



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

Notice of Decision

Decision Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001611

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 23, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 28, 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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Issue

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

Did the Marketplace properly determine that your son is eligible for Medicaid, effective January 1, 2015?

Procedural History

On November 3, 2014, the Marketplace issued a notice informing you that it was time to renew your household's health coverage for 2015, and that, based on federal and state data sources that your income was between \$32,913.00 and \$95,400.00, and that you, your daughter, and your son qualified for an advance premium tax credit (APTC) of up to \$436.70 per month as well as cost-sharing reductions if you enroll in a silver level health plan.

On December 30, 2014, you updated your Marketplace application; specifically, you changed your household income.

On December 31, 2014, an eligibility determination notice was issued that stated your son was eligible for Medicaid effective December 1, 2014. You, your wife, and your daughter were eligible for \$963.00 per month in APTC and cost-sharing reductions if you enrolled in a silver level health plan.

On January 14, 2015, you updated your Marketplace application several times; specifically the student status of your son.

On January 15, 2015, the Marketplace issued an eligibility determination notice that stated your son was eligible for Medicaid, effective January 1, 2015. You,

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your wife, and your daughter were eligible for \$963.00 per month in APTC and cost-sharing reductions if you enrolled in a silver level health plan.

On January 27, 2015, you updated your Marketplace application. That day, a preliminary eligibility determination was rendered that stated your son was eligible for Medicaid. You, your wife, and your daughter were eligible for \$963.00 per month in APTC and cost-sharing reductions if you enrolled in a silver level health plan.

Also on January 27, 2015, you called the Marketplace's Account Review Unit and appealed your son's eligibility for Medicaid.

On January 28, 2015, an eligibility determination notice was issued that stated your son was eligible for Medicaid, effective January 1, 2015. You, your wife, and your daughter were eligible for \$963.00 per month in APTC and cost-sharing reductions if you enrolled in a silver level health plan.

On February 23, 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 live with your spouse and two children. You are all older than 19 years of age.
- 2) All four of the members of your household were seeking health insurance coverage through the Marketplace.
- 3) You testified that you are only appealing your son's eligibility for Medicaid because you would like him to be on the same health plan as the rest of your family.
- 4) You testified that you expect to file your 2015 taxes as married filing jointly with your spouse will claim two dependents on that income tax return
- 5) On January 27, 2015, your application listed a combined, expected 2015 household income of \$33,725.00. You testified that that amount is correct and consists of \$16,000.00 of income from you, and \$17,725.00 in income from your spouse.

- 6) You testified that your children will not earn enough income during 2015 to be required to file their own tax returns.
- 7) You testified that your son is 20 years old and is a full-time college student.
- 8) You and your family currently reside in Westchester County, NY.

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

Applicable Law and Regulations

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 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 federal poverty level (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 \$23,850.00 for a four-person household (80 Fed. Reg. 3236, 3237).

For children ages 19 and 20, whose primary residence is with their parents, the applicable household income is 155% of the 2015 FPL, or \$36,967.00 (155% of the FPL) (N.Y. Soc. Serv. Law § 366)(b)(7).

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 (N.Y. Soc. Serv. Law § 366(4)(c)).

Legal Analysis

Currently at issue is the question of whether the Marketplace correctly found your son eligible for Medicaid.

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The eligibility determination under review is based on the January 27, 2015 application for health insurance. That application listed your household income as \$33,725.00, and your son's age as 20 years old. You testified that this information was correct.

Your son is in a four-person household; you and your spouse expect to file your 2015 taxes as married filing jointly and will claim your son and one other child as dependents on your tax return.

To qualify for Medicaid coverage on January 27, 2015, when you updated your application, your son would have had to meet all of the Medicaid criteria and have a household income no higher than \$36,967.00 (155% of \$23,850.00, the 2014 FPL for a four-person household).

Since \$33,725.00 is 141.4% of the 2015 FPL, the Marketplace properly found your son to be eligible for Medicaid on an expected annual income basis.

Because your son is eligible for Medicaid, he not eligible for an advance premium tax credit through the Marketplace.

Therefore, the January 28, 2015 eligibility determination is AFFIRMED.

Decision

The Marketplace's January 28, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 16, 2015

How this Decision Affects Your Eligibility

Your son remains 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

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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 Marketplace's January 28, 2015 eligibility determination is AFFIRMED.

Your son remains 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]