



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

Notice of Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005780

[REDACTED]

Dear [REDACTED]

On March 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 29, 2015 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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DEPARTMENT OF HEALTH
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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005780

[REDACTED]

Issues

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

Did the Marketplace properly determine that you were eligible to enroll in the Essential Plan as of December 29, 2015?

Did the Marketplace properly determine that you were not eligible for Medicaid as of December 29, 2015?

Did the Marketplace properly determine that your children were eligible for Medicaid as of December 29, 2015?

Procedural History

On May 23, 2015, the Marketplace issued an eligibility determination notice that you are eligible to receive up to \$298.00 of advance premium tax credits, cost-sharing reductions and eligible for the Advance Premium Tax Credit Premium Assistance Program. The determination also found your children eligible for Medicaid as of May 1, 2015.

On October 24, 2015, the Marketplace issued a renewal notice stating that you and your children qualify to receive Medicaid effective January 1, 2016. The notice states that if a mistake has been made that would affect how you are covered and what you pay for health insurance, to make the changes about you or your household members between November 16, 2015 and December 15, 2015.

On December 1, 2015, your Marketplace account was updated.

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Based on the information provided to the Marketplace on December 1, 2015, the Marketplace redetermined your family's eligibility on December 19, 2015.

On December 20, 2015, the Marketplace issued an eligibility determination that you are eligible to enroll in the Essential Plan and your children continue to be eligible for Medicaid coverage.

On December 28, 2015, you updated your Marketplace account. The Marketplace rendered a preliminary eligibility determination that you are eligible to enroll in the Essential Plan and your children continue to be eligible for Medicaid.

On the same day you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible to receive.

On March 11, 2016 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. 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 20 and 21.
2. You testified that you filed your 2015 federal income tax return and expect to file your 2016 federal income tax return with the tax status of Head of Household (with a qualifying individual) and will be claiming two dependents on both tax returns.
3. According to your December 28, 2015 Marketplace application, your 2016 expected annual household income is \$32,344.00.
4. You testified that based on your monthly expenses, you are not able to afford the monthly health insurance premiums.
5. You currently reside in Suffolk County, NY.
6. You testified that you are currently employed at [REDACTED]
7. You testified that you receive weekly Earnings Statements and received:
 - (a) \$624.00 in gross pay on December 4, 2015;
 - (b) \$624.00 in gross pay on December 11, 2015:

- (c) \$616.00 in gross pay on December 18, 2015; and
- (d) \$624.00 in gross pay on December 24, 2015.

- 8. On May 23, 2015, your children were found eligible for Medicaid effective May 1, 2015.

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

Applicable Law and Regulations

Essential Plan

The Marketplace must generally determine an applicant eligible for the Essential Plan (Basic Health Plan), if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), N.Y. Soc. Serv. Law § 369-gg(3)).

In an analysis of Essential Plan eligibility, the determination is based on the FPL for the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). 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).

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 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 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).

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).

Medicaid Continuous Coverage:

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 modified adjusted gross income (see 42 CFR § 435.916; 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 the Essential Plan.

You expect to file your 2016 federal tax return with the tax status of Head of Household (with a qualifying individual) and claim two dependents on that return. Therefore, you are in a three-person household.

In the application that was submitted on December 28, 2015 you attested to an annual household income of \$32,344.00 and the eligibility determination issued on December, 29, 2015 relied on this information.

The Essential Plan is provided through the Marketplace to individuals who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$20,090.00 for a three-person household. Since \$32,344.00 is 161.0% of the 2015 FPL, the Marketplace properly found you to be eligible for the Essential Plan.

The second issue is whether the Marketplace properly determined that you are not eligible for Medicaid.

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 \$20,090.00 for a three-person household. Since \$32,344.00 is 161.00% of the 2015 FPL, the

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Marketplace properly found you to be not eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$2,311.00 per month. According to the record, you were issued \$2,488.00 in gross earnings in December 2015. Therefore, you did not qualify for Medicaid in December 2015.

The third issue is whether the Marketplace properly determined that your children continue to be eligible for Medicaid.

Generally, once adults are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

On May 23, 2015, the Marketplace issued an eligibility determination notice stating that your children are eligible for Medicaid effective May 1, 2015. Since your children were found eligible for Medicaid effective May 1, 2015, their Medicaid coverage should continue until April 30, 2016.

Since the Marketplace properly found your children eligible for Medicaid, and you eligible to enroll in the Essential Plan and ineligible for Medicaid, the December 29, 2015 eligibility determination is AFFIRMED.

Decision

The December 29, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: April 12, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You remain eligible to enroll in an Essential Plan through the Marketplace.

You remain not eligible to enroll in Medicaid.

Your children remain eligible for Medicaid until April 30, 2016.

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

Summary

The December 29, 2015 eligibility determination is **AFFIRMED**.

This decision does not change your eligibility.

You remain eligible to enroll in an Essential Plan through the Marketplace.

You remain not eligible to enroll in Medicaid.

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Your children remain eligible for Medicaid until April 30, 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:

