



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

Notice of Decision

Decision Date: July 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002141

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

Dear [REDACTED],

On April 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 22, 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).

This page intentionally left blank.



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

Decision

Decision Date: July 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002141

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

Issues

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

Did the Marketplace properly determine, effective January 1, 2015, that you are eligible for Medicaid?

Procedural History

On November 5, 2014, the Marketplace sent you a notice to renew your NY State of Health coverage. The notice stated that you could not be enrolled in your current health plan and need to select a different health plan if you want coverage in 2015. Based on federal and state data sources, you were determined eligible for Medicaid effective January 1, 2015.

On December 27, 2014, you received a disenrollment notice from the Marketplace stating that your Empire Gold Guided Access-ccav would end effective December 31, 2014.

On January 21, 2015, you updated your Marketplace Account.

On January 22, 2015, the Marketplace issued an eligibility determination notice stating that you are no longer eligible for Medicaid. However, your Medicaid coverage will be continued until December 31, 2015.

On March 23, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your eligibility for Medicaid.

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).

On April 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record was left open until May 4, 2015 to allow you to submit additional documentation.

On May 4, 2015, you submitted a two-page fax to the Marketplace Appeals Unit. This fax was marked as "Appellant's Exhibit A" and entered into the record. The record is now complete and closed.

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 on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that return.
3. You are self-employed at [REDACTED].
4. According to your January 21, 2015 Marketplace application, you attested that your 2015 expected household income would be \$22,500.00.
5. On May 4, 2015, you faxed a two-page document to the Marketplace Appeals Unit. You itemized your January 2015 revenue and business expenses. You stated that your total revenue for the month of January 2015 was \$7,065.35 and your total business expenses were \$5,282.23 (Appellant Exhibit A p. 1).
6. You reside in Westchester County, New York.
7. You testified that you were enrolled in a Blue Cross Blue Shield qualified health plan in 2014 and want to remain enrolled in that plan.

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

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).

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 2015 FPL, which is \$11,770.00 for a one-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 by the US Department of Health and Human Services, 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)).

Legal Analysis

Currently at issue is the question of whether the Marketplace correctly found you eligible for Medicaid effective January 1, 2015.

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

On November 5, 2014, the Marketplace issued a notice stating that based on federal and state data sources, you were determined eligible for Medicaid effective January 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 January 21, 2015 application, the relevant FPL was \$11,770.00 for a one-person household.

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).

According to the record you are 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.

On January 21, 2015, you updated your expected 2015 household income in your Marketplace Account. You attested to an expected yearly income of \$22,500.00. However, the following day the Marketplace issued an eligibility determination stating that you remain eligible for Medicaid for twelve continuous months from the date that you were determined eligible.

You provided additional evidence that corroborates the information contained in your January 21, 2015 application that the November 5, 2014 notice does not reflect your current income situation.

On May 4, 2015, you faxed a January 2015 business financial statement to the Marketplace Appeals Unit. You computed your net monthly income for January 2015 to be (\$7,065.35 (-) \$5,282.23) \$1,783.12 (Appellant Exhibit A).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,354.00 per month.

Since your January 2015 net monthly income exceeds the monthly income limit for Medicaid, you do not qualify for Medicaid.

Since the November 5, 2014 eligibility determination was based on inaccurate income data, it is RESCINDED.

Since the January 22, 2015 eligibility determination was based on the finding in the November 5, 2014 determination, it is RESCINDED.

The case is returned to the Marketplace for redetermination of your eligibility based on upon expected household income of \$22,500.00.

Decision

The November 5, 2014 and January 22, 2015 eligibility determinations are RESCINDED.

The case is REMANDED to the Marketplace for redetermination of eligibility based on a one-person household with an expected 2015 income of \$22,500.00.

Effective Date of this Decision: July 10, 2015

How this Decision Affects Your Eligibility

This Decision does not determine your eligibility.

It returns your case to the Marketplace to redetermine your eligibility based on an expected 2015 income of \$22,500.00.

The Marketplace will redetermine your eligibility and issue a new eligibility determination notice.

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

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).

Summary

The November 5, 2014 and January 22, 2015 eligibility determination notices are RESCINDED.

The case is REMANDED to the Marketplace for redetermination of eligibility based on a 2015 income of \$22,500.00.

This Decision does not decide your eligibility.

The Marketplace will redetermine your eligibility and issue a new eligibility determination notice.

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]
[REDACTED]