



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

Notice of Decision

Decision Date: May 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005453

[REDACTED]

Dear [REDACTED],

On April 1, 2016, 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 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: May 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005453

[REDACTED]

Issue

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

Did the Marketplace provide you with a timely notice of an eligibility regarding your child’s application for health insurance coverage through the NY State of Health?

Procedural History

On July 16, 2015, the Marketplace received your child’s application for health insurance.

On July 17, 2015, the Marketplace issued a notice asking you to provide more information in order to make a determination your child’s eligibility for financial assistance. The notice directed you to submit income documentation for your household by August 1, 2015, to confirm that the information you provided in your application was accurate.

On July 24, 2015, you faxed documentation to the Marketplace (Documents [REDACTED])

On July 29, 2015, the Marketplace issued a notice stating that you have submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request. The notice stated that additional Proof Income, for your domestic partner, is needed to make an eligibility determination.

On August 17, 2015, income documentation was verified and uploaded to your Marketplace account (Document [REDACTED])

On August 20, 2015, your Marketplace account was updated. On the following day the Marketplace issued a notice asking you to provide more information in order to make a determination your child's eligibility for financial assistance. The notice directed you to submit income documentation for your household by September 5, 2015, to confirm that the information you provided in your application was accurate.

On September 4, 2015, your Marketplace account was updated. On the following day the Marketplace issued a notice asking you to provide more information in order to make a determination your child's eligibility for financial assistance. The notice directed you to submit income documentation for your household by September 20, 2015, to confirm that the information you provided in your application was accurate.

On September 18, 2015, the Marketplace issued a notice stating that you have submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request. The notice stated that additional Proof Income, from you, is needed to make an eligibility determination.

On September 29, 2015, you faxed additional income documentation to the Marketplace (Document [REDACTED])

On December 9, 2015, the Marketplace issued a notice asking you to provide more information in order to make a determination your child's eligibility for financial assistance. The notice directed you to submit income documentation for your household by December 23, 2015, to confirm that the information you provided in your application was accurate.

On December 9, 2015, the Marketplace issued a notice confirming that on December 8, 2015 you requested a telephone hearing to review the fact that your child has been unable to enroll in a health plan through the Marketplace.

On February 2, 2016, the Marketplace issued an eligibility determination notice that your child is eligible for Medicaid, effective as of February 1, 2016.

On the same day the Marketplace issued an enrollment notice confirming that as of February 1, 2016, your child was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of March 1, 2016.

On February 2, 2016, the Marketplace issued a notice stating that you have submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request. The notice

stated that additional Proof Income, for your child, is needed to make an eligibility determination for the months of October 2015 and December 2015.

On April 1, 2016, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

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

- 1) You testified that you want your son to be determined eligible for Medicaid for the month of October 2015.
- 2) According to your Marketplace account, your child was born on [REDACTED], and is currently three-years old.
- 3) You testified that you have outstanding medical bills, for your son, in the amount of \$127.00 for the month of October 2015.
- 4) According to your Marketplace account, your son's application for financial assistance was received by the Marketplace on July 16, 2015.
- 5) You testified that your child currently resides with you and your domestic partner, your child's father.
- 6) According to your Marketplace account, your domestic partner expected to file a 2015 federal income tax return, with the tax status of Head of Household (with qualifying individual), and claim your child as a dependent on their return.
- 7) On August 17, 2015, income documentation was verified and uploaded to your Marketplace account (Document [REDACTED]). Your domestic partner was issued an Unemployment Insurance Monetary Benefit Determination from the New York State Department of Labor. The determination states a weekly benefit rate of \$361.00 with a claim effective date of July 6, 2015.
- 8) According to your September 4, 2015 Marketplace application, you and your domestic partner attested to a combined September 2015 income of \$1,844.00.
- 9) On September 29, 2015, you faxed income documentation to the Marketplace (Document [REDACTED]). You were issued from [REDACTED]:
 - (a) \$130.99 in gross pay on September 4, 2015;

- (b) \$125.74 in gross pay on September 11, 2015;
- (c) \$126.44 in gross pay on September 18, 2015;
- (d) \$125.39 in gross pay on September 25, 2015;

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)).

