



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

## Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002570

[REDACTED]

Dear [REDACTED],

On May 27, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 24, 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).

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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002570

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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 you were eligible for Medicaid effective April 1, 2015?

Did the Marketplace properly determine that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until March 31, 2016?

## Procedural History

On November 28, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible to receive an advance premium tax credit of up to \$355.00 per month and, if you enroll in a silver level plan, cost-sharing reductions, effective January 1, 2015. This determination was based on an attested expected household income of \$16,120.00.

On April 23, 2015, the address information in your Marketplace application was updated, and in that application you attested to an expected household income of \$16,120.00 for the 2015 tax year. The Marketplace prepared a preliminary eligibility determination based on that application that stated you were eligible for Medicaid.

Also on April 23, 2015 your account was modified six more times, each time with a different attested expected household income ranging from \$9,600.00 to \$22,000.00 for the 2015 tax year. In the last modified application submitted that

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day you attested to an expected household income of \$22,000.00. The Marketplace prepared a preliminary determination based on that application that stated that you were no longer eligible for Medicaid but will continue to receive Medicaid coverage.

Also on April 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as it determined you continuously eligible for Medicaid rather than eligible for coverage through a qualified health plan.

On April 24, 2015, the Marketplace issued a notice of eligibility determination stating that you are no longer eligible for Medicaid. However, your Medicaid coverage would continue until March 31, 2016 because certain individuals determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible. This eligibility was effective as of April 1, 2015.

On May 27, 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 expect to file your 2015 federal income tax return as single, and claim no dependents.
- 2) You testified, and the record reflects, that you renewed your health insurance coverage in November 2014 and were determined eligible for advance premium tax credits (APTC) and cost-sharing reductions (CSR) effective January 1, 2015, based on an expected household income of \$16,120.00.
- 3) You testified that you modified your application in April 2015 because you changed addresses. You further testified that, upon updating your address, you were determined eligible for Medicaid. You further testified that you attempted to change your income several times because you believed that you were improperly determined Medicaid eligible.
- 4) According to the initial modified application submitted on April 23, 2015, you attested to an expected household income of \$16,120.00 for the 2015 tax year. You testified that you modified your application several more times using different income amounts because you

wished to be redetermined as eligible to enroll in a qualified health plan. You further testified that \$16,120.00 is an accurate reflection of your expected income for the 2015 tax year because it was the same income you attested to in your November 26, 2014 renewal application for 2015 coverage.

- 5) You testified that you would like your previous eligibility for APTC and CSR reinstated.

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

## **Applicable Law and Regulations**

### Medicaid for Adults between the Ages of 19 and 65

Medicaid through the Marketplace can be provided 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), 435.911(b)(1), 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 \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose 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 12-month period. This 12-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 (N.Y. Soc. Serv. Law § 366(4)(c)).

People who receive or are eligible for Medicaid are not eligible for an Advance Premium Tax Credit (APTC) since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical

care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

The first issue under review is whether the Marketplace properly determined that you were eligible for Medicaid effective April 1, 2015.

On April 23, 2015, several preliminary eligibility determinations were prepared by the Marketplace. The record reflects that the initial eligibility determination prepared on that date was based on an attested expected income of \$16,120.00 and a household of one person. You testified that \$16,120.00 is an accurate representation of your expected household income for the 2015 tax year because it was the same income you attested to in your November 26, 2014 renewal application for 2015 coverage.

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 \$11,770.00 for a one-person household. Since \$16,120.00 is 136.96% of the 2015 FPL, the Marketplace properly found you to be eligible for Medicaid on an expected annual income basis, using the information provided in your application.

The second issue is whether the Marketplace properly determined that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until March 31, 2016.

Under New York State law, once a person 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.”

The record reflects that on April 23, 2015 you changed the income amounts in your application several times. However, since you were correctly determined eligible for Medicaid based on the first application you submitted on that day, you remain eligible for Medicaid for 12 continuous months regardless of any increases in your household income.

Since the Marketplace properly determined you eligible for Medicaid as of April 23, 2015, and therefore eligible for continuous coverage, the April 24, 2015 eligibility determination is AFFIRMED.

## **Decision**

The April 24, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** August 21, 2015

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

Your Medicaid coverage, which began on April 1, 2015, continues until March 31, 2016.

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

## **Summary**

The April 24, 2015 eligibility determination is **AFFIRMED**.

Your Medicaid coverage, which began on April 1, 2015, continues until March 31, 2016.

## **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:**

