



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

Notice of Decision

Decision Date: August 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001770

[REDACTED]

Dear [REDACTED],

On March 16, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 12, 2015 and March 6, 2015 eligibility determinations.

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 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 NY State of Health is:

Did the Marketplace properly determine that you were not eligible for Medicaid?

Procedural History

On February 11, 2015, the Marketplace received your modified application for health insurance, in which you applied for insurance only for yourself. That day, the Marketplace made a preliminary eligibility determination stating that you were eligible to receive up to \$103.00 per month in advance premium tax credits (APTC) and cost-sharing reductions.

On February 12, 2015, you spoke with the Marketplace's Account Review unit and appealed that eligibility determination as it relates to your eligibility for Medicaid.

On February 12, 2015, the Marketplace issued an eligibility determination notice. That notice stated that you were eligible to receive up to \$103.00 per month in APTC and, if you enrolled in a silver level health plan, newly eligible to receive cost sharing reductions, effective March 1, 2015. The notice further stated that you were not eligible for Medicaid because your household income of \$44,616.00 was over the allowable limits for that program.

Several changes were made to your Marketplace account after your appeal request that resulted in subsequent eligibility redeterminations.

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The most recent of these eligibility redeterminations before your scheduled hearing was issued on March 6, 2015. It stated you and your daughter were eligible to jointly receive up to \$489.00 per month in APTC and, if you enroll in a silver level plan, eligible to receive cost-sharing reductions, effective April 1, 2015. The notice further stated that you were not eligible for Medicaid because your household income of \$34,000.00 was over the allowable limits for that program.

On March 16, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Interpreter # [REDACTED] assisted with the hearing. The record was developed during the hearing and left open for 15 days for you to submit evidence of your monthly income as directed by the Hearing Officer. No evidence was received within the 15 day time frame. The record is now closed.

Findings of Fact

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

- 1) You testified that you are only appealing the fact that you were found not eligible for Medicaid.
- 2) You testified that you previously had Medicaid through the Local Department of Social Services.
- 3) You testified that you plan on filing your 2015 tax return as married filing jointly. You will claim one dependent on that tax return.
- 4) At the time of the February 12, 2015 eligibility determination your application listed an annual household income of \$44,616.00. This income consisted of income from your husband's job.
- 5) At the time of the March 6, 2015 eligibility redetermination your application listed an annual household income of \$34,000.00. This income consisted of income from your husband's job.
- 6) You testified that your husband makes \$21.45 an hour and that he consistently works 40 hours per week.
- 7) You testified that you make \$0.00.
- 8) You testified that you reside in Bronx County.

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

Applicable Law and Regulations

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 Federal Poverty Line (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).

Legal Analysis

The only issue under review is whether the Marketplace properly found that you were not eligible for Medicaid.

According to the record you are in a three-person household. You will file your taxes as married filing jointly and claim one dependent on that tax return.

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 Federal Poverty Line (FPL) for the applicable family size.

On the date of February 12, 2015, the relevant FPL was \$20,090.00 for a three-person household. Since \$44,616.00 is 222.08% of the 2015 FPL, the Marketplace properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

On the date of the March 6, 2015, the relevant FPL was \$20,090.00 for a three-person household. Since \$34,000.00 is 169.24% of the 2015 FPL, the

Marketplace properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, 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 on a monthly basis, 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 for a three person household. You testified that your husband makes \$21.45 an hour and works consistently 40 hours per week. Therefore, assuming your husband works four weeks a month, your household monthly income is \$3,432.00 (\$21.45 x 40 hours x 4 weeks). Since your monthly income of \$3,432.00 is over the Medicaid limit of \$2,311.00, you are also not eligible for Medicaid on a monthly basis.

Decision

The February 12, 2015 and the March 6, 2015 eligibility determinations are AFFIRMED.

Effective Date of this Decision: August 18, 2015

How this Decision Affects Your Eligibility

You are not eligible for Medicaid.

You and your daughter remain eligible for an advance premium tax credit and cost-sharing reductions if you enroll in a silver level health plan.

This decision has no effect on eligibility determinations issued after March 6, 2015.

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

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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
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- By fax: