



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

## Notice of Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003679

[REDACTED]

Dear [REDACTED]

On August 4, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 30, 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 letter.

### 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: AP000000003679



## Issues

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

Did the Marketplace properly determine that your child (age 19) was eligible for Medicaid as of May 30, 2015?

## Procedural History

On February 11, 2015, the Marketplace issued an eligibility determination notice stating that your nineteen-year-old child is eligible for Medicaid effective February 1, 2015.

On May 29, 2015, you reapplied for health insurance through the Marketplace.

On May 30, 2015, the Marketplace issued an eligibility determination notice that your nineteen-year-old son remains eligible for Medicaid effective as of May 1, 2015.

On June 26, 2015, you spoke to the Marketplace Appeals Unit and appealed the May 30, 2015, determination insofar as it found your nineteen-year-old child eligible for Medicaid.

On August 4, 2015, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing and the record was developed during the hearing. 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 yourself and your two children (ages 19 and 25).
2. According to your Marketplace applications, you plan on filing a 2015 federal income tax return with the tax status of qualifying widower with dependent children and will claim your two children as dependents on that return.
3. You testified that you may not claim your 25-year-old child as a dependent on your 2015 federal income tax return.
4. On February 10, 2015 and May 29, 2015, you applied for health insurance through the Marketplace based on annual household income of \$29,000.00. Based on that annual household income, your nineteen-year-old child was determined eligible for Medicaid.
5. You testified that you are paid twice a month and your paychecks are inconsistent.
6. You testified that your paychecks are not available to you and cannot submit them to the Marketplace Appeals Unit.
7. According to your Marketplace applications, your children have an expected 2015 income of \$0.00.
8. You testified that your 19-year-old child has outstanding medical bills from February and May 2015.
9. You testified that a Marketplace Representative informed you that your 19-year-old son would be enrolled in your qualified health plan when he became 19 years old.

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

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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 that is at or below 138% of the federal poverty level (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)).

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 \$20,090.00 for a three-person household (80 Fed. Reg. 3236, 3237).

For children ages 19 and 20, whose primary residence is with their parents, the applicable household income is 155% of the 2015 FPL, or \$36,967.00 (N.Y. Soc. Serv. Law § 366(1)(b)(7), New York State Department of Health 13 OHIP/ADM-03)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

#### Continuous Coverage for Adults:

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)).

### **Legal Analysis**

The current issue is whether the Marketplace properly determined that your nineteen-year-old child eligible for Medicaid as of May 30, 2015.

On February 10, 2015, you applied for health insurance through the Marketplace based on an annual household income of \$29,000.00. Based on that annual household income, your nineteen-year-old child was determined eligible for Medicaid.

On February 10, 2015, your child would qualify for Medicaid with a household income up to 155% of the federal poverty level (FPL). Since the 2015 FPL is

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\$20,090.00, your child would qualify with an income up to \$31,140.00. Therefore, the Marketplace correctly determined that, with a household income of \$29,000.00, that your child was eligible for Medicaid.

On May 29, 2015, you reapplied for health insurance through the Marketplace. Based on an annual household income of \$29,000.00, your child was determined eligible for Medicaid.

In New York State, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 155% (children ages 19 and 20, whose primary residence is with their parents) of the FPL. This provision is called “continuous coverage.”

Therefore, once the Marketplace properly determined that your child was eligible for Medicaid, they were properly found to remain covered under Medicaid during 2015, as stated in the May 30, 2015 notice of eligibility determination.

During the hearing, you testified that you are paid twice a month and your paychecks are inconsistent. However, your paychecks are not available to you and you are unable to submit them to the Marketplace Appeals Unit. At this time you did not provide sufficient testimony or documents to return your case to the Marketplace to recalculate your child’s benefits on a yearly or monthly basis.

Since the May 30, 2015, eligibility determination properly states that your nineteen-year-old child is eligible for Medicaid, it is correct and is **AFFIRMED**.

## **Decision**

The May 30, 2015, eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** October 27, 2015

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

This decision does not change your eligibility.

Your nineteen-year-old child remains eligible for Medicaid.

## **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 May 30, 2015, eligibility determination is AFFIRMED.

This decision does not change your eligibility.

Your nineteen-year-old child remains eligible for Medicaid.

### **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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**A Copy of this Decision Has Been Provided To:**

