



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

Notice of Decision

Decision Date: October 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003214

[REDACTED]

Dear [REDACTED],

On August 14, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 28, 2014, 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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NY State of Health Number: [REDACTED]
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Issues

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

Did the Marketplace properly determine that you and your spouse were eligible for Medicaid, and your youngest child was conditionally eligible for Medicaid effective June 1, 2014?

Procedural History

On December 11, 2013, the Marketplace rendered a preliminary eligibility determination that you and your spouse, based on an annual household income of \$79,000.00, are eligible for "APTC Premium Assistance."

On June 27, 2014, you modified your Marketplace application on three separate occasions:

- (1) You added your youngest child to your Marketplace account. Based on an annual household income of \$79,000.00, the Marketplace found you and your spouse eligible for Medicaid. The Marketplace found your youngest child eligible for Medicaid. However, in order for your child's eligibility to be finalized, you must submit additional documentation to confirm that the information you provided in your application is accurate.
- (2) You modified your annual household income to \$83,000.00. Based on an annual household income of \$83,000.00, the Marketplace found you and your spouse eligible for Medicaid. The Marketplace found your youngest child eligible for Medicaid. However, in order for your child's

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eligibility to be finalized, you must submit additional documentation to confirm that the information you provided in your application is accurate.

(3) You modified your annual household income to \$85,000.00.

On June 28, 2014, the Marketplace issued an eligibility determination notice that you and your spouse were no longer eligible for Medicaid. However, your Medicaid coverage will continue until May 30, 2015. Your youngest child was found to be conditionally eligible for Medicaid. The Marketplace directed you to provide Proof of Citizenship and Proof of SSN before September 28, 2014.

On May 29, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being determined eligible for Medicaid for the months of June and July 2014.

On August 14, 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) According to your Marketplace December 11, 2013, Marketplace application, you applied for health insurance for you and your spouse in December 2013.
- 2) You testified that you and your spouse were enrolled in Health Republic through the Marketplace beginning January 2014.
- 3) You testified that your youngest child was born on June 6, 2014.
- 4) You modified your Marketplace application three times on June 27, 2014:
 - (a) You added your newborn child and attested to an annual household income of \$79,000.00;
 - (b) You attested to an annual household income of \$83,000.00;
 - (c) You attested to an annual household income of \$85,000.00.
- 5) On June 28, 2014, the Marketplace issued an eligibility determination that you and your spouse "are no longer eligible for Medicaid. However, we will continue Medicaid coverage until May 30, 2015." Your youngest child was determined "conditionally eligible for Medicaid." The Medicaid was effective June 1, 2014.

- 6) You testified that you and your spouse have not filed a 2014 federal income tax return and have filed for a filing extension.
- 7) You testified that you expect to file your 2014 federal income tax return with the tax status of married filing jointly and will claim eleven dependents on that return.
- 8) On June 1, 2015 you faxed your 2013 Form 1040, U.S. Individual Income Tax Return to the Marketplace. It indicates that your 2013 adjusted gross income was \$233,717.00.
- 9) You testified that you expect to your AGI to be approximately \$200,000.00 for 2014.
- 10) You testified that your physician does not accept Medicaid.
- 11) You testified that you have outstanding medical bills from June 2014.

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

Applicable Law and Regulations

Medicaid for Adults

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 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)).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, unless the adult loses Medicaid eligibility because of citizenship status, lack of state residence, or failure to provide a valid social security number, before the end of 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 MAGI (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

Medicaid for Children Under the Age of Nineteen

Medicaid is available to children under one year of age who have a MAGI at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.118(c); NY Department of Health Administrative Directive 13ADM-03).

All Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (NY Social Services Law § 366(4)(b)(3)(i)).

Medicaid Financial Eligibility

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 2014 FPL, which is \$60,390.00 for a thirteen-person household (79 Fed. Reg. 3593, 3593).

Financial eligibility for Medicaid for applicants who are currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(2)); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Legal Analysis

The issue is whether the Marketplace correctly found you and your spouse eligible for Medicaid, and your youngest child conditionally eligible for Medicaid effective June 1, 2014.

You are in a thirteen-person household. You testified that you expect to file your 2014 federal income tax return with the tax status of married filing jointly and will claim eleven dependents on that tax return.

You updated your Marketplace account three separate times on June 27, 2014. According to the first application, you added your newborn child to your account and attested to an expected income of \$79,000.00. On the second application, you attested to an expected income of \$83,000.00, and \$85,000.00 on your third application.

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) and 223% for a child under the age of 1. On the date of your application, the relevant FPL was \$60,390.00 for a thirteen-person household. Since \$79,000.00 is 130.82% and \$83,000.00 is 137.44% of the 2014 FPL, the Marketplace properly found you and your spouse to be eligible for Medicaid, and

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your youngest child based on the expected annual household income you provided in your first and second applications.

On June 1, 2015, you uploaded your 2013 Form 1040 U.S. Individual Income Tax Return. The tax return indicates that your adjusted gross income (AGI) was \$233,717.00 for 2013. You further testified that you expect your AGI to be approximately \$200,000.00 in 2014.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. The information contained within the record does not permit a review of your household income on a month to month basis.

In New York State, 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."

Since the June 28, 2014, eligibility determination properly stated that you and your spouse were eligible for Medicaid, and your youngest child was conditionally eligible for Medicaid effective June 1, 2014, it is correct and AFFIRMED.

Decision

The June 28, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: October 22, 2015

How this Decision Affects Your Eligibility

Your eligibility has not changed.

You, your spouse and youngest child's insurance coverage through Medicaid, effective June 1, 2014, remains in effect.

This decision does not address any determinations made after the June 28, 2014 eligibility determination.

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.

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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

Summary

The June 28, 2014 eligibility determination is **AFFIRMED**.

Your eligibility has not changed.

You, your spouse and youngest child's insurance coverage through Medicaid, effective June 1, 2014, remains in effect.

This decision does not address any determinations made after the June 28, 2014 eligibility determination.

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:

