



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

Notice of Decision

Decision Date: August 8, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000488

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 30, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 4, 2014 eligibility determination.

The attached 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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[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine that [REDACTED] was eligible for Medicaid as of March 4, 2014?

Procedural History

On January 27, 2014, [REDACTED] and her husband filed an application for health insurance through the Marketplace.

On March 5, 2014, the Marketplace issued an eligibility redetermination notice that states the Appellant was eligible for Medicaid and that her Medicaid coverage would begin on March 1, 2014. That notice also advised her to choose a health plan.

On March 20, 2014, the Appellant appealed the Marketplace’s March 5, 2014 eligibility redetermination.

On April 30, 2014, the Appellant had a telephone hearing. The Appellant testified that she resolved her issue through the Marketplace’s customer service center, was satisfied with her Medicaid eligibility determination, and no longer wanted to pursue the appeal that she had requested.

The record is now complete and closed.

Findings of Fact

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

1. The Appellant is married and lives with her spouse.
2. The Appellant plans to file a 2014 federal income tax return.
3. The Appellant plans to file with the tax status of married filing jointly with her spouse and claim no dependents on her 2014 federal income taxes.
4. Between January 27, 2014, and March 17, 2014, the Appellant submitted income documentation from her and her husband's 2012 and 2013 federal income tax returns.
5. On March 5, 2014, the Marketplace issued an eligibility redetermination notice that stated that the Appellant is eligible for Medicaid. The Appellant's household income of \$8,420.00 is at or below the allowable income limit of \$21,707.00. The Appellant's insurance coverage through Medicaid will begin March 1, 2014, but she must choose a health plan.
6. On April 30, 2014, Appellant testified to resolving the issue with the Marketplace's customer service center. The Appellant stated that she was satisfied with being determined Medicaid eligible and no longer wanted to pursue the appeal that was requested. No written withdrawal of the appeal was provided.

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

Applicable Law and Regulations

An individual is eligible for enrollment in Medicaid when he or she meets the non-financial criteria and has a household income that is at or below the applicable Medicaid income standard (45 CFR § 155.305(c)).

In the case of a married couple living together, each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse (42 CFR §435.603(f)(4)).

For purposes of this determination, the household income is the sum of the modified adjusted gross income of every individual included in the individual's household (42 CFR §435.603(d)).

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The household income is compared to the federal poverty level (FPL) for a household of the appropriate size. Individuals who are age 19 or older and under 65, not pregnant and not entitled to enroll in Medicare are eligible for Medicaid if their household income is at or below 138 percent of the FPL for the applicable family size (42 CFR §435.119(a), 42 CFR §435.603(d)(4)).

Legal Analysis

The only matter raised on appeal was the question of whether the Appellant met the income requirement for Medicaid benefits.

The Appellant resides with her husband, and she expects to file her 2014 federal income taxes jointly with him. Therefore, for purposes of a Medicaid analysis, she resides in a two-person household.

Based on the documents provided, the Appellant's expected household income for 2014 is \$8,420.00, which is 53.53% of the FPL for a two-person household. Therefore, the Appellant meets the income requirement for Medicaid benefits, and the March 4, 2014 eligibility determination was correct.

Also, during the April 30, 2014 hearing, the Appellant indicated that she was satisfied with the March 4, 2014 determination.

Decision

The March 4, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: August 8, 2014

How this Decision Affects Eligibility

Your Medicaid coverage took effect on March 1, 2014.

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.

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).

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Submit an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the New York Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of this Decision.

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

Summary

The March 4, 2014 eligibility determination is **AFFIRMED**.

Your Medicaid coverage took effect on March 1, 2014.

Legal Authority

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

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).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]