



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

## Notice of Decision

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002330

[REDACTED]

Decision Date: September 3, 2015

On May 26, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 28, 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 the 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

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002330

[REDACTED]

## Issues

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

Did the Marketplace properly determine that twenty-eight year old son was eligible for Medicaid, based on continuous coverage, as of March 28, 2015?

## Procedural History

On February 18, 2015 your Marketplace Account was updated.

On February 19, 2015 the Marketplace issued an eligibility determination notice that you, your spouse, your twenty-six-year-old and twenty-five-year-old children were determined eligible to purchase a qualified health plan at full cost through the Marketplace. Your twenty-eight-year-old son was determine eligible for Medicaid effective February 1, 2015.

On March 27, 2015 your Marketplace Account was updated.

On March 29, 2015 the Marketplace issued an eligibility determination notice that you, your spouse, your twenty-six-year-old and twenty-five-year-old children were determined eligible to purchase a qualified health plan at full cost through the Marketplace. Your twenty-eight-year-old child was determined "no longer eligible for Medicaid. However, we will continue coverage until January 31, 2016."

On April 8, 2015 you spoke to the Marketplace Account Review and requested an appeal insofar as your twenty-eight-year-old son being determined eligible for

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Medicaid and reimbursement of outstanding medical expenses incurred by your family.

On May 26, 2015, you and your spouse appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until June 9, 2015, at 4:30 pm to allow you to submit additional documentation.

On June 8, 2015 you submitted a thirteen-page fax to the Marketplace Appeals Unit. The evidence was made part of the record and Marketed as "Appellant's Exhibit "A." 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: you, your spouse, your twenty-eight-year-old son, twenty-six-year-old daughter and twenty-five-year-old son.
- 2) According to your February 18, 2015 and March 27, 2015 Marketplace applications, your twenty-eight-year-old son does not plan to file a 2015 federal income tax return.
- 3) According to your February 18, 2015 Marketplace application, your twenty-eight-year-old son will not be claimed as a dependent in 2015.
- 4) According to your February 18, 2015 Marketplace application, your twenty-eight-year-old son does not reside with a spouse or children.
- 5) According to your February 18, 2015 Marketplace application, your twenty-eight-year-old son had a 2015 expected yearly income of \$1,894.63.
- 6) According to your March 27, 2015 Marketplace application, your twenty-eight-year-old son had a 2015 expected yearly income of \$39,000.00.
- 7) You testified that you have outstanding medicals bills for you, your spouse and your twenty-eight-year-old son from December 2014 until April 2015.
- 8) On June 8, 2015 you faxed thirteen-pages to the Marketplace Appeals Unit consisting of outstanding medical bills for yourself, your spouse and your twenty-eight-year-old son (Appellant's Exhibit A).

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

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## **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 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)).

For individuals who do not expect to file a federal income tax return and do not expect to be claimed as a tax dependent for the taxable year in which an initial determination or renewal of eligibility is being made, the household consists of the individual and, if living with the individual: (1) individual's spouse, and (2) the individual's natural, adopted and step children under the age of 19 or, in the case of full-time students, age 21 (42 CFR § 435.603(f)(3), (42 CFR § 435.603(f)(3)(i), (42 CFR § 435.603(f)(3)(ii), (42 CFR § 435.603(f)(3)(iv))).

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 \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

### Medicaid Continuous Coverage

Most adults who are determined to be eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any income increases or updates they make to their Marketplace account. This 12-month period is referred to as "continuous coverage" and is based on the start date of the original Medicaid eligibility determination or the date of a later Medicaid eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

### Appealable Issues

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

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## Legal Analysis

The issue is whether the Marketplace correctly found your twenty-eight-year-old eligible for Medicaid based on continuous coverage as of March 28, 2015.

On February 18, 2015 an application for health insurance was submitted for your twenty-eight-year-old son through the Marketplace. According to that application: (1) your son does not plan to file a 2015 federal income tax return; (2) has a 2015 expected yearly income of \$1,894.63; (3) will not be claimed as a dependent in 2015; (4) does not reside with a spouse or children.

Individuals who do not expect to file a federal income tax return and do not expect to be claimed as a tax dependent for the taxable year in which an initial determination or renewal of eligibility is being made, the household consists of the individual and, if living with the individual, the individual's spouse and the individual's children under the age of 19 or, in the case of full-time students, age 21. Since the record does show that he does not reside with a spouse or children, your twenty-eight-year-old son had a one-person household.

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 FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00.00 for a one-person household. Since \$1,894.63.00 is 16.10% of the 2015 FPL, the Marketplace properly found your son to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Therefore, based on the information in your February 18, 2015 Marketplace application, the Marketplace properly determined that your son was eligible for Medicaid.

On March 27, 2015 your Marketplace Account was updated. Your twenty-eight-year-old son's annual household income was change to \$39,000.00, your son was determined eligible for Medicaid based on continuous coverage.

In New York State, once an adult is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called "continuous coverage."

Therefore, once the Marketplace properly determined that your twenty-eight-year-old was eligible for Medicaid, he was properly found eligible to remain covered under Medicaid, as stated in the March 29, 2015 notice of eligibility determination.

At the hearing you raised the issue of reimbursement of outstanding medical bills and submitted supporting documentation to the Appeals Unit on June 8, 2015.

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Since the issue of reimbursement raised on appeal is not one that the NY State of Health Appeals Unit is authorized to address, we must dismiss that basis of your appeal request.

However, UnitedHealthcare may be able to help you with your request for reimbursement of the February 2015 premium that you paid. If you have not already been assisted with your current reimbursement issue, please contact UnitedHealthcare at (877) 856-2429.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

## **Decision**

The March 28, 2015 eligibility determination insofar as determining your twenty-eight-year-old son eligible for Medicaid is AFFIRMED.

This decision does not address your eligibility for reimbursement of outstanding medical bills. It informs you of contact information if you choose to pursue your complaint further.

**Effective Date of this Decision:** September 3, 2015

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

Your twenty-eight-year-old son remains eligible for Medicaid effective February 1, 2015.

Determinations made after the appeal request will not be affected by this decision.

## **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:  
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- By fax: 1-855-900-5557

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## **Summary**

The March 28, 2015 eligibility determination insofar as determining your twenty-eight-year-old son eligible for Medicaid is AFFIRMED.

This decision does not address your eligibility for reimbursement of outstanding medical bills. It informs you of contact information if you choose to pursue your complaint further.

Your twenty-eight-year-old son remains eligible for Medicaid effective February 1, 2015.

Determinations made after the appeal request will not be affected by this decision.

## **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:**

