



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

## Notice of Decision

Decision Date: April 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001176

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr. [REDACTED],

On January 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 27, 2014 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 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: AP000000001176

[REDACTED]  
[REDACTED]  
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## Issue

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

Did the Marketplace properly determine that your son was eligible for Medicaid continuous coverage before his Medicaid coverage took effect on January 1, 2015?

## Procedural History

On November 2, 2014, you submitted an application to the Marketplace for health insurance coverage during 2015.

On November 3, 2014, the Marketplace issued a notice informing you that it was time to renew your health coverage for 2015, and that, based on federal and state data sources, all of your family members qualified for health coverage under Medicaid beginning on January 1, 2015.

On various dates during November and December 2014, you corrected the household income portion of your Marketplace application.

On November 27, 2014, the Marketplace issued a notice of eligibility redetermination on your November 19, 2014 application. The notice stated that you, your spouse, and your daughter were eligible to enroll in qualified health plans with an advance premium tax credit (APTC) and, if you enrolled in a silver level qualified health plan, for cost-sharing reductions (CSR). However, your son remained eligible for Medicaid.

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On December 4, 9, and 12, 2014, you again updated your household income on your Marketplace application. The Marketplace again responded with determinations that you, your spouse, and your daughter were eligible to enroll in a qualified health plan with APTC and CSR. However, your son remained eligible for benefits under Medicaid for twelve continuous months from the date he was first determined Medicaid eligible.

On December 12, 2014, you called the Marketplace's Account Review Unit and appealed the eligibility determinations insofar as they found your son eligible for continuous Medicaid coverage.

On January 6, 2015, 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 live with your spouse and two children. You are all older than 19 years of age.
- 2) From January 1, 2014 to December 31, 2014, all four family members were enrolled in a silver level qualified health plan and used the advance premium tax credit to reduce the cost of your premium.
- 3) On November 3, 2014, the Marketplace issued a 2015 renewal notice informing you that, according to federal and state data sources, all of your family members qualified for health coverage under Medicaid beginning on January 1, 2015.
- 4) You modified your application between November 19, 2013 and December 12, 2014, to correct your household income and thus your family's eligibility for financial assistance. You, your spouse, and your daughter became eligible to enroll in a qualified health plan with an advance premium tax credit, but your son remained Medicaid eligible on each application.
- 5) Your most recent application, and your hearing testimony, indicate that your expected household income for 2015 is \$40,000.00.

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

## **Applicable Law and Regulations**

Medicaid through the Marketplace can be provided 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 household income that is at or below 138% of the 2014 federal poverty level for the applicable family size (see 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

For children ages 19 and 20, whose primary residence is with their parents, the applicable household income is 155% of the 2014 federal poverty level (FPL), or \$36,967 (155% of the FPL).

Most people who are determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility during that period. This twelve-month period is referred to as “continuous coverage” and is set 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 (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

After each open enrollment period ends, the Marketplace provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change to another plan. This is permitted when certain triggering events occur. One such triggering event is losing health insurance coverage that is considered to be minimum essential coverage (45 CFR § 155.420(d)).

## **Legal Analysis**

The issue raised on appeal is whether your son, but not the rest of your family, should have been granted Medicaid continuous coverage during November and December 2014.

On November 3, 2014, the Marketplace issued a notice informing you that it was time to renew your health coverage for 2015, and that, based on federal and state data sources, all of your family members qualified for health coverage under Medicaid beginning on January 1, 2015.

You updated your account during November and December 2014 so that your household's eligibility could be properly redetermined. The Marketplace determined on that corrected information that you, your spouse, and your daughter were eligible to enroll in qualified health plans with advance premium tax credit (APTC) and, if you enrolled in a silver level qualified health plan, for

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cost-sharing reductions (CSR). Your son remained eligible for Medicaid continuous coverage even though his Medicaid coverage had not taken effect.

To qualify for Medicaid coverage during November and December 2014, your son must have met all the Medicaid nonfinancial criteria and have a household income no higher than \$36,967.00 (155% of \$23,850.00, the 2014 federal poverty level (FPL) for a four-person household). The credible evidence of record indicates that your expected 2015 income exceeds this amount.

Since January 1, 2015 was set as the date on which your son became eligible for Medicaid, it was also the first date on which he could become eligible for continuous coverage. Since the continuous coverage was implemented in advance of that date, your son is not entitled to the full 12 months of continuous coverage.

Accordingly, the determinations made or issued on and after November 27, 2014 that find your son eligible for Medicaid are MODIFIED to state that your son remains Medicaid eligible until April 30, 2015.

Additionally, since your son will lose his minimal essential coverage on April 30, 2015, he is granted a 60-day special enrollment period.

## **Decision**

Eligibility determinations made or issued on and after November 27, 2014 are MODIFIED to state that your son remains Medicaid eligible until April 30, 2015.

Your son is granted a 60-day special enrollment period during which he may enroll in a qualified health plan through the Marketplace.

**Effective Date of this Decision:** April 13, 2015

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

Medicaid eligibility for your son ends on April 30, 2015. He is eligible for coverage in a qualified health plan that begins on or after May 1, 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**

Eligibility determinations made or issued on and after November 27, 2014 are MODIFIED to state that your son remains Medicaid eligible until April 30, 2015.

Your son is granted a 60-day special enrollment period during which he may enroll in a qualified health plan through the Marketplace.

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Medicaid eligibility for your son ends on April 30, 2015. He is eligible for coverage in a qualified health plan that begins on or after May 1, 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]