



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: AP000000001513

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

Dear [REDACTED],

On February 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 15, 2015 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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[REDACTED]  
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[REDACTED]

### Issue

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

Did the Marketplace properly determine that, as of January 15, 2015, you remained eligible for Medicaid effective October 1, 2014?

### Procedural History

The Marketplace received your application for health insurance on October 7, 2014.

On November 27, 2014, the Marketplace issued an eligibility determination that you are eligible for Medicaid effective October 1, 2014 based on an expected household income of \$5,000.00.

On December 27, 2014, the Marketplace received your modified application for health insurance, which included an expected household income of \$38,000.00.

On December 28, 2014, the Marketplace issued an eligibility determination that you are no longer eligible for Medicaid. However, it also stated that your Medicaid coverage will continue until September 30, 2015 because individuals who have been determined eligible for Medicaid remain eligible for twelve continuous months from the date they were determined eligible.

On January 14, 2015, the Marketplace received your modified application for health insurance, which included an expected household income of \$33,950.00.

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On January 15, 2015, the Marketplace issued an eligibility determination that you are no longer eligible for Medicaid. However, it also stated that your Medicaid coverage will continue until September 30, 2015 because individuals who have been determined eligible for Medicaid remain eligible for twelve continuous months from the date they were determined eligible.

On, or around, January 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it continued your Medicaid eligibility and did not determine you eligible to enroll in a qualified health plan.

On February 18, 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 that end of the hearing.

## **Findings of Fact**

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

- 1) The record reflects that you currently live in a tax household of one and expect to file your 2015 tax federal income taxes as single with no dependents.
- 2) You testified that you are self-employed and own your own business.
- 3) You testified that you purchased private health insurance outside of the Marketplace in the beginning of 2014 because it was difficult to predict your expected income for the year. You further testified that this health insurance expired on September 30, 2014.
- 4) According to your October 7, 2014 application, you attested to an expected household income of \$5,000.00, which included \$12,000.00 in earned income and \$7,000.00 in qualifying deductions. You testified that, based on the information you had at the time, this was an accurate estimate of your expected income for the 2014 year.
- 5) You testified that you did not believe that there were errors in your October 7, 2014 application. However, you feel that since you can afford health insurance, you would like to purchase a qualified health plan.
- 6) You testified that you attempted to disenroll from Medicaid in December 2014. The record reflects that you requested to end your Medicaid Managed Care plan enrollment with HealthPlus, an

Amerigroup Company on January 14, 2015. This termination was effective January 31, 2015.

- 7) You are currently enrolled in Medicaid Fee-For-Service coverage until September 30, 2015.
- 8) You testified that since your October 7, 2014 application, your business has been doing well and you called the Marketplace in December 2014 to purchase a qualified health plan based on your new expected income. You testified that you earned approximately \$22,000.00 for the 2014 tax year.
- 9) You testified that you expect to earn approximately \$50,000.00 for the 2015 tax year.

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

## **Applicable Law and Regulations**

### Medicaid

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 (MAGI) 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 application, that was still 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 March 19, 2014).

People who receive or are eligible for Medicaid are not eligible for an Advance Premium Tax Credit (APTC) since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan with limited

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exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

### Medicaid Continuous Coverage

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, 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 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 MAGI (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

At issue is whether the Marketplace correctly found you eligible for Medicaid as of November 27, 2014, which caused you to remain Medicaid eligible as of January 15, 2015.

According to your October 7, 2014 application, you expect to file your 2014 federal income tax return as Single, and do not expect to claim anyone as a tax dependent for the 2014 tax year, therefore you are a tax household of one person.

In the same October 7, 2014 application, you attested to an expected household income of \$5,000.00, which is the sum of \$12,000.00 in earned income and \$7,000.00 in qualifying deductions. The November 27, 2014 eligibility determination relied upon that information.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138.00% of the federal poverty level (FPL) for the applicable family size.

On the date of your October 7, 2014 application, the relevant FPL was \$11,670.00 for a one-person household. Since \$5,000.00 is 42.84% of the relevant FPL for a one-person household, the Marketplace correctly determined that you were eligible for Medicaid effective October 1, 2014 as of November 27, 2014.

On January 14, 2015, you modified your application to reflect a higher attested expected income of \$33,950.00, which included \$40,000.00 in earned income, \$2,350.00 in Ordinary Dividends, \$3,600.00 in Business Income and \$12,000.00 in qualifying deductions.

On January 15, 2015, the Marketplace issued an eligibility determination that you are no longer eligible for Medicaid but will continue to receive Medicaid benefits until September 30, 2015 because individuals who have been determined eligible for Medicaid remain eligible for twelve continuous months from the date they were determined eligible.

Most adults who are determined eligible for Medicaid are guaranteed 12 continuous months of Medicaid Coverage, even if the adult loses Medicaid eligibility because of changes to their Marketplace account, including increased income above the Medicaid limit allowed for the household size.

On January 15, 2015, the relevant FPL was still \$11,600.00 for a one-person household. An income of \$33,950.00 is 290.92% of the relevant FPL, which is above the Medicaid limit of 138% of the FPL. Since the January 15, 2015 eligibility determination correctly stated that you are no longer eligible for Medicaid but will continue to receive Medicaid benefits for the remainder of your Medicaid eligibility year, ending on September 30, 2015, it is AFFIRMED.

## **Decision**

The January 15, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** June 10, 2015

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

You remain eligible to receive Medicaid until September 30, 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

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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**

The January 15, 2015 eligibility determination is AFFIRMED.

You remain eligible to receive Medicaid until September 30, 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]