marketplace rendered a preliminary eligibility determination that “[t]he information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information.”

On the same day you uploaded your Unemployment Insurance Monetary Benefit Determination, from New York State Department of Labor, for the period of March 30, 2015 through April 3, 2016.

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of their completed application. To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of the completed application to the date the Marketplace notifies the applicant of its decision.

According to your April 27, 2015 Marketplace application, you were employed at [REDACTED] from January 1, 2015 through March 31, 2015. You were also expected to receive 26 weeks of unemployment insurance benefits at the weekly rate of \$288.00.

The Unemployment Insurance Monetary Benefit Determination uploaded to your Marketplace account on April 7, 2015 used [REDACTED], [REDACTED] as the employer on file and determined a weekly benefit rate of \$288.00.

The record reflects that the Marketplace never verified the Unemployment Insurance Monetary Benefit Determination that was uploaded on April 7, 2015 and never issued an eligibility determination regarding your application for health insurance benefits until September 17, 2015. Since the Marketplace failed to issue an eligibility determination within 45 days from the date your application was considered complete, you were not provided timely notice.

On December 11, 2015 you uploaded a screenshot of your Unemployment Insurance Benefits from the period of April 5, 2015 through September 6, 2015 to your Marketplace account. The screenshot shows that you received \$720.00 in unemployment insurance benefits in April 2015.

Your case is RETURNED to the Marketplace to determine your eligibility for financial assistance based on an April 2015 monthly income of \$720.00.

## **Decision**

The Marketplace failed to provide you timely notice of an eligibility determination regarding your application for health insurance coverage.

Your case is RETURNED to the Marketplace to determine your eligibility for financial assistance based on an April 2015 monthly income of \$720.00.

**Effective Date of this Decision:** January 08, 2016

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

This decision does not change your eligibility.

The Marketplace will determine your financial assistance eligibility based on a April 2015 monthly income of \$720.00.

The Marketplace will redetermine your eligibility for financial assistance and issue you an 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.

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):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
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P.O. Box 11729  
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- By fax: 1-855-900-5557

## **Summary**

The Marketplace failed to provide you timely notice of an eligibility determination regarding your application for health insurance coverage.

Your case is RETURNED to the Marketplace to determine your eligibility for financial assistance based on an April 2015 monthly income of \$720.00.

This decision does not change your eligibility.

The Marketplace will redetermine your eligibility for financial assistance and issue you an eligibility determination notice.

## **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:**

