



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: AP000000002031

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 21, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 27, 2015 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).

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]
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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, effective February 1, 2015, you and your spouse are eligible for Medicaid as of February 26, 2015?

Procedural History

On February 23, 2015, you uploaded a copy of your 2014 Form 1040, U.S. Individual Income Tax Return.

On February 26, 2015, the Marketplace verified your 2014 income and prepared a preliminary eligibility redetermination that you and your wife were eligible for Medicaid as of February 1, 2015.

On February 27, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the February 26, 2015 preliminary redetermination. That notice informed you that because your household income of \$17,164.00 is at or below the allowable income limit of \$21,708.00, you and your wife are eligible for Medicaid and need to pick a health plan.

On February 28, 2015, the Marketplace issued a letter that said your insurance coverage through Medicaid Fee For service will begin February 1, 2015 and you had to choose a plan or one would be chosen for you.

On March 13, 2015, you spoke with the Marketplace’s Account Review Unit and appealed your eligibility redetermination insofar as you did not want Medicaid and want

to continue your coverage with your platinum plan, EssentialCare Platinum ST INN Dep25, and continue to receive advance premium tax credits.

On March 14, 2015, the Marketplace issued a letter confirming your enrollment as of March 13, 2015 with Healthfirst, a Medicaid Managed Care (MMC) plan, through the Marketplace effective April 1, 2015.

On April 21, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You agreed to waive formal notice of the telephone hearing held at 11:00 a.m. 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 and your wife plan on filing your 2015 federal income tax return as Married Filing Jointly and will not be claiming any dependents.
- 2) According to your 2014 Form 1040, you had business income of \$17,164.00 and your adjusted gross income was \$16,434.00 (Appellant's Exhibit A).
- 3) You testified that you and your wife remained in EssentialCare Platinum ST INN Dep25 from January 1, 2015 to March 31, 2015, an advance premium tax credit of \$455.00 was applied each month, and you paid the balance of the premium.
- 4) According to your Marketplace account, specifically an enrollment override that was performed by the Marketplace on March 2, 2015, you and your wife were enrolled in EssentialCare Platinum ST INN Dep25 from January 1, 2015 to March 31, 2015.
- 5) According to your Marketplace account and your testimony, you and your wife are enrolled in Healthfirst, a Medicaid Managed Care (MMC) plan, effective April 1, 2015.
- 6) You testified that you are satisfied with the new primary care doctor you have selected but are concerned that your MMC plan does not have participating specialists that you need to see.
- 7) You testified that you have not received a handbook from Healthfirst yet but they have directed you to their website in the meantime.

- 8) You testified that you are aware that you can see out-of-network providers if you have obtained a referral and Healthfirst pre-authorizes the out-of-network care.

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 application, that was the 2015 FPL, which is \$15,930.00 for a two-person household (80 Fed. Reg. 3236, 3237).

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 March 19, 2014).

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)).

Medicaid Managed Care

With regard to enrollment in a Medicaid Managed Care plan (MMC), Medicaid recipients generally, except for those who are eligible for an exemption or an exclusion, must enroll in an MMC (18 NYCRR § 360-10.4(a)). Mandatory enrollment in an MMC is required in Suffolk County.

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For plan selections received within the first two weeks of the month, MMC enrollment is effectuated on the first of the following month. For plan selections/applications received after the first two weeks of the month, MMC enrollment is effectuated the first of the second following month (Medicaid Managed Care Model Contract (Appendix H), March 1, 2014).

To ensure continuity of coverage, applicants may be determined eligible for and have their coverage activated at any time during the month, with Medicaid Fee for Services coverage provided until MMC enrollment is activated on the first day of the applicable month.

New York has adopted a continuous coverage policy that extends to individuals who are enrolled in an MMC plan (see CMS Section 115 of the Social Security Act Medicaid Demonstration, NY Partnership Plan, Waiver Number 11-W-00114/2)

Legal Analysis

The issue is whether the Marketplace properly determined that, effective February 1, 2015, you and your wife are eligible for Medicaid Fee for Service and enrolled in a Medicaid Managed Care (MMC) plan effective April 1, 2015.

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 \$15,930.00 for a two-person household. Since \$17,164.00 is 107.75% of the 2015 FPL, the Marketplace properly found you and your wife to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

The same would be true using your adjusted gross income of \$16,434.00. Since \$16,434.00 is 103.16% of the 2015 FPL, you and your wife were eligible for Medicaid based on your adjusted gross income, using the information provided on your 2014 Form 1040.

You selected Healthfirst, an MMC plan, on March 13, 2015 so coverage was effectuated the first of the following month, April 1, 2015. To ensure continuity of coverage, you and your wife were enrolled under Medicaid Fee for Service as of February 1, 2015, until your MMC enrollment could be activated on April 1, 2015. This is so notwithstanding the override that the Marketplace performed to keep you enrolled in your platinum coverage plan from January 1, 2015 to March 31, 2015.

Since the February 27, 2015 notice of eligibility redetermination properly stated that, based on the information you provided, you and your wife were eligible for Medicaid effective February 1, 2015, it is correct and is **AFFIRMED**.

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Since the March 14, 2015 enrollment letter properly stated that you and your wife have insurance coverage through Medicaid Fee for Service as of February 1, 2015 and will be enrolled with Healthfirst beginning April 1, 2015, it is correct and is AFFIRMED.

Decision

The Marketplace's February 27, notice of eligibility redetermination is AFFIRMED.

The Marketplace's March 14, 2015 enrollment notice is AFFIRMED.

Effective Date of this Decision: July 8, 2015

How this Decision Affects Your Eligibility

You and your wife were enrolled in Medicaid Fee for Service effective February 1, 2015 through March 31, 2015, notwithstanding your enrollment in a platinum plan at that time.

Your enrollment in Healthfirst, a Medicaid Managed care plan, effective April 1, 2015 remains in effect.

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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Marketplace's February 27, notice of eligibility redetermination is AFFIRMED.

The Marketplace's March 14, 2015 enrollment notice is AFFIRMED.

You and your wife were enrolled in Medicaid fee for Service effective February 1, 2015 through March 31, 2015, notwithstanding your enrollment in a platinum plan at that time.

Your enrollment in Healthfirst, a Medicaid Managed Care plan, effective April 1, 2015 remains in effect.

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]