If the Marketplace cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

Timely 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)).

Medicaid Household Size

Individuals who are under the age of 19 or age 21, in the case of full-time students, who expect to be claimed by one parent as a tax dependent and are living with both parents who do not expect to file a joint tax return, the household consists of the individual and both natural, adopted or step parents (42 CFR § 435.603(f)(2); (42 CFR § 435.603(f)(3)).

Medicaid Eligibility

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).

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York State Department of Health Administrative Directive 13 OHIP/ADM-03).

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 \$20,090.00 for a three-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 issue is whether the Marketplace provided your child with a timely notice of eligibility determination regarding their application for health insurance coverage through the NY State of Health

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income.

If the Marketplace cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

On July 17, 2015; August 21, 2015; September 5, 2015, and December 9, 2015 the Marketplace issued notices asking you to provide more income documentation in order to determine your child's eligibility for financial assistance through NY State of Health.

On each Marketplace notice, it states that additional Proof Income is needed to make an eligibility determination. The “Documentation List” on this notice includes four paycheck stubs and NYS Unemployment Benefits award letter/certificate.

The record supports that you provided income documentation that was uploaded and verified on August 17, 2015 and September 29, 2015.

On August 17, 2015, income documentation was verified and uploaded to your Marketplace account (Document [REDACTED]). Your domestic partner was issued an Unemployment Insurance Monetary Benefit Determination from the

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).

New York State Department of Labor. The determination states a weekly benefit rate of \$361.00 with a claim effective date of July 6, 2015.

On September 29, 2015, income documentation was verified and uploaded to the Marketplace (Document [REDACTED]). You submitted four paycheck stubs from your employer, [REDACTED]. The documentation reflects that you were issued \$508.56 in gross pay in September 2015.

The documentation uploaded to your Marketplace Account contained sufficient information for the Marketplace to render an eligibility determination based on the documents provided as of September 29, 2015.

Individuals who are under the age of 19 or age 21, in the case of full-time students, who expect to be claimed by one parent as a tax dependent and are living with both parents who do not expect to file a joint tax return, the household consists of the individual and both natural, adopted or step parents.

The record reflects that your child currently resides with you and your domestic partner, your child's father. Furthermore, your domestic partner expected to file a 2015 federal income tax return, with the tax status of Head of Household (with qualifying individual), and claim your child as a dependent on their return. Therefore, your three-year-old is in a three-person household.

Your case is RETURNED to the Marketplace to determine your son's eligibility for financial assistance as of the date of the complete application, September 29, 2015. Your son's application will be based on a three-person household, with the September 2015 monthly household income of (\$1444.00 (+) \$508.56) \$1,952.56.

Decision

The Marketplace failed to provide you timely notice of an eligibility determination regarding your child's application for financial assistance through the Marketplace.

Your case is RETURNED to the Marketplace to determine your son's eligibility for financial assistance as of the date of the complete application, September 29, 2015. Your son's application will be based on a three-person household, with the September 2015 monthly household income of (\$1444.00 (+) \$508.56) \$1,952.56.

Effective Date of this Decision: May 4, 2016

How this Decision Affects Your Eligibility

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 decision does not change your eligibility.

The Marketplace will determine your child's eligibility for financial assistance as of September 29, 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

Summary

The Marketplace failed to provide you timely notice of an eligibility determination regarding your child's application for financial assistance.

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).

Your case is RETURNED to the Marketplace to determine your son's eligibility for financial assistance as of the date of the complete application, September 29, 2015. Your son's application will be based on a three-person household, with the September 2015 monthly household income of (\$1444.00 (+) \$508.56) \$1,952.56.

This decision does not change your eligibility.

The Marketplace will determine your child's eligibility for financial assistance as of September 29, 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:

