



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

Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002536

[REDACTED]

Dear [REDACTED],

On May 20, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 14, 2015 notice of 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).

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NY State of Health Number: [REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly find that you were eligible for an advance premium tax credit and ineligible for Medicaid, effective May 1, 2015?

Procedural History

The Marketplace received your initial application for health insurance on January 14, 2015 and prepared a preliminary eligibility determination in your case. It stated that you are eligible for Medicaid, effective January 1, 2015, based on an attested expected household income of \$5,460.00.

On January 15, 2015, the Marketplace issued a notice confirming your insurance coverage through Medicaid effective January 1, 2015. The notice further confirmed your enrollment in you Medicaid managed care plan, Healthfirst, effective February 1, 2015. The notice also stated that you needed to submit proof of your income before January 31, 2015, or you might "get less or no financial help to pay for your coverage, or your health insurance could be cancelled."

On January 15, 2015 and January 22, 2015, copies of your paystubs, issued by [REDACTED] between August 29, 2014 and October 24, 2014, were uploaded to your Marketplace account. A letter from one of your employers was uploaded on January 28, 2015, which stated that you were an independent contractor and that your income varied. Your income for 2014 from that employer was \$884.00.

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On January 26, 2015, the Marketplace issued a notice stating, “We previously notified you that additional information is required to confirm your eligibility for health insurance through New York State of Health. You have since submitted documentation to resolve the inconsistency; however the documentation appears to be insufficient to resolve the request.” The notice further stated that additional information was required to confirm your eligibility. You were requested to submit additional income information, and additional information to confirm your income for the months of October, November, and December 2014 to determine your eligibility for Medicaid coverage for the three months prior to your application.

On January 29, 2015, the Marketplace issued a notice confirming your insurance coverage through Medicaid managed care plan Healthfirst had ended at your request.

On January 29, 2015, the Marketplace issued a notice confirming your insurance coverage through Medicaid effective January 1, 2015. The notice further confirmed your Medicaid managed care plan enrollment with Health Insurance Plan of Greater New York effective March 1, 2015. You were requested to submit proof of your income before February 15, 2015 or you could “get less or no financial help to pay for your coverage, or your health insurance could be cancelled.”

On April 14, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were newly eligible to receive an advance premium tax credit of up to \$243.00 per month and, if you selected a silver level health plan, cost-sharing reductions effective May 1, 2015. The notice further stated that you were not eligible for Medicaid because the household income you provided was over the allowable income limit. This determination was based on an expected household income of \$23,840.00.

On April 22, 2015, you spoke with the Marketplace’s Account Review Unit and appealed that determination insofar as it determined you ineligible for Medicaid.

On April 25, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were eligible for Medicaid effective May 1, 2015.

Also on April 25, 2015, the Marketplace issued a notice confirming your insurance coverage through Medicaid effective May 1, 2015. The notice further confirmed your Medicaid managed care plan enrollment with Health Insurance Plan of Greater New York effective June 1, 2015.

On May 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. At that time, you designated your Navigator, [REDACTED], as your Authorized Representative. The record was developed during the

hearing and left open until June 17, 2015 to provide you an opportunity to submit supporting evidence of your income between December 2014 and January 2015.

By June 17, 2015, the Marketplace's Appeals Unit did not receive your supporting evidence and the record was closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You are the only person in your tax household, and you expect to file your 2015 federal income tax return as Single.
- 2) The record reflects that your Medicaid eligibility through the Marketplace was effective January 1, 2015.
- 3) The record reflects that the Marketplace issued a notice on January 15, 2015 requesting proof of your income. The record further reflects that proof of your income between August and October 2014 was submitted to the Marketplace on January 15 and 22, 2015 (Appellant's Exhibit 1).
- 4) The record reflects that the Marketplace issued a notice on January 26, 2015 stating that the proof of income you submitted was insufficient to resolve the inconsistency in income. You were requested to submit proof of income to resolve the inconsistency. The record further reflects that the Marketplace issued a notice on January 29, 2015 requesting proof of your income by February 15, 2015. No additional documents were received from you by February 15, 2015.
- 5) You testified that you were employed by [REDACTED] in 2014, but are no longer employed by that organization. You further testified that in January 2015, you were employed by [REDACTED] and worked a few days per week.
- 6) The record reflects that you work for [REDACTED] as an independent contractor, however, you do not work steady hours (Appellant's Exhibit 1).
- 7) The April 14, 2015 notice of eligibility determination stated that, effective May 1, 2015, you were eligible to receive an advance premium tax credit of up to \$243.00 per month and cost-sharing reductions. That determination is the basis of the appeal.
- 8) The record reflects that a note was added to your Marketplace account on April 24, 2015, stating that your coverage was corrected and you were

granted Medicaid Continuous Coverage through December 31, 2015. The note further stated that you were re-enrolled in Health Insurance Plan of Greater New York effective May 1, 2015. (NY State of Health Exhibit 1).

- 9) On April 25, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were eligible for Medicaid effective May 1, 2015. This determination was not appealed.

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 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)).

Medicaid Continuous Coverage

Under New York's Social Services Law, a person who is found eligible for Medicaid based on his household's modified adjusted gross income (MAGI) but loses that eligibility "for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number" keeps their Medicaid for twelve months, "provided that federal financial participation in the costs of such assistance is available" (Soc. Serv. Law § 366(4)(c)). This provision is referred to as "continuous coverage" and the twelve-month period of continuous coverage is based on the date of Medicaid eligibility.

Legal Analysis

You appealed the April 14, 2015 notice of eligibility determination issued by the Marketplace approving a maximum advance premium tax credit (APTC) of \$243.00 per month, effective May 1, 2015. This determination was never put into effect because, before it was implemented, it was superseded by the April 25, 2015 notice of eligibility determination stating that you were eligible for Medicaid effective May 1, 2015. This later determination has not been appealed.

According to the information in your Marketplace account, your coverage was corrected and you were granted continuous Medicaid coverage through December 31, 2015. The record reflects that your Medicaid coverage, as well as your Medicaid managed care plan enrollment with Health Insurance Plan of Greater New York was reinstated effective May 1, 2015.

Since the April 14, 2015 notice of eligibility determination was superseded before it could be implemented, your appeal of that notice of eligibility is moot.

Since the April 25, 2015 notices have not been appealed, they are not reviewed here.

Decision

The April 14, 2015 notice of eligibility determination was superseded before it could be implemented, and it is therefore not necessary to review the April 14, 2015 eligibility determination for its legal validity.

Effective Date of this Decision: October 15, 2015

How this Decision Affects Your Eligibility

This decision does not change your current eligibility.

You remain continuously eligible for Medicaid until December 31, 2015. Your Medicaid coverage was reinstated effective May 1, 2015, as stated in the April 25, 2015 notice of eligibility redetermination.

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

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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 April 14, 2015 notice of eligibility determination was superseded before it could be implemented, and it is therefore not necessary to review the April 14, 2015 eligibility determination for its legal validity.

This decision does not change your current eligibility.

You remain continuously eligible for Medicaid until December 31, 2015. Your Medicaid coverage was reinstated effective May 1, 2015, as stated in the April 25, 2015 notice of eligibility redetermination.

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:

