



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

Notice of Decision

Decision Date: June 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001428

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

Dear [REDACTED],

On February 10, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s December 19, 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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Issues

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

Did the Marketplace properly determine that you were eligible for Medicaid as of December 19, 2014?

Procedural History

On November 5, 2014, the Marketplace sent you a notice to renew your NY State of Health coverage for 2015. The notice stated that you have been re-enrolled in your current health plan (MetroPlus SilverPlus-S2), and are eligible for a tax credit up to \$280.15 per month and cost-sharing reductions if enrolled in a silver level plan.

On December 18, 2014, you modified your Marketplace application. On December 19, 2014, the Marketplace issued an eligibility determination stating that you are eligible for Medicaid.

On December 19, 2014, the Marketplace also sent out a cancellation notice. The notice states that your insurance with New York State of Health is cancelled with MetroPlus Silver Plus-S2 effective January 1, 2014.

On January 9, 2015, you modified your Marketplace application. On January 10, 2015, the Marketplace issued an eligibility determination stating that you are no longer eligible for Medicaid. However, your Medicaid coverage will continue until November 30, 2015.

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On January 10, 2015, you spoke to the Marketplace's Customer Service Unit and submitted an appeal request.

On February 10, 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) According to your Marketplace application and testimony, you are only applying for health insurance through the Marketplace for yourself.
- 2) You expect to file your 2014 federal income tax return with the tax status of single and claim no dependents on that return.
- 3) According to your December 18, 2014, Marketplace application, you expect to earn \$7,000.00 in 2015. The application states \$15,000.00 in other income and claim \$8,000.00 in business expenses.
- 4) You testified that you are a freelancer.
- 5) You testified that you are not able to project your 2015 expected household income because of the nature of your work.
- 6) You testified that you did not have any earnings in December 2014.
- 7) You testified that you do not want Medicaid coverage and want to continue to receive health coverage through MetroPlus Silver Plus-S2.
- 8) You testified that you paid \$174.82 on December 21, 2014, toward your January 2015 MetroPlus SilverPlus-S2 monthly premium and have not been reimbursed.

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

Applicable Law and Regulations

Medicaid

Individuals are eligible for enrollment in Medicaid through the Marketplace when they meet the nonfinancial criteria and have a monthly household income that is

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at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)).

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 (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)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of 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 (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Advance Premium Tax Credit

An individual who is eligible for Medicaid is not eligible for an advance premium tax credit (APTC) (see 45 CFR § 155.305(f)(1)(ii)(B), 26 CFR § 1.36B-2(c)(2)).

Qualified Health Plan

To obtain health insurance through the Marketplace, an applicant must be a US citizen, national, or lawfully present immigrant who is a New York resident and is not incarcerated (45 CFR 155.305(a)).

The Marketplace “must permit an applicant to request only an eligibility determination for enrollment in a QHP [qualified health plan] through the [Marketplace]; however, [it] may not permit an applicant to request an eligibility

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determination for less than all insurance affordability programs” (45 CFR § 155.310(b)).

Legal Analysis

The issue is whether the Marketplace correctly found you eligible for Medicaid based on expected household income of \$7,000.00 for 2015.

You expect to file your 2014 federal income tax return with the tax status of single and claim no dependents on that return. Therefore, you have a one-person household for purposes of this decision.

In the application that was submitted on December 18, 2014, you attested to an expected yearly income of \$7,000.00, and the eligibility determination relied upon that information. Based on your December 18, 2014 Marketplace application, your expected annual income for 2015 is \$7,000.00, which is 59.98% of the 2014 federal poverty level (FPL). At 59.98% of the FPL, your household income is below the threshold of 138% of the FPL for Medicaid with an allowable income limit of \$16,105.00.

You credibly testified that you are a freelancer, and due to the nature of your work you are unable to project your expected 2015 annual household income. You also credibly testified that you did not have any income for December 2014. Since financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size, and since your December income of \$0 was below 138% of the FPL, you were correctly found eligible for Medicaid on December 18, 2014, and the eligibility determination is AFFIRMED.

In New York State, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

You indicated that you would like to continue to be enrolled a qualified health plan (QHP) during 2015. However, when you are Medicaid eligible, you are not eligible for an advance premium tax credit or cost-sharing reductions.

If you do not want to receive Medicaid coverage during 2015 and would prefer to purchase a QHP at full cost, you qualify to purchase an unsubsidized health insurance plan through the Marketplace. If you select and enroll in a full-pay QHP, you will be responsible for the full cost of the monthly premiums and all out-of-pocket costs.

Decision

The December 19, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: June 8, 2015

How this Decision Affects Your Eligibility

Your eligibility has not changed.

Your insurance coverage through Medicaid, effective December 1, 2014, remains in effect.

If you no longer wish to have Medicaid coverage, you qualify to purchase unsubsidized health insurance through the Marketplace. If you select and enroll in a full-pay qualified health plan, you will be responsible for the full cost of the monthly premiums and all out-of-pocket costs.

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:
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Summary

The December 19, 2014 eligibility determination is AFFIRMED.

Your insurance coverage through Medicaid, effective December 1, 2014, remains in effect.

If you no longer wish to have Medicaid coverage, you qualify to purchase unsubsidized health insurance through the Marketplace. If you select and enroll in a full-pay qualified health plan, you will be responsible for the full cost of the monthly premiums and all out-of-pocket costs.

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]