



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

## Notice of Decision

Decision Date: July 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001586

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 24, 2015 and January 25, 2015 eligibility determinations.

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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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001586

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine that your coverage under Medicaid should continue until September 30, 2015?

## Procedural History

The Marketplace received your application for health insurance on October 20, 2014.

That same day, several payment vouchers and a screenshot of your apparent gross income received between September 19, 2014 and October 17, 2014 were uploaded to your Marketplace account.

Also on that same day, the Marketplace prepared a preliminary eligibility determination based on your October 20, 2014 application. It said that you were eligible for Medicaid, effective October 1, 2014. This determination was based, in part, on an annual household income of \$6,600.00.

The Marketplace issue a notice of eligibility determination on November 27, 2014 formalizing the findings contained in the October 20, 2014 preliminary eligibility determination in that you were eligible for Medicaid, effective October 1, 2014.

On January 23, 2015, the Marketplace received several revised applications in which you attested to an expected yearly income of \$20,393.00 and, in one instance, \$16,393.00. In each case, the Marketplace issued a preliminary

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eligibility determination finding you eligible for Medicaid beginning January 1, 2015.

On January 24, 2015 and January 25, 2015, the Marketplace issued eligibility determination notices that stated “you are no longer eligible for Medicaid. However, we will continue coverage until September 30, 2015.” Each notice further stated that “individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible.”

On January 26, 2015, you spoke with the Marketplace’s Account Review Unit to appeal the January 24, 2015 and January 25, 2015 eligibility determinations insofar as your Medicaid coverage was continued.

On February 24, 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) You testified that you live alone, are not married, and have no children.
- 2) You testified that you are seeking health insurance coverage only for yourself through the Marketplace.
- 3) You testified, and your application indicates, that you expect to file your 2015 U.S. Income Tax return as “single” and claim no dependents.
- 4) You reside in New York County, New York.
- 5) On October 20, 2014, the Marketplace found eligible for Medicaid coverage beginning October 1, 2014. A notice of eligibility determination was issued on November 27, 2014 formalizing the results of that preliminary determination.
- 6) You submitted several applications on January 23, 2015 in which you attested to an expected yearly income of \$20,393.00 and, in one instance, \$16,393.00.
- 7) You testified that you no longer wanted to have Medicaid coverage since your earnings have increased, and you work with children and need to see the doctor frequently. You further testified that you need

quality health insurance and being on a Medicaid plan wastes time by being forced to wait in clinics.

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

## **Applicable Law and Regulations**

### Medicaid

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they would no longer be eligible 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)).

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 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 (see 45 CFR § 155.305(f); 26 CFR 1.36B-2; N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

The only issue raised on appeal is whether the Marketplace properly determined that your Medicaid coverage should continue until September 30, 2015.

On November 27, 2014, the Marketplace determined your eligibility based on an October 20, 2014 application and found that you were eligible for Medicaid coverage effective October 1, 2014. That determination was not appealed.

Once a person is found eligible for Medicaid, they remain eligible for Medicaid for twelve continuous months whether or not their income increases. This is referred to as “continuous coverage.” Since you were found eligible for Medicaid effective October 1, 2014, you remain eligible for Medicaid coverage regardless of any increases in income until September 30, 2015.

Your Medicaid coverage was in effect during January 2015, making you ineligible to receive an advance premium tax credit (APTC) and ineligible for cost-sharing reductions (CSR) during that time. Therefore, the January 24, 2015 and January 25, 2015 eligibility determination notices are correct, and must be AFFIRMED.

## **Decision**

The January 24, 2015 and January 25, 2015 eligibility determinations are AFFIRMED.

**Effective Date of this Decision:** July 8, 2015

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

Your eligibility has not changed. You are eligible for Medicaid coverage from October 1, 2014 until September 30, 2015.

You are not eligible for an advance premium tax credit or cost sharing reductions while you are 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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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## **Summary**

The January 24, 2015 and January 25, 2015 eligibility determinations are AFFIRMED.

Your eligibility has not changed. You are eligible for Medicaid coverage from October 1, 2014 until September 30, 2015.

You are not eligible for an advance premium tax credit or cost sharing reductions while you are 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]