



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

## Notice of Decision

Decision Date: June 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001646

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 26, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 1, 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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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001646

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issues

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

Did the Marketplace properly determine that you were eligible for Medicaid as of February 1, 2015?

## Procedural History

On November 7, 2014, the Marketplace issued a notice stating that based on federal and state data sources you are eligible for Medicaid.

On January 31, 2015, you reapplied for health insurance through the Marketplace. On February 1, 2015, the Marketplace issued an eligibility determination notice stating that you are no longer eligible for Medicaid. However, your Medicaid coverage will continue until December 31, 2015.

On January 31, 2015, you spoke to the Marketplace's Account Review Unit and appealed insofar as the Marketplace finding you eligible for Medicaid based on continuous coverage.

On February 26, 2015, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until February 26, 2015, at 4:30 pm to allow you to submit additional documentation.

On February 26, 2015, you submitted Earnings Statements from [REDACTED]. The evidence was made part of the record and Marketed as "Appellant's Exhibit A." The record is now complete and closed.

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## 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 only.
- 2) You plan to file your 2015 federal income tax return as Single and will claim no dependents on that tax return.
- 3) You testified you have been employed at [REDACTED] since May 5, 2014.
- 4) You testified that you earn \$480.00 per week at [REDACTED].
- 5) On February 26, 2014, you faxed Earnings Statements from [REDACTED] to the Appeals Unit consisting of: Check date November 14, 2014, indicating gross earnings of \$468.00; Check date November 21, 2014, indicating gross earnings of \$374.40; Check date November 28, 2014, indicating gross earnings of \$468.00, and Check date December 5, 2015, indicating gross earnings of \$468.00.
- 6) You testified that your Medicaid health insurance coverage through Saratoga County Local Department of Social Services (LDSS) ended October 1, 2014.
- 7) You initially applied for health insurance through the Marketplace on September 11, 2014. You were determined eligible to enroll in a qualified health plan (QHP), receive up to \$163.00 monthly of advance premium tax credits (APTC), and receive cost-sharing reductions (CSR).
- 8) On September 11, 2014, you enrolled in EssentialCare Silver Plan (CO-OP) with an effective date of October 1, 2014.
- 9) On December 29, 2014, the Marketplace issued a Disenrollment Notice stating that your EssentialCare Silver Plan (CO-OP) coverage would end effective December 31, 2014.
- 10) You testified that you have two unpaid medical bills from doctor visits in December 2014 in the approximate amount of \$200.00 that should have been covered and have not been reimbursed.

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

## Applicable Law and Regulations

### Medicaid

Medicaid through the Marketplace can be provided 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 household income that is at or below 138% of the 2014 federal poverty level (FPL) for the applicable family size (see 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

An individual is eligible for enrollment in Medicaid when she meets the nonfinancial criteria and has a monthly household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)). 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 by the US Department of Health and Human Services, March 19, 2014).

The 2014 FPL for a one-person household is \$11,670 (79 Fed. Reg. 3953). Therefore, taking the 5% disregard into account, the income standard for Medicaid benefits is a maximum of \$16,105 (138% of the 2014 FPL) or \$1,343.00 on a monthly basis.

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 modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

### Managed Care Complaints:

The Department of Health maintains a toll free telephone line, 1-800-206-8125, and an email address: [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov) that is available to anyone wishing to file a complaint regarding a New York State managed care plan's inadequate or inaccessible health care.

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 is available to anyone who has billing concerns or a plan's refusal to pay a covered service.

## Legal Analysis

At issue is whether the Marketplace correctly found you eligible for Medicaid based on continuous coverage as of February 1, 2015.

You are currently employed at [REDACTED] and have been employed there since May 5, 2014.

On November 7, 2014, the Marketplace issued a notice stating that based on federal and state data sources, you are eligible for Medicaid. On January 31, 2015, you reapplied for health insurance through the Marketplace. On February 1, 2015, the Marketplace issued an eligibility determination notice stating that based on your expected annual income of \$24,960.00, you are no longer eligible for Medicaid. However, based on continuous coverage, your Medicaid coverage will continue until December 31, 2015.

You testified that you consistently earn \$480.00 per week at [REDACTED]. The record contains four Earnings Statements from [REDACTED]. Check date November 14, 2014, indicates gross earnings of \$468.00; Check date November 21, 2014, indicates gross earnings of \$374.40; Check date November 28, 2014, indicates gross earnings of \$468.00, and Check date December 5, 2015, indicates gross earnings of \$468.00. Based on the evidence submitted, your November 2014 income was approximately \$1,778.40. You would qualify for Medicaid in November 2014 with a monthly income of \$1,343.00. The evidence you provided during the hearing establishes that your household's November 2014 income exceeded this threshold.

The credible evidence of record indicates that your expected annual income for 2015 is \$24,960.00 and your actual income for the month of November 2014 was \$1,778.40. Therefore, you did not qualify for Medicaid either on an expected annual income or on a monthly income basis. Since you were not eligible for Medicaid in November 2014, the Marketplace improperly stated that you are eligible for Medicaid based on continuous coverage on February 1, 2015. Based on your credible testimony, you earn approximately \$480.00 per week at [REDACTED] [REDACTED] in 2015. Therefore, your projected household income is ( $\$480.00 \times 52$ ) \$24,960.00 for 2015.

Since a review of the available evidence confirms that the November 7, 2014, and the February 1, 2015, eligibility determinations are not supported by the record, they must be RESCINDED.

You initially applied for health insurance through the Marketplace on September 11, 2014. You were determined eligible to enroll in a qualified health plan (QHP),

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receive up to \$163.00 monthly of advance premium tax credit (APTC), and cost-sharing reductions (CSR). On September 11, 2014, you enrolled in EssentialCare Silver Plan (CO-OP) with an effective date of October 1, 2014. On December 29, 2014, the Marketplace issued a Disenrollment Notice stating that your EssentialCare Silver Plan (CO-OP) coverage would end effective December 31, 2014. You testified that you have two unpaid medical bills from doctor visits in December 2014 that should have been covered in the approximate amount of \$200.00 and have not been reimbursed.

The Marketplace's Appeals Unit is not the proper venue to seek reimbursement of services covered under a Medicaid Managed Care Plan.

Please contact the toll free telephone line, 1-800-206-8125, or address: [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov) that is available to anyone wishing to file a complaint regarding a New York State managed care plan's refusal to pay a covered service.

## **Decision**

This decision RESCINDS the November 7, 2014, and February 1, 2015 determinations of Medicaid eligibility. You are not Medicaid eligible based on the information that you provided to the Marketplace during November 2014.

Your case is RETURNED to the Marketplace for a redetermination of your eligibility based on an expected household income of \$24,960.00 for a household of one.

**Effective Date of this Decision:** June 16, 2015

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

This decision RESCINDS the November 7, 2014, and February 1, 2015 determinations of Medicaid eligibility. You are not Medicaid eligible based on the information that you provided to the Marketplace during November 2014.

Your case is RETURNED to the Marketplace for a redetermination of your eligibility based on an expected household income of \$24,960.00 for a household of one.

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## **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

## **Summary**

This decision RESCINDS the November 7, 2014, and February 1, 2015 determinations of Medicaid eligibility. You are not Medicaid eligible based on the information that you provided to the Marketplace during November 2014.

Your case is RETURNED to the Marketplace for a redetermination of your eligibility based on an expected household income of \$24,960.00 for a household of one.

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## **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]