



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

Notice of Decision

Decision Date: August 29, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000617

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 16, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 15, 2014 eligibility determination.

The attached 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 letter.

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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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000617

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine that [REDACTED] is eligible for Medicaid from January 1, 2014, until December 31, 2014?

Procedural History

On December 5, 2013, the Marketplace made a preliminary determination in your case that you were eligible to enroll in a qualified health plan (QHP) with up to \$240.00 per month of advance premium tax credit (APTC) and cost-sharing reductions (CSR). These findings were based on your reported income of \$16,900.00.

On December 13, 2013, the Marketplace redetermined your eligibility multiple times, and made three preliminary redeterminations on different sets of information. The first one said you were eligible to enroll in a QHP and receive up to \$317.00 per month in APTC and CSR, based on your expected yearly income of \$16,900.00. The second one, with an expected yearly income of \$-4,800.00, asked you to submit documents to the Marketplace to confirm that the information in your application was accurate. The third one said that you were eligible for Medicaid, based upon your expected yearly income of \$0.00.

On December 16, 2013, you uploaded a letter to the Marketplace computer. In it, you said that you were unemployed and relying on your family and your savings account balance to support yourself.

On February 12, 2014, the Marketplace again redetermined your eligibility multiple times. One preliminary determination said you were eligible for Medicaid based on a reported income of \$15,200, and two others said you were eligible for Medicaid based on a reported income of \$20,200.

On February 15, 2014, the Marketplace issued a notice of eligibility redetermination stating that you were eligible for Medicaid based on your income of \$0.00 and that your coverage was effective January 1, 2014.

On February 18, 2014, the Marketplace redetermined your eligibility at a reported income of \$18,000.00 and found you to be eligible for Medicaid.

On April 30, 2014, you spoke with Marketplace Customer Service, which filed an appeal in your case.

On June 16, 2014, 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 single and do not have a tax dependent.
- 2) Your Marketplace account indicates that you were first eligible for Medicaid on January 1, 2014.
- 3) You testified that when you filled out your Marketplace application during December of 2013, you gave income information for 2013 because the Marketplace was not clear about the tax year for which information was needed.
- 4) You testified that when you realized you gave the Marketplace income information for 2013, instead of 2014, you called the Marketplace. At the time of your call, your income was \$0.00 because you were unemployed.
- 5) You testified on June 16, 2014 that you were unemployed during late December and the month of January.
- 5) You further testified that you called the Marketplace again sometime in February 2014 to report a change in your income. You recently became employed and reported your income for 2014 to be \$20,200.00.

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

Applicable Law and Regulations

Financial eligibility for Medicaid for applicants is based on current monthly household income and family size (42 CFR § 435.603(h)(1)).

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 an additional 5 percent disregard for household income when applicable (42 CFR § 435.911(b)(1); 42 CFR § 435.603(d)(4)).

Most 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 later Medicaid eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

People who receive or are eligible for Medicaid are not eligible for APTC since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

For purposes of an analysis for APTC or Medicaid, you are in a one-person household.

In the determination that is on appeal, you were found to be eligible for Medicaid with coverage beginning on January 1, 2014. According to the record, you met the nonfinancial criteria and credibly reported that your income for the entire month of January was \$0.00, well below the income threshold of 138% of the FPL for Medicaid of \$15,857.00. Therefore, the notice of determination was correct, and you were properly found eligible for Medicaid as of January 1, 2014.

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You obtained employment in February 2014 and notified the Marketplace that your income had changed. Although your income increased to a level at which you would no longer qualify to become a Medicaid recipient, under the continuous coverage provision of New York's Social Services Law, the Medicaid coverage that began on January 1, 2014 continues until December 31, 2014 regardless of your change in income

As long as you remain eligible for Medicaid, you are not eligible for an advance premium tax credit or cost-sharing reductions.

Decision

The Marketplace's February 18, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: August 29, 2014

How this Decision Affects Your Eligibility

You remain eligible for Medicaid from January 1, 2014 until December 31, 2014.

As long as you remain eligible for Medicaid, you are not eligible for an advance premium tax credit or cost-sharing reductions.

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

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

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 your 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's February 15, 2014 eligibility determination is AFFIRMED.

You remain eligible for Medicaid from January 1, 2014 until December 31, 2014.

As long as you remain eligible for Medicaid, you are not eligible for an advance premium tax credit or cost-sharing reductions.

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]