



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

Notice of Decision

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001961

[REDACTED]

Dear [REDACTED],

On April 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 5, 2015 notice of eligibility redetermination.

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).

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NY State of Health Number: [REDACTED]
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Issue

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

Did the Marketplace properly determine that your family was eligible for Medicaid effective April 1, 2014?

Did the Marketplace properly determine that you and your spouse were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until May 31, 2015?

Did the Marketplace properly determine that your children remained eligible for Medicaid effective March 1, 2015?

Procedural History

On June 18, 2014, the Marketplace issued a notice of eligibility determination, stating that you and your family were eligible for Medicaid effective April 1, 2014. This determination was based, in part, on an attested expected household income of \$22,490.00.

On March 2, 2015 and twice on March 4, 2015, your account was modified to reflect annual expected earnings of \$34,000.72, \$37,000.08, and \$34,000.20, chronologically.

On March 3, 2015 and March 5, 2015, the Marketplace issued notices of eligibility redetermination, stating that while you and your spouse were no longer eligible for Medicaid, your enrollment in Medicaid would continue until May 31,

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2015, “because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible.” The notices further stated that your children remained eligible for Medicaid. These determinations were based on attested household incomes of \$34,000.72 and \$34,000.20.

Also on March 5, 2015, you spoke with the Marketplace’s Account Review Unit and appealed that determination insofar as it found your family eligible for Medicaid coverage rather than coverage through a qualified health plan.

On April 20, 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 are married and have two children.
- 2) The Marketplace received your initial application for health insurance through the Marketplace on April 4, 2014.
- 3) According to the June 17, 2014 and the March 4, 2015 applications, you expect to file your 2015 federal tax return jointly with your spouse, and claim your two children as dependents.
- 4) According to the June 17, 2014 application, you attested to an expected household income of \$22,490.00 for the 2014 tax year. You testified that, at the time you submitted this application, the income provided was an accurate reflection of your expected household income for the 2014 tax year.
- 5) According to the March 4, 2015 application, you attested to an expected household income of \$34,000.20 for the 2015 tax year. You testified that this is an accurate reflection of your expected household income for the 2015 tax year.
- 6) The Marketplace’s system reflects that you and your spouse were enrolled in Medicaid fee-for-service effective April 1, 2014 to March 31, 2015.
- 7) The Marketplace’s system reflects that your children were enrolled in Medicaid fee-for-service effective April 1, 2014 to March 31, 2015. The system further reflects that your children’s Medicaid Managed Care

plan enrollment with Excellus BCBS will continue to until February 29, 2016.

- 8) At the time of the June 17, 2014 application, your oldest child was 7 years old and your youngest child was 5 years old. At the time of the March 4, 2015 application, your eldest child was 8 years old and your youngest child was 5 years old.
- 9) You testified that you no longer want your family enrolled in Medicaid coverage through the Marketplace.

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 June 17, 2014 application, that was the 2014 FPL, which was \$23,850.00 for a four-person household (79 Fed. Reg. 3593). On the date of your March 4, 2015 application, that was the 2015 FPL, which is \$24,250.00 for a four-person household (80 Fed. Reg. 3236, 3237).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

A person whose Medicaid eligibility is based on the MAGI of the person or the person's household remains Medicaid eligible for twelve months unless the person becomes ineligible due to “citizenship status, lack of [New York] state residence, or failure to provide a valid social security number” (N.Y. Social Services Law § 366.4(c)).

Medicaid for Children between One Year of Age and Nineteen Years of Age

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

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

Medicaid-eligible children under the age of 19 are provided with twelve months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

Legal Analysis

The first issue is whether the Marketplace correctly determined that your family was eligible for Medicaid effective April 1, 2014.

According to the record, you expected to file a joint federal income tax return for the 2014 tax year and claim your two children as dependents. Therefore, you are in a four-person household.

On your June 17, 2014 application, you attested to an expected household income of \$22,490.00. You credibly testified that the income you provided of \$22,490.00 in the June 17, 2014 application was an accurate reflection of your expected 2014 household income at that time. The application also stated that your eldest child was 7 years old, and your youngest child was 5 years old. The Marketplace 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 (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size. On the date of your application, the relevant FPL was \$23,850.00 for a four-person household. Since \$22,490.00 is 94.3% of the applicable 2014 FPL, the Marketplace properly found you and your spouse to be eligible for Medicaid.

Similarly, Medicaid can be provided through the Marketplace to children between the ages of one and nineteen who meet the non-financial requirements and have a MAGI that is at or below 154% of the FPL for the applicable family size. Since your income was 94.3% of the 2014 FPL, the Marketplace properly found your children to be eligible for Medicaid.

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Therefore, the June 18, 2014 notice of eligibility determination that your family was eligible for Medicaid is correct and is AFFIRMED.

The second issue is whether the Marketplace properly determined that you and your spouse's Medicaid coverage should continue until May 31, 2015.

Your initial application for health insurance was submitted on April 4, 2014 and your family was determined eligible for Medicaid on June 17, 2014. Medicaid coverage begins on the first day of the month in which the applicant was found eligible, therefore, your family's Medicaid eligibility began effective April 1, 2014.

On March 4, 2015, you modified your application for health insurance to reflect a higher expected income of \$34,000.20 for 2015.

However, Medicaid-eligible adults are provided with 12 months of continuous coverage, even if the household's income increases above the eligibility levels during that period.

Since you and your spouse were correctly determined eligible for Medicaid effective April 1, 2014, you continued to receive Medicaid coverage for the remainder of your 12 month eligibility period, which ended on March 31, 2015. Therefore, the Marketplace improperly determined that you and your spouse remained eligible for Medicaid until May 31, 2015.

The third issue is whether the Marketplace properly determined that your children remained eligible for Medicaid, effective March 1, 2015.

When the March 4, 2015 application for health insurance was submitted, your eldest child was 8 years old, and your youngest child was 5 years old.

On the date of your application, the relevant FPL was \$24,250.00 for a four-person household. Since \$34,000.20 is 140.21% of the 2015 FPL, and children between one and nineteen are eligible for Medicaid at a household income of up to 154% of the FPL, the Marketplace properly found that your children remain eligible for Medicaid.

Since the March 5, 2015 notice of eligibility determination correctly stated that your children remain eligible for Medicaid effective March 1, 2015, but improperly continued you and your spouse's Medicaid coverage until May 31, 2015, it is MODIFIED to reflect that you and your spouse remain eligible for Medicaid until March 31, 2015.

Decision

The June 18, 2014 notice of eligibility determination is AFFIRMED.

The March 5, 2015 notice of eligibility determination is MODIFIED to reflect that you and your spouse remain eligible for Medicaid until March 31, 2015.

Effective Date of this Decision: August 25, 2015

How this Decision Affects Your Eligibility

You and your spouse's eligibility for Medicaid ended March 31, 2015.

Your children continue to be eligible for Medicaid coverage, effective March 1, 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 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 June 18, 2014 notice of eligibility determination is **AFFIRMED**.

The March 5, 2015 notice of eligibility determination is **MODIFIED** to reflect that you and your spouse remain eligible for Medicaid until March 31, 2015.

You and your spouse's eligibility for Medicaid ended March 31, 2015.

Your children continue to be eligible for Medicaid coverage, effective March 1, 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:

