



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

## Notice of Decision

Decision Date: September 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002691

[REDACTED]

Dear [REDACTED],

On June 22, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 8, 2015, eligibility determination and April 9, 2015, disenrollment notice.

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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: September 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002691



## Issue

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

Did the Marketplace properly disenroll you from New York State Catholic Health Plan, Inc. effective as of April 30, 2015?

Did the Marketplace properly determine that you were eligible to purchase a qualified health plan at full cost through New York State of Health effective May 1, 2015?

## Procedural History

The Marketplace received your initial application for health insurance on October 27, 2014.

On December 3, 2014, the Marketplace issued an eligibility determination notice that you are conditionally eligible to enroll in Medicaid. However, in order for your eligibility to be finalized, you were directed to submit immigration status documents to the Marketplace. To confirm your immigration status, you were directed to provide documentation before January 27, 2015.

On February 20, 2015, the Marketplace issued a notice confirming that you enrolled in New York State Catholic Health Plan, Inc. and the plan will begin April 1, 2015.

On April 7, 2015, your Marketplace Account was updated.

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 8, 2015, the Marketplace issued an eligibility determination notice that you eligible to purchase a qualified health plan at full cost through New York State of Health effective as of May 1, 2015. The notice stated that “[y]ou do not qualify for Medicaid, Child Health Plus, or to receive a tax credit to help pay for the cost of coverage because the income you provided...is above the allowable income limit for these programs.”

On April 9, 2015, the Marketplace issued a disenrollment stating that your New York State Catholic Health Plan, Inc. will end effective April 30, 2015.

On June 22, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was left open until June 24, 2015 to allow you to submit additional documentation.

On June 23, 2015, you submitted a fifteen-page fax to the Marketplace Appeals Unit. The documentation was been marked as “Appellant Exhibit A” and has been made part of the record. The record is now closed.

## **Findings of Fact**

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

1. On October 27, 2014, you applied for health insurance through the Marketplace for yourself.
2. On October 28, 2014, you uploaded your Form I-94 Arrival/Departure record from the Department of Homeland Security with the status code B2.
3. On December 3, 2014, the Marketplace issued a notice of eligibility determination stating that you conditionally eligible for Medicaid and directing you to provide immigration status to the Marketplace by January 27, 2015.
4. You enrolled in New York State Catholic Health Plan, Inc. on February 19, 2015 and began on April 1, 2015.
5. On April 8, 2015, the Marketplace issued a notice stating that you are eligible to purchase a qualified health plan at full cost through New York State of Health effective as of May 1, 2015. The notice stated that “[y]ou do not qualify for Medicaid, Child Health Plus, or to receive a tax credit to help pay for the cost of coverage because the income you provided...is above the allowable income limit for these programs.”
6. On April 9, 2015 the marketplace issued a disenrollment notice stating you’re your coverage through New York State Catholic Health Plan, Inc. would end effective April 30, 2015.

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7. According to your Marketplace Account, you plan on filing a 2015 federal income tax return with the tax status of married filing jointly, with your spouse, and currently have no dependents.
8. According to your April 7, 2015, Marketplace Application, you have a 2015 expected annual household of \$64,991.83.
9. According to your April 7, 2015, Marketplace Application, you are pregnant with a due date of September 24, 2015.

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

## **Applicable Law and Regulations**

### Citizenship/Immigration Status for Medicaid:

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2).

Medicaid must be provided to eligible residents of the United States who are citizens of the United States or national of the United States, and they have provided satisfactory documentary evidence of citizenship or national status (42 CFR § 435.406(a)(1)).

A “person whose eligibility for medical assistance is based on the modified adjusted gross income of the person or the person's household, and who loses eligibility for such assistance for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of a twelve month period beginning on the effective date of the person's initial eligibility for such assistance, or before the end of a twelve month period beginning on the date of any subsequent determination of eligibility based on modified adjusted gross income, shall have his or her eligibility for such assistance continued until the end of such twelve month period, provided that federal financial participation in the costs of such assistance is available” (NY Soc. Serv. Law 366(4)(c)).

### Income Level for Medicaid:

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); NY Department of Health Administrative Directive 13ADM-03). When calculating the household size, the number of people in the household is increased by the number of children the pregnant woman is expecting (NY Department of Health Administrative Directive 13 ADM-03).

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 April 7, 2015, application, that was the 2015 FPL, which is \$20,090.00 per year, or \$1,649.17 for a three-person household (80 Fed. Reg. 3236, 3237).

### Advance Premium Tax Credit:

The advance premium tax credit (APTC) is available to a person who:

- (1) expects to have a household income between 138% and 400% of the 2014 federal poverty level;
- (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, including the tax filer and spouse; and
- (3) is not otherwise eligible for minimum essential coverage except through the individual market

(see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

In an analysis of APTC eligibility, the determination is based on the FPL “for the benefit year for which coverage is requested. (45 CFR § 155.305(f)(1)(i)). On the date of your application, that was the 2014 FPL, which is \$15,730.00 for a two-person household (79 Fed. Reg. 3593, 3593).

## **Legal Analysis**

The first issue is whether or the Marketplace disenrolled you from your Medicaid health plan effective April 30, 2015.

An individual seeking enrollment in Medicaid must have, and be able to demonstrate, satisfactory citizenship or immigration status.

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).

The Marketplace issued an eligibility determination notice that you are conditionally eligible to enroll in Medicaid. However, in order for your eligibility to be finalized, you were directed to submit immigration status documents to the Marketplace. To confirm your immigration status, you were directed to provide documentation before January 27, 2015.

Under New York State law, once a person is eligible for Medicaid, that eligibility generally continues for 12 months. This provision is called "continuous coverage." However, you failed to provide sufficient documentation to confirm your immigration status. Therefore, the Marketplace was unable to determine whether you were entitled to full Medicaid benefits and properly disenrolled you effective April 30, 2015.

The second issue that is currently under review is whether or not the Marketplace properly determined you not eligible for Medicaid.

According to the record, you have a three-person household for calculating Medicaid eligibility. You expect to file your 2015 federal income tax return with the tax status of married filing jointly and are currently pregnant. When calculating the household size for Medicaid, the number of people in the household is increased by the number of children the pregnant woman is expecting.

Medicaid can be provided through the Marketplace to pregnant women who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 223% of the FPL for the applicable family size.

On the date of your April 7, 2015, application, the relevant FPL was \$20,090.00 for a three-person household. Since \$64,991.83 is 323.50% of the 2015 FPL, the Marketplace properly found you to be not eligible for Medicaid on an expected annual income basis.

The third issue is whether the Marketplace properly determined you not eligible for an advance premium tax credit (APTC).

According to the record, you have a two-person household. You expect to file your 2015 federal income tax return with the tax status of married filing jointly and do not currently have a dependent.

The April 8, 2015, eligibility determination was based on an annual household income of \$64,991.83, which was the amount you entered as your total household's expected annual income for 2015.

An annual household income of \$64,991.83 equals 413.17% of the 2014 FPL for a two-person household. Therefore, the Marketplace correctly determined you not eligible for an advance premium tax credit through the Marketplace.

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).

Since the April 8, 2015, notice of eligibility determination properly stated that you were only eligible to purchase a qualified health plan at full cost through New York State of Health, it is AFFIRMED.

## **Decision**

The April 8, 2015 notice of eligibility determination is AFFIRMED.

The April 9, 2015 notice of disenrollment is AFFIRMED.

**Effective Date of this Decision:** September 8, 2015

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

This decision does not change your eligibility.

You were properly disenrolled from New York State Catholic Health Plan, Inc. as of April 30, 2015.

You remain not eligible for Medicaid and an advance premium tax credit.

You remain eligible to enroll in a qualified health plan.

## **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.

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).



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

### **Summary**

The April 8, 2015 notice of eligibility determination is AFFIRMED.

The April 9, 2015 notice of disenrollment is AFFIRMED.

You were properly disenrolled from New York State Catholic Health Plan, Inc. as of April 30, 2015.

You remain not eligible for Medicaid and an advance premium tax credit.

You remain eligible to enroll in a qualified health plan.

### **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:**



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).