



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

Notice of Decision

Decision Date: February 24, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005463

[REDACTED]

Dear [REDACTED],

On February 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 18, 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 Code of 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that you were eligible for Medicaid effective September 1, 2015?

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

Procedural History

On September 18, 2015, an eligibility determination notice was issued stating that you were eligible for Medicaid, effective September 1, 2015, because your reported household income of \$9,919.00 was at or below the allowable income limit for that program.

On December 2, 2015, your account was modified to reflect an attested household income of \$21,000.00.

On December 8, 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 August 31, 2016. The reason given was that this is 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 January 1, 2016.

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On the same date, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it determined you to be in continuous coverage under Medicaid.

On February 18, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and held open for up to 15 days to allow you the opportunity to submit supporting documents.

On February 19, 2016, the Appeals Unit received a five-page facsimile from you consisting of (1) A cover page; (2) A copy of the Notice of Telephone Hearing; (3) A copy of your Excellus Blue Cross Blue Shield (BCBS) insurance identification card; (4) A copy of your 2015 Form 1095-B indicating your health coverage through an outside provider; and (5) A billing summary from your health insurance provider for September 2015. That same day, this five-page facsimile was made part of the record as "Appellant's Exhibit A" and the record was closed.

Findings of Fact

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

- 1) According to your Marketplace account, you expect to file your 2015 federal income tax return as single, and claim no dependents.
- 2) According to the September 11, 2015 application, you attested to an expected household income of \$9,919.00. You testified that, at the time you submitted your application, this income was an accurate reflection of your expected income for the 2015 tax year.
- 3) You testified and provided documentary proof that you obtained private health insurance outside of the Marketplace, effective September 1, 2015 (Appellant's Exhibit A). You also testified that you thought your Medicaid coverage through the Marketplace had been cancelled, as you had requested.
- 4) According to your Marketplace account, on December 2, 2015, you updated your income to an increased expected household income of \$21,000.00.
- 5) You testified that you would like your eligibility redetermined for coverage in the Essential Plan, effective January 1, 2016.

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 September 1, 2015.

You are in a one-person household for purposes of this analysis. This is because the record reflects that you expect to file your 2015 tax return as single and claim no children as dependents.

On your September 11, 2015 application, you attested to an expected household income of \$9,919.00. You credibly testified that the income amount you provided of \$9,919.00 at that time was an accurate reflection at that time of your expected 2015 household income.

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 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 \$9,919.00 is 84.27% 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 August 31, 2016.

Under New York State law, once a person is eligible for Medicaid, that eligibility generally 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 December 2, 2015 you reported an increase in your household income on your application. However, since you were correctly determined eligible for Medicaid based on the application you submitted on September 11, 2015, you remained eligible for Medicaid for 12 continuous months regardless of any increases in your household income; that is, until August 31, 2016.

Since the Marketplace properly determined you eligible for Medicaid as of September 1, 2015, and therefore eligible for continuous coverage, the December 8, 2015 eligibility determination is AFFIRMED.

This is even so, although you credibly testified and produced supporting proof that you obtained private health insurance coverage outside the Marketplace. In such instance, your primary insurance coverage is through that private health insurance plan and your supplemental insurance is through Medicaid. Please note that Medicaid will only cover claims on a supplemental basis provided the treatment and care you receive is from a Medicaid participating medical provider. Please further note that you are not required to maintain the private health insurance outside the Marketplace. If your circumstances change and you want Medicaid to be your primary health insurance, you will need to provide the

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Marketplace with proof from your private health plan that coverage is to terminate or has terminated by a date certain. In such event, you can request the necessary documentation from your private health insurer directly.

Decision

The September 18, 2015 and December 8, 2015 eligibility determination notices are AFFIRMED.

Effective Date of this Decision: February 24, 2016

How this Decision Affects Your Eligibility

At present, your Medicaid coverage, which began on September 1, 2015, continues until August 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:
NY State of Health Appeals
P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The September 18, 2015 and December 8, 2015 eligibility determination notices are AFFIRMED.

At present, your Medicaid coverage, which began on September 1, 2015, continues until August 31, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

