



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

Notice of Decision

Decision Date: September 10, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000725

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 21, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 19, 2014 eligibility redetermination.

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 notice.

Legal Authority

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

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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]
[REDACTED] are eligible for Medicaid as of June 19, 2014?

Procedural History

The Marketplace initially received your application for health insurance on June 12, 2014. In it, you attested to an expected 2014 household income of \$24,345.00.

On June 13, 2014, the Marketplace issued an eligibility determination on the June 12 application. It relied on your household income of \$24,345.00 to find that you and your spouse were eligible for up to \$643.00 monthly of advance premium tax credit (APTC) and also for cost-sharing reductions (CSR) if you enrolled in a silver level qualified health plan (QHP).

On June 13, 2014 your application was modified to attest to an expected 2014 household income of \$15,435.00 and then to a household income of \$23,535.00.

On June 14, 2014, the Marketplace issued a notice of redetermination that, with a household income of \$23,535.00, you and your spouse were eligible for up to \$651.00 monthly of APTC and for CSR if you enrolled in a silver level QHP.

On June 17, 2014, your application was modified twice, first to attest to a 2014 expected household income of \$19,535.00 and then to a household income of \$20,750.00. That same day, you uploaded three documents: a 2013 letter from

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your spouse's former employer, confirming separation from employment; information from your 2014 unemployment benefits online record; and your current employer's proof of employment and income (Appellant's Exhibits A, B, and C).

On June 19, 2014 the Marketplace issued a notice of redetermination, using the information available as of June 18, 2014. Relying upon your reported expected income of \$20,750.00, the Marketplace found you and your spouse to be eligible for Medicaid beginning June 1, 2014. Your Medicaid coverage with United Healthcare of New York was to begin on August 1, 2014.

On July 21, 2014, 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.

Findings of Fact

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

1. You and your husband live together in Nassau County, have no dependents, and plan on filing your 2014 taxes as married filing jointly (Testimony of 7/21/2014; Marketplace Application).
2. Your husband stopped working in 2013, has not worked at all in 2014, and does not expect to have any income during 2014 (Appellant's Exhibit A; Testimony of 7/21/2014; Marketplace Application).
3. Your expected income for 2014 is based in part on \$9,315.00 of paid unemployment benefits and \$11,760.00 income from a temporary job for 16 weeks. Your job may be extended for at least one more week or may become permanent, but you are not certain (Appellant's Exhibits B and C; Testimony of 7/21/2014).
4. If your temporary position ends after 16 or 17 weeks, you are still entitled to and will receive \$1,215.00 in unemployment benefits for 2014 (Appellant's Exhibit B; Testimony of 7/21/2014).
5. You submitted your application for health insurance to the Marketplace in June 2014, because your COBRA coverage was due to end on June 30, 2014 (Testimony of 7/21/2014; Marketplace Application).

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

Applicable Law and Regulations

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

For a Medicaid eligibility determination made during 2014 for a two-person household, the applicable FPL is \$15,730 (79 Fed. Reg. 3593)

Legal Analysis

At issue is whether the Marketplace properly determined that you and your spouse qualify for Medicaid.

You and your spouse reside together and have no tax dependents, so you are in a two-person household.

The eligibility determination issued on June 19, 2014 was based your attestation, in your June 18, 2014 application, that your expected household income for 2014 was \$20,750.00. This is consistent with the \$9,315.00 in unemployment benefits you have received in 2014 and the \$11,435.00 you have earned during 2014 at your temporary job.

Since your 2014 unemployment benefits are not yet exhausted, the record supports a finding that you may reasonably anticipate receiving an additional \$1,215.00 in benefits during 2014 if your temporary employment ends before December 31, 2014.

Therefore, the credible evidence of record indicates that the expected income that should have been entered on your June 18, 2014 application was a minimum of \$22,290.00.

Medicaid is available to a person who has a modified adjusted gross household income under 138% of the federal poverty level. During 2014 the federal poverty level for a two-person household is \$15,730.00 so the income limit for Medicaid eligibility for your household is \$21,707.00.

When the Marketplace issued its June 19, 2014 determination that you and your spouse were Medicaid eligible, it did so in reliance upon your defective

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attestation that your expected income for 2014 was \$20,750.00.

Since the June 19, 2014 eligibility determination was based upon inaccurate income data, it is not supported by the record and is RESCINDED.

The case is returned to the Marketplace for redetermination of your and your husband's eligibility based upon expected 2014 household income of \$22,290.00

Decision

The eligibility determination made on June 19, 2014, is RESCINDED.

The case is REMANDED to the Marketplace for redetermination of eligibility based upon a two-person household with an expected 2014 income of \$22,290.00.

Effective Date of this Decision: September 10, 2014

How this Decision Affects Your Eligibility

This Decision does not decide your final eligibility.

It returns your case to the Marketplace to redetermine your eligibility based on the corrected income information that you provided to the Hearing Officer.

The Marketplace will redetermine your eligibility and issue a new notice of eligibility determination.

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]).

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

Summary

The eligibility determination of June 19, 2014 is RESCINDED.

The case is REMANDED to the Marketplace for redetermination of eligibility based on a 2014 income of \$22,290.00.

This Decision does not decide your final eligibility.

It returns your case to the Marketplace to redetermine your eligibility based on the corrected income information that you provided to the Hearing Officer.

The Marketplace will redetermine your eligibility and issue a new notice of eligibility determination.

Legal Authority

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]