



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

Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001527

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

Dear Ms. [REDACTED]

On February 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 14, 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 letter.

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).

This page intentionally left blank.



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

Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001527

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

Issues

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

Did the Marketplace properly determine that your two children (ages 5 and 6) were eligible for Medicaid as of January 14, 2015?

Procedural History

On November 16, 2014, the Marketplace reran your eligibility for health insurance. The Marketplace prepared a preliminary eligibility determination stating that based on information from state and federal data sources: You, your husband and your two children qualify for health coverage under Medicaid.

On January 12, 2015, you applied for health insurance through the Marketplace. On January 13, 2015, the Marketplace issued an eligibility determination notice stating that you, your husband and your two children remain eligible for Medicaid.

On January 13, 2015, you reapplied for health insurance through the Marketplace. On January 14, 2015, the Marketplace issued an eligibility determination notice stating that you and your husband are eligible to receive up to \$253.00 monthly of advance premium tax credits, and your two children will continue to receive Medicaid coverage until January 31, 2016.

On January 21, 2015, you spoke to the Marketplace Appeals Unit and appealed the January 14, 2015, determination insofar as it found your children eligible for Medicaid.

On February 18, 2015, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was left open until March 5,

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).

2015, because you were directed to submit additional documentation showing your household monthly income for January 2015.

On March 4, 2015, you submitted the Schedule C (Form 1040) Profit or Loss from Business from your 2013 U.S. Individual Income Tax Return. The evidence was marked as "Appellant's Exhibit A" and made part of the record. The record is now complete and closed.

Findings of Fact

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

1. You are applying for health insurance through the Marketplace for yourself, your husband and your two children (██████████).
2. You plan on filing a 2015 federal income tax return with the tax status of married filing jointly with your spouse, and claiming your two children as dependents on that return.
3. On January 12, 2015, you reapplied for health insurance through the Marketplace based on annual household incomes of \$18,386.30 and \$30,160.30. Based on those annual household incomes, your children were determined eligible for Medicaid.
4. On January 13, 2015, you reapplied for health insurance through the Marketplace. Based on an annual household income of \$60,244.00, your children were determined eligible for Medicaid based on continuous coverage.
5. Your husband is the sole proprietor of an automotive and golf cart business.
6. On January 12, 2015, expected 2015 yearly incomes for your husband of \$14,226.00 and \$26,000.00 were entered in your account.
7. At the February 18, 2015 hearing, you were directed to provide income documentation to demonstrate your monthly income for January 2015.
8. According to your Schedule C (Form 1040) Profit or Loss from Business from your 2013 U.S. Individual Income Tax Return, you had a net profit of \$1,323.00 for your husband's business in 2013 (Appellant's Exhibit A).

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 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 the 2015 FPL, which is \$24,250.00 for a four-person household (80 Fed. Reg. 3236, 3237).

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if his or her household's modified adjusted gross income falls at or below 154% of the FPL (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13 ADM-03).

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).

Continuous Coverage for children under the age of nineteen:

All Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (NY Social Services Law § 366(4)(b)(3)(i)).

Legal Analysis

The current issue is whether the Marketplace properly determined that your two children were eligible for Medicaid as of January 14, 2015.

On November 16, 2014, the Marketplace made a preliminary eligibility determination that, according to information from state and federal data sources, you, your husband and your two children qualify for health coverage under Medicaid.

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).

On January 12, 2015, you reapplied for health insurance through the Marketplace based on annual household incomes of \$18,386.30 and \$30,160.30. Based on those annual household incomes, your children were determined eligible for Medicaid.

On January 12, 2015, your two children would qualify for Medicaid with a household income up to 154% of the federal poverty level (FPL). Since the 2014 FPL is \$24,250.00, your children would qualify at an income up to \$37,345.00. Therefore, the Marketplace correctly determined that, with a household incomes of \$18,386.30 or \$30,160.30, that your children were eligible for Medicaid.

On January 13, 2015, you reapplied for health insurance through the Marketplace. Based on an annual household income of \$60,244.00, your children were determined eligible for Medicaid based on continuous coverage.

In New York State, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 154% (for children over the age of one and under the age of nineteen) of the FPL. This provision is called "continuous coverage."

Therefore, once the Marketplace properly determined that your children were eligible for Medicaid, they were properly found to remain covered under Medicaid during 2015, as stated in the January 14, 2015 notice of eligibility determination.

You testified that the annual household income entered in your Marketplace account on January 12, 2015 does not accurately represent your 2015 income. You were directed to provide income documentation demonstrating your January 2015 income. On March 4, 2015, you submitted the Schedule C (Form 1040) Profit or Loss From Business from your 2013 U.S. Individual Income Tax Return. This documentation does not accurately represent your January 2015 monthly income. At this time you did not provide sufficient testimony or documents to return your case to Marketplace to recalculate you benefits on a yearly or monthly basis.

Since the January 14, 2015, eligibility determination properly states that your two children are eligible for Medicaid based on your January 12, 2015 Marketplace application, it is correct and is AFFIRMED.

Decision

The January 14, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: June 12, 2015

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).

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Your children remain eligible for Medicaid.

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

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).

Summary

The January 14, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

Your children remain eligible for Medicaid

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]