



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

Notice of Decision

Decision Date: July 15, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000590

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On May 30, 2014 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 19, 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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Issue

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

Did the Marketplace properly determine that the Appellant and his spouse were eligible to enroll in a Qualified Health Plan (QHP) and not Medicaid as of April 19, 2014?

Procedural History

The Marketplace received Appellant's application for health insurance on April 18, 2014.

On April 19, 2014, the Marketplace issued an eligibility determination in his case. It stated that the Appellant was not found eligible for Medicaid because the household income he provided of \$48,204.00 was over the allowable income limit of \$21,707.00.

On April 21, 2014, the Appellant spoke with the Marketplace's Customer Service unit and appealed that determination because it did not find him and his spouse eligible for Medicaid.

On May 30, 2014, the Appellant 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) Appellant applied for health insurance through the Marketplace with the help of an assistor.
- 2) Appellant is living in a household with his spouse.
- 3) Appellant testified that he works 40 hours per week at a rate of \$19.50 per hour. Appellant further testified that his yearly income is \$40,560.00, which is the same amount entered in his Marketplace application. He expects to make this amount for the 2014 tax year.
- 4) Appellant testified that his spouse currently works part time and does not have set hours, therefore the hours worked fluctuate between 10 and 20 hours per week. He attested that his spouse's income provided in his Marketplace application was an estimate of her yearly income, which is approximately \$7,644.00. This is the amount determined by the appellant and the individual who helped the appellant complete his Marketplace application
- 5) Appellant's annual earnings for 2013 were \$42,297.00, as evidenced by the Wage Reporting document submitted to the Marketplace. His spouse's annual earnings for 2013 were \$9,972.00, as evidenced by the Wage Reporting document submitted to the Marketplace.
- 6) Appellant has a son who is currently a full-time student but he does not expect to claim his son as a dependent for the 2014 tax year. Appellant's son expects to file his own tax return as Single for the 2014 tax year.
- 7) Appellant and his spouse expect to file as Married Filing Jointly for the 2014 tax year.

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

Applicable Law and Regulations

Effective January 1, 2014, Medicaid must be provided to "individuals 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 ...; (4) Are not otherwise eligible for and enrolled

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for mandatory coverage under a State's Medicaid State plan...; and (5) Have household income that is at or below 133 percent [of the Federal poverty level (FPL)] for the applicable family size” (42 CFR § 435.119(b)).

In determining Medicaid eligibility, the Marketplace “must subtract an amount equivalent to 5 percentage points of the Federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance” (42 CFR § 435.603(d)(4)). Thus, the income standard for Medicaid would be 138% of the FPL.

The FPL for a two-person household on the date of appellant’s application submission was \$15,730.00. Therefore, taking the 5% disregard into account, the income standard for Medicaid benefits was a maximum of \$21,707.00 (138% of the 2014 FPL).

Legal Analysis

Of the eligibility requirements listed above, the only one currently at issue is the income requirement. The April 19, 2014 eligibility determination stated that the Appellant and his spouse were eligible to enroll in a qualified health plan (QHP) through the Marketplace. This determination explained that the appellant was not eligible for Medicaid because his household income of \$48,204.00 was over the income limit of \$21,707.00 for Medicaid.

The household size for Medicaid purposes is 2 people, which includes the Appellant and his spouse. They do not expect to claim anyone as a dependent for the 2014 tax year.

The 2014 FPL for a household of two people is \$15,730.00.

The Marketplace application indicated that the Appellant expects a household income of \$48,204.00 during 2014. Documentation provided prior to the hearing indicated a higher household income for 2013. However, during the May 30, 2014 hearing, the appellant credibly testified that the anticipated household income for 2014 was correct in his Marketplace application. According to that application, the 2014 expected income is \$40,560.00 for the Appellant and \$7,644.00 for the Appellant’s spouse, for a total household income of \$48,204.00.

To be eligible for Medicaid, the Appellant cannot have a household income higher than 138% of the 2014 FPL, which is \$21,707.00 for a two-person household.

The Appellant's household income of \$48,204.00 is 306.45% of the 2014 FPL. Therefore the Appellant and his spouse are not eligible for Medicaid, and the April 19, 2014 eligibility determination was correct.

Decision

The April 19, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 15, 2014

How this Decision Affects Your Eligibility

You and your spouse are not eligible for Medicaid because your household income is above \$21,707.00.

You remain eligible to enroll in a qualified health plan (QHP) and to receive up to \$375.00 per month in advance premium tax credits (APTC) to help pay the cost of that health insurance.

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

- Make 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 the Decision (45 CFR § 155.520(c))

AND/OR

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

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to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services for assistance.

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:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 19, 2014 eligibility determination is **AFFIRMED**.

You and your spouse are not eligible for Medicaid because your household income is above \$21,707.00.

You remain eligible to enroll in a qualified health plan (QHP) and to receive up to \$375.00 per month in advance premium tax credits (APTC) to help pay the cost of that health insurance.

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:

[REDACTED]
[REDACTED]
[REDACTED]