



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

Notice of Decision

Decision Date: April 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001314

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 28, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 24, 2014 notice of 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).

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[REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that, effective January 1, 2015, you were eligible to receive advance premium tax credits, as well as cost-sharing reductions if you enroll in a silver level plan?

Did the Marketplace properly determine that, effective January 1, 2015, you were not eligible for Medicaid?

Procedural History

The Marketplace received your initial application for health insurance on September 5, 2014.

On September 6, 2014, September 12, 2014, and October 2, 2014, the Marketplace issued notices that stated you might be eligible for health insurance, but that more information was needed regarding your income before an eligibility determination could be made.

On several dates beginning September 5, 2014, you uploaded income information to your Marketplace account for yourself and your wife.

On December 1, 2014, the Marketplace issued an eligibility determination notice stating that, as of September 1, 2014, you were eligible for Medicaid and your spouse was conditionally eligible for Medicaid. Your spouse was directed to submit information on her third-party health insurance coverage. Your eligibility was based on an attested household income of \$18,058.72.

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On December 2, 2014, income information in your Marketplace account was modified.

On December 4, 2014, the Marketplace issued an eligibility determination notice stating that you no longer qualified for Medicaid but that your existing coverage would continue until October 31, 2015. The notice also directed you to provide documentation of your income by December 19, 2014.

On December 9, 2014, you uploaded additional income information to your Marketplace account for yourself and your wife.

On December 19, 2014, the Marketplace issue an eligibility determination notice stating that, effective January 1, 2015, you were eligible for an advance premium tax credit (APTC) of \$196.00 per month and cost-sharing reductions (CSR). The notice further stated that you were not eligible for Medicaid. Your wife was eligible to purchase a qualified health plan through the Marketplace at full cost. This determination was based on a household income of \$25,670.75.

On December 23, 2014, the Marketplace issued an eligibility determination notice stating that, effective February 1, 2015, you were eligible for APTC of \$86.00 per month and eligible for CSR. The notice further stated that you were not eligible for Medicaid. Your wife was eligible to purchase a qualified health plan through the Marketplace at full cost. This determination was based on a household income of \$35,064.00.

On December 24, 2014, the Marketplace issued an eligibility determination notice stating that, effective February 1, 2015, you were eligible for APTC of \$85.00 per month and eligible for CSR. The notice further stated that you were not eligible for Medicaid. Your wife was eligible to purchase a qualified health plan through the Marketplace at full cost. This determination was based on a household income of \$35,144.00.

On December 31, 2014, you called the Marketplace's Accounts Review Unit and appealed the discontinuation of your Medicaid coverage.

On January 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open to provide you an opportunity to submit additional evidence for your case. The record was to be closed 15 days after the hearing date, or upon receipt of the additional evidence, whichever occurred earlier. On January 28, 2015, you uploaded the additional evidence and the record was closed.

Findings of Fact

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

- 1) You are appealing only your own eligibility determination. Your wife currently has insurance outside of the Marketplace.
- 2) You testified that you file your income tax returns with a tax filing status of married filing jointly. You claim no dependents on your tax return.
- 3) The record shows that for the months of September, October, and November 2014, your application listed an annual household income of \$18,058.72. You testified that at the time, that is what you reasonably expected your household income to be for the year.
- 4) You testified that for the months of September and October 2014 your household income consisted of income from your wife's employment and a small income from your pension.
- 5) You testified that your wife is paid biweekly. Your wife provided a paystub dated October 10, 2014 for a gross pay amount of \$587.50. Your wife provided a paystub dated October 24, 2014 for a gross pay amount of \$570.00.
- 6) You testified that in the month of October 2014 you received \$162.00 from your pension plan. You provided a document entitled Hourly Pension Figure Estimate which stated that the monthly amount a retiree would receive who selected the 75% Survivor option would be \$161.55.
- 7) In mid-November 2014, you were awarded Social Security disability benefits. A Social Security award letter dated November 10, 2014 states that around November 16, 2014 you will receive \$6,560.00 for benefits that were due to you for July 2014 through October 2014. The letter further states that you will receive \$1,640.00 on or about every second Wednesday of each month beginning December 2014.
- 8) You testified that when you received the award letter from Social Security, you called the Marketplace to let them know. You were told that your Medicaid coverage would continue until October 31, 2015, regardless of your change in income. You cited to the December 4, 2014 notice to confirm this statement.
- 9) You testified that you were not aware that you had been disenrolled from Medicaid until your pharmacist called you to inform you that your insurance would not go through.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

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 a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

Most adults determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month 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 (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The only issue raised on appeal is whether the Marketplace properly determined that, effective January 1, 2015, you were eligible for advance premium tax credit (APTC) and cost-sharing reductions (CSR) but not Medicaid.

On December 1, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid as of September 1, 2014. That determination has not been appealed and is not under review here.

During November 2014, you were awarded Social Security disability benefits. A Social Security award letter dated November 10, 2014 advised you that you would receive \$6,560.00 for benefits due to you for the months of July 2014 through October 2014 and that you would receive \$1,640.00 per month beginning in December 2014.

On December 4, 2014, the Marketplace issued an eligibility determination notice stating that you no longer qualified for Medicaid but that your existing coverage

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would continue until October 31, 2015. Since your Medicaid eligibility began on September 1, 2014, you are entitled to 12 months of continuous coverage ending on August 31, 2015. The October 31, 2015 date on the notice is an error.

Because the December 4, 2014 notice contains an error is it MODIFIED to state that you no longer qualify for Medicaid but that your existing coverage continues until August 31, 2015.

On December 19, 2014, December 23, 2014, and December 24, 2014, the Marketplace issued eligibility redetermination notices indicating that effective January 1, 2015 you were ineligible for Medicaid because your household income was too high to qualify for that program.

You are entitled to continuous Medicaid coverage until August 31, 2015, and the increase in your income does not end that coverage. While you are eligible for Medicaid, you are not eligible for APTC or CSR in the Marketplace. Therefore, all notices to date stating that you are eligible for APTC and CSR effective on or after January 1, 2015 are MODIFIED to state that your Medicaid coverage continues, under the continuous coverage provision, until August 31, 2015.

Your case is REMANDED to reinstate [REDACTED] Medicaid coverage as of November 1, 2015 for the remainder of his twelve month continuous coverage period.

Continuous coverage lasts only one year, so when your Medicaid coverage is exhausted, you must reapply for health insurance coverage through the Marketplace.

Decision

The December 4, 2014 notice is MODIFIED to state that you no longer qualify for Medicaid but that your existing coverage continues until August 31, 2015.

All notices to date stating that you are eligible for an advance premium tax credit (APTC) and cost sharing reductions (CSR) effective on or after January 1, 2015 are MODIFIED to state that your Medicaid coverage continues, under the continuous coverage provision, until August 31, 2015.

Effective Date of this Decision: January 1, 2015

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on September 1, 2014, continues until August 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.

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
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- By fax: 1-855-900-5557

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Summary

The December 4, 2014 notice is MODIFIED to state that you no longer qualify for Medicaid but that your existing coverage continues until August 31, 2015.

All notices to date stating that you are eligible for an advance premium tax credit (APTC) and cost sharing reductions (CSR) effective on or after January 1, 2015 are MODIFIED to state that your Medicaid coverage continues, under the continuous coverage provision, until August 31, 2015.

Your Medicaid coverage, which began on September 1, 2014, continues until August 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]