



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

Notice of Decision

Decision Date: November 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000759

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

Dear [REDACTED]

On August 14, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 16, 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).

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

Issue

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

Did the NY State of Health Marketplace properly determine that on and after July 15, 2014, [REDACTED] were Medicaid eligible?

Procedural History

On March 11, 2014, you submitted your initial application for health insurance through the NY State of Health Marketplace for yourself and dependent child, [REDACTED]. You indicated an expected household income of \$24,980.00.

On March 12, 2014, the Marketplace issued eligibility determination notices. The first notice states that you are eligible to enroll in a qualified health plan (QHP) without a tax credit because you have public health insurance that provides minimum essential coverage. The second notice states that, based on a household income of \$24,980.00, [REDACTED] is eligible for Medicaid.

On July 14, 2014, you submitted multiple applications for health insurance through the Marketplace for yourself and your dependent children, [REDACTED], [REDACTED]. The applications were submitted with household incomes of household incomes of \$24,980.00 and \$28,580.00.

On July 15, 2014, the Marketplace issued eligibility determination notices on your July 14, 2014 applications. The notice on your dependents' eligibility states that,

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with a household income of \$24,980.00, [REDACTED] [REDACTED] [REDACTED] are eligible for Medicaid.

On July 15, 2014, you resubmitted Marketplace applications modified to indicate household incomes of \$34,580.00, \$36,000.00, \$34,980.00, and \$38,980.00.

On July 16, 2014, the Marketplace issued eligibility determination notices on the July 15 applications. The notice for [REDACTED] states that they remain Medicaid eligible for twelve months from the date that they were determined eligible.

On July 25, 2014, you spoke to the Marketplace Customer Service unit and appealed the July 16, 2014 eligibility determination insofar as it stated that [REDACTED] were Medicaid eligible.

On August 14, 2014, you had a telephone hearing. Testimony was taken at the hearing. The record was developed during the hearing and is now complete and closed.

Findings of Fact

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

1. On March 11, 2014, you applied for health insurance through the Marketplace for yourself and one dependent child, [REDACTED]. You indicated an expected household income of \$24,980.00. According to eligibility determination notices issued on March 12, 2014, you were eligible to enroll in a QHP without a subsidy and that [REDACTED] was eligible for Medicaid.
2. On July 14, 2014, you applied for health insurance through the Marketplace for yourself and three dependent children, [REDACTED]. You indicated expected household incomes of \$24,980.00 and \$28,580.00. July 15, 2014 notices stated that you were eligible to enroll in a QHP without a subsidy and that all three children were eligible for Medicaid.
3. On July 15, 2014 you modified your Marketplace application multiple times, indicating household incomes of \$34,580.00, \$36,000.00, \$34,980.00, and \$38,980.00. July 16, 2014 notices stated that you were eligible to enroll in a QHP without a subsidy and that all three children were eligible for Medicaid.
4. You plan to file a 2014 federal income tax return.

5. You plan to file with the tax status of head of household and claim three dependents on your 2014 federal income tax return.

6. You are currently living with your three dependents: [REDACTED]
[REDACTED]

7. You testified that your expected household income for 2014 is \$40,000.00. You testified that you are self-employed and have a varying monthly income.

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

Applicable Law and Regulations

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)).

Children at least one year of age but younger than nineteen years of age are Medicaid eligible with a household income up to 154% of the federal poverty level for the applicable family size (NY Dept. of Health Admin Directive 13 ADM-03).

The 2014 federal poverty level for a four-person household is \$23,850.00 (79 Fed. Reg. 3593)

A child under the age of nineteen who is determined eligible for Medicaid remains eligible for assistance until either the last day of the month which is twelve months following the determination or redetermination of eligibility for such assistance or the last day of the month in which the child reaches the age of nineteen (Social Service Law § 366(4)(b)(3)(i-ii)).

Legal Analysis

The only matter currently at issue is whether [REDACTED] were Medicaid eligible as of July 15, 2014.

On July 14, 2014, you submitted a health insurance application through the Marketplace indicating an expected yearly household income of \$24,980.00,

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consistent with your March 11, 2014 application. That same day you also submitted an application indicating an expected annual household income of \$28,580.00. The Marketplace, basing its analysis on your income information, found [REDACTED] to be eligible for Medicaid because your expected household income for 2014 was less than \$36,729.00.

On July 15, 2014, you resubmitted a Marketplace application indicating expected yearly household incomes of \$34,580.00, \$36,000.00, and \$34,980.00. The Marketplace, basing its analysis on this income information, found [REDACTED] to be eligible for Medicaid because your expected household income for 2014 was less than \$36,729.00.

The final modifications of your application on July 15, 2014 indicated an expected 2014 income of \$38,980.00. On July 16, 2014, the Marketplace issued a notice of eligibility redetermination stating that even though [REDACTED] are no longer eligible for Medicaid, the Medicaid coverage will continue. Individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible.

The 2014 federal poverty level for a four-person household is \$23,850.00, and children between the ages of one and nineteen years old are eligible for Medicaid at a household income up to 154% of the federal poverty level. Therefore, children in that age group could qualify for Medicaid during July 2014 at a household income up to \$36,729.00 (154% of \$23,850.00).

During your hearing on August 14, 2014, you testified that your expected 2014 annual income is \$40,000.00. Of the various applications filed on July 14 and July 15, only the final submission on July 15 indicated an expected income higher than the Medicaid income limit. That application was filed within hours of applications attesting to expected incomes of \$34,580.00, \$34,980.00, and \$36,000.00.

A review of the available record, particularly the various applications and your hearing testimony, supports the finding that your expected household income did not exceed \$36,729.00 when you requested insurance coverage for [REDACTED]. You credibly testified that you are self-employed and that your income varies from month to month, but that does not explain why the various applications that you submitted on July 14 and July 15 listed expected incomes at different levels between \$24,980.00 and \$38,980.00. The expected income of \$38,980.00 is the conspicuous outlier from those two days of applications and, therefore, is not relied upon here. If your expected income was \$40,000.00 on August 14, 2014, that does not change the outcome here, because the Medicaid coverage granted during July continues in effect for 12 months.

Since the credible evidence of record confirms that your household income was less than \$36,729.00 when eligibility was determined for [REDACTED] [REDACTED] the Marketplace properly found that they qualified for Medicaid. Since the July 16, 2014 notice of determination is correct, it is AFFIRMED.

Decision

The July 16, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 5, 2014

How this Decision Affects Your Eligibility

This Decision does not change the eligibility for anyone in your household.

The Medicaid coverage that began for [REDACTED] on August 1, 2014, will continue until July 31, 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.

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.

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):

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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The July 16, 2014 eligibility determination is AFFIRMED.

This Decision does not change the eligibility for anyone in your household.

The Medicaid coverage that began for [REDACTED] on August 1, 2014, will continue until July 31, 2015.

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]
[REDACTED]