



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

## Notice of Decision

Decision Date: August 4, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000520

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 24, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 29, 2014, eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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 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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Appeal Identification Number: AP000000000520

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine on March 29, 2014, that [REDACTED]  
[REDACTED] was Medicaid eligible?

## Procedural History

On October 21, 2014, you filed your application for health insurance through the NY State of Health Marketplace.

On October 21, 2014 and on December 19, 2014, your application was modified to indicate 2013 income of \$10,000.00 and expected 2014 income of \$10,000.00.

On February 13, 2014, the Marketplace issued two notices of eligibility redetermination, and both found you eligible for Medicaid.

On March 29, 2014, your application was modified to indicate 2013 income of \$19,000.00 and expected 2014 income of \$19,000.00. The Marketplace prepared a preliminary redetermination stating that you remained Medicaid eligible.

On March 29, 2014, you appealed the Marketplace's March 29, 2014 preliminary determination.

On March 30, 2014, the Marketplace issued an eligibility redetermination notice stating that you remained eligible for Medicaid.

On April 24, 2014, you appeared and testified at a telephone hearing. The record was developed during the hearing and held open until May 5, 2014, for the purpose of providing you an opportunity to submit additional income documentation.

Your additional income documentation was received on May 5, 2014. The record is now complete and closed.

## **Findings of Fact**

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

1. On October 21, 2013 and on December 19, 2013, you submitted Marketplace applications indicating 2013 income of \$10,000.00 and expected 2014 income of \$10,000.00.
2. According to your testimony, supported by documentation submitted after the hearing (Appellant Exhibit A), you worked during 2013 for [REDACTED] [REDACTED] which paid her \$2,000.00 on or about October 30, 2013 and \$1,200.00 on or about December 9, 2013.
3. According to your testimony, supported by documentation submitted after the hearing (Appellant Exhibit A), you also worked as an [REDACTED] [REDACTED] and, during the pay period from December 12, 2013 through December 25, 2013, earned \$486.30.
4. On March 29, 2014, you modified your Marketplace application to indicate 2013 income of \$19,000.00 and expected 2014 income of \$19,000.00.
5. You plan to file a 2014 federal income tax return.
6. You plan to file with the tax status of single and claim no dependents on your 2014 federal income tax return.
7. You testified that her expected income for 2014 is \$19,000.00.
8. You are employed by [REDACTED] as an [REDACTED] and, as evidenced by a pay stub, earn \$1,269.18 biweekly.

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

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## **Applicable Law and Regulations**

An individual is eligible for enrollment in Medicaid when he or she meets the nonfinancial criteria and has a household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)). For Medicaid, the “[a]pplicable modified adjusted gross income standard means 133 percent of the Federal poverty level,” with a 5 percent disregard for household income when applicable (42 CFR § 435.911(b)(1); 42 CFR §435.603(d)(4)).

The Medicaid income threshold for a one-person household on during October and December 2013 was \$11,490.00 Therefore the threshold for Medicaid eligibility was \$15,856.20 (138% of \$11,490.00).

Adults who are determined to be eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose Medicaid eligibility because of any income increases or updates they make to their Marketplace account. This 12-month period is referred to as “continuous coverage” and is 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)).

## **Legal Analysis**

On October 21, 2013, you submitted a Marketplace application indicating 2013 income of \$10,000.00 and expected 2014 income of \$10,000.00. The Marketplace, basing its analysis on this income information, properly found you to be eligible for Medicaid because you were earning, and expected to earn, less than \$15,856.20.

On December 19, 2013, you again submitted a Marketplace application indicating 2013 income of \$10,000.00 and expected 2014 income of \$10,000.00. The Marketplace, again properly found you to be eligible for Medicaid at that income level.

On March 29, 2014, you modified the Marketplace application to reflect 2013 income of \$19,000.00 and expected 2014 income of \$19,000.00. On March 30, 2014, the Marketplace issued a notice of eligibility redetermination stating that you remained eligible for Medicaid.

You provided credible evidence to show that on the day you testified your income was above the limit to qualify for Medicaid. You also credibly testified that you expect your 2014 to be \$19,000.00. However, the evidence you provided on your

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2013 earnings does not confirm that you earned too much to qualify for 2014 Medicaid when you submitted and then modified your health insurance application during late 2013. Therefore the February 13, 2014 eligibility determinations are supported by the record and your 12 months of continuous Medicaid coverage began on January 1, 2014.

Since your continuous coverage was not exhausted on March 29, 2014, when you modified your application to indicate a household income of \$19,000.00, the March 30, 2013 notice finding you eligible for Medicaid was correct and must be AFFIRMED.

## **Decision**

The March 30, 2013 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** August 4, 2014

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

Your Medicaid coverage, which was approved during 2013 and began on January 1, 2014, will continue until December 31, 2014.

## **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.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Submit an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the New York Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of this Decision.

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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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The March 30, 2013 eligibility determination is AFFIRMED.

Your Medicaid coverage, which was approved during 2013 and began on January 1, 2014, will continue until December 31, 2014.

### **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:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]