



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

Notice of Decision

Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001488

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s November 4, 2014 and January 17, 2015 eligibility determination notices.

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

Did the Marketplace properly determine on November 4, 2014 that you were eligible for Medicaid effective January 1, 2015?

Did the Marketplace properly determine on January 17, 2015 that, while you were no longer eligible for Medicaid, your Medicaid coverage would continue until December 31, 2015?

Did the Marketplace properly disenroll you from your prior health plan?

Procedural History

On November 4, 2014, the Marketplace sent you a renewal notice that stated you qualified for Medicaid because federal and state data sources showed that your income was between \$0.00 and \$16,105.00 and therefore within the allowable income range for Medicaid based on your household size. This eligibility was effective January 1, 2015.

On December 21, 2014, the Marketplace issued a notice confirming your enrollment in Medicaid effective January 1, 2015. It also stated that you must choose a health plan or one would be chosen for you.

On December 27, 2014, the Marketplace issued a disenrollment notice that stated your insurance coverage with EssentialCare Silver Plan would end effective December 31, 2014, because you are no longer eligible to remain enrolled in your current health insurance.

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On January 16, 2015, the Marketplace received your modified application for health insurance for 2015 coverage, which included your expected household income for the 2015 tax year of \$25,000.00. An eligibility determination notice was rendered that stated you were no longer eligible for Medicaid but that your coverage would continue because certain individuals who are determined eligible for Medicaid remain eligible for benefits for twelve continuous months.

On January 16, 2015, you spoke to the Marketplace's Account Review Unit and appealed that determination insofar as you were still enrolled in Medicaid coverage.

On January 17, 2015, the Marketplace issued an eligibility determination notice that stated you are no longer eligible for Medicaid; however, your Medicaid coverage would continue until December 31, 2015 because certain individuals who are determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible.

On February 19, 2015, you were scheduled for a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The hearing was adjourned to the following day because you were not aware of the hearing.

On February 20, 2015, a Hearing Officer from the Marketplace's Appeals Unit called you. You were sworn in and waived your right to notice of the hearing. 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 testified that for 2015 you plan on filing an income tax return with a tax filing status of single and that you will claim no dependents on that tax return.
- 2) You testified that you anticipate that your annual household income for 2015 will be \$25,000.00. You updated your Marketplace application in January to reflect this income amount.
- 3) You testified that you want to be enrolled in your Health Republic plan effective January 1, 2015 because you have already paid the premiums for that plan.

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

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Applicable Law and Regulations

Medicaid Eligibility

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), 42 CFR § 435.911(b)(1), 42 CFR § 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 January 16, 2015 application, that was the 2014 FPL, which was \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if the adult loses 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 12-month period. 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 subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

The first issue is whether the Marketplace properly determined on November 4, 2014 that you were eligible for Medicaid effective January 1, 2015.

According to the record, you are the only person in your household. You plan on filing your taxes with a tax filing status of single and you will claim no dependents on that tax return.

On November 4, 2014, the Marketplace sent you a renewal notice that stated you qualified for Medicaid because federal and state data sources show that your income is between \$0.00 and \$16,105.00 and therefore within the allowable

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income range for Medicaid based on your household size. This eligibility was effective January 1, 2015.

According to your January 16, 2015 application, you attested to an expected household income of \$25,000.00 for the 2015 tax year. You also testified to this amount at your hearing.

The record reflects that your actual expected income of \$25,000.00 for the 2015 tax year is above the Medicaid threshold of \$16,105.00 for a one person household. Therefore, the November 4, 2014 eligibility determination notice is RESCINDED and because the finding that you were eligible for Medicaid is rescinded, your disenrollment from your prior health plan is also RESCINDED.

The second issue is whether or not your Medicaid coverage should continue until December 31, 2015 as stated in the January 17, 2015 eligibility determination notice, based on the policy of continuous coverage.

Since there is no evidence to support a finding of Medicaid eligibility as stated in the November 4, 2014 eligibility determination notice, you should not have been found eligible for Medicaid, and the continuous coverage policy should not have been applied to you. Therefore, the January 17, 2015 eligibility determination notice is RESCINDED.

Decision

The November 4, 2014 and January 17, 2015 eligibility determinations are RESCINDED.

Your case is RETURNED to the Marketplace for a redetermination of your eligibility for financial assistance in 2015 based on a one-person household, an expected annual income of \$25,000.00, and a county of residence of Suffolk County. Your enrollment in your prior health plan is to continue pending the new determination of your eligibility.

Effective Date of this Decision: June 10, 2015

How this Decision Affects Your Eligibility

This is not a final determination your eligibility for financial assistance.

Your case is being sent back to the Marketplace for a redetermination of your eligibility for financial assistance based on a one-person household, an expected annual income of \$25,000.00, and a county of residence of Suffolk County. Your

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enrollment in your prior health plan is to continue pending the new determination of your eligibility.

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 November 4, 2014 and January 17, 2015 eligibility determinations are RESCINDED.

This is not a final determination your eligibility for financial assistance.

Your case is being sent back to the Marketplace for a redetermination of your eligibility for financial assistance based on a one-person household, an expected annual income of \$25,000.00, and a county of residence of Suffolk County. Your enrollment in your prior health plan is to continue pending the new determination of your eligibility.

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]