



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

Notice of Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001976

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

Dear [REDACTED],

On April 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 4, 2015 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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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[REDACTED]
[REDACTED] [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 you were eligible for Medicaid as of November 3, 2014 and in Medicaid continuous coverage as of March 4, 2015?

Procedural History

From January 2014 to November 30, 2014, you were enrolled in a gold-level qualified health plan and were eligible to receive up to \$221.00 per month of advance premium tax credits.

On November 3, 2014, the Marketplace issued a renewal notice that said they cannot enroll you in your current health plan and you need to select a different health plan if you want coverage in 2015. That notice also stated that you now qualify for health care coverage under Medicaid effective January 1, 2015 because federal and state data sources show that your income is between \$0 and \$16,105.00.

On December 21, 2014, the Marketplace issued a letter confirming that you had not chosen a plan yet, that your insurance coverage through Medicaid will begin January 1, 2015, and if you do not choose a health plan soon one will be chosen for you.

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On January 22, 2015 and again on February 9, 2015, the Marketplace issued letters confirming that your health insurance through Medicaid Fee for Service is effective January 1, 2015 and enrollment with UnitedHealthcare of New York, Inc. will begin March 1, 2015.

On March 4, 2015, the Marketplace issued a notice of eligibility redetermination based on updated information it had received. That notice stated you are no longer eligible for Medicaid; however, your Medicaid coverage will continue until December 31, 2015. It further stated that, “[t]his is 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.”

On that same day, the Marketplace issued a letter confirming your enrollment in UnitedHealthcare of New York, Inc. effective March 1, 2015.

On March 6, 2015, you spoke with the Marketplace’s Account Review Unit and appealed that determination insofar as you did not want health insurance through Medicaid.

On April 9, 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 applying for health insurance through the Marketplace for yourself.
2. You plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that return.
3. According to your March 3, 2015 Marketplace application and your testimony at the hearing, you attested that your 2015 expected earned income is \$0.00 and you live off of assets and savings.
4. You testified that, in 2015, you expect to receive 2014 tax refund of \$369.00 from NY State and between \$5,000.00 and \$10,000.00 federally.
5. You testified that you reside in New York County, New York.

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6. You testified that you are an established patient and your current treating medical providers are in that county. You stated none of your current treating medical providers participate in Medicaid.
7. You testified that you require continuity of care as an established patient and have elected to purchase your own insurance plan with Empire Blue Cross Blue Shield directly in 2015 so that you can continue treating with your current medical providers.
8. You testified that you have used your Medicaid benefit cards in March 2015 for prescription medications only.
9. You testified that you are 64 years old and expect to be eligible for Medicare by your next birthday on [REDACTED], when this won't be an issue anymore.

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 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 2014 FPL, which is \$11, 670.00 for a two-person household (79 Fed. Reg. 3593, 3593).

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).

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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)).

Legal Analysis

Currently at issue is whether the Marketplace correctly found you eligible for Medicaid as of November 3, 2014 and in Medicaid continuous coverage as of March 4, 2015.

The only Medicaid eligibility requirement currently at issue is the income requirement.

At the time of the renewal of your insurance coverage on November 3, 2014, the Marketplace determined, based on federal and state data sources that your income was between \$0.00 and \$16,105 (138% of \$11,670.00) and the eligibility determination that you now qualify for Medicaid as of January 1, 2015 relied upon that information.

In addition, you credibly testified at hearing that this income amount was accurate because you were living off of assets and savings and did not have any earned income.

According to the record, you are in a one-person household. You plan on filing a 2015 federal income tax return with the tax status of Single and will not claim any dependents on that return.

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 the November 3, 2014 renewal notice, the relevant FPL was \$11,670.00 for a one-person household.

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Since a household income of \$0.00 is 0.00% of the 2014 FPL, the Marketplace properly found you to be eligible for Medicaid based on the expected annual income information it obtained from federal and state data sources.

Therefore, the November 3, 2014 renewal notice correctly stated that you now qualify for Medicaid as of January 1, 2015, based on income of between \$0.00 and \$16,105.00 and it is AFFIRMED.

Further, an individual eligible for Medicaid remains in continuous coverage for twelve months from the date of eligibility, which according to the March 4, 2015 notice of eligibility redetermination is March 1, 2015. Therefore, you remain eligible for benefits for twelve continuous months from the date you were determined eligible as of that date under the continuous coverage policy.

Decision

The November 3, 2014 renewal notice with eligibility determination is AFFIRMED.

The March 4, 2015 eligibility redetermination is AFFIRMED.

Effective Date of this Decision: July 15, 2015

How this Decision Affects Your Eligibility

You remain eligible for Medicaid as of March 1, 2015.

Your enrollment in a health plan outside the Marketplace does not affect your eligibility for or enrollment in 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:
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- By fax: 1-855-900-5557

Summary

The November 3, 2014 renewal notice with eligibility determination is **AFFIRMED**.

The March 4, 2015 eligibility redetermination is **AFFIRMED**.

You remain eligible for Medicaid as of March 1, 2015.

Your enrollment in a health plan outside the Marketplace does not affect your eligibility for or enrollment in Medicaid.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

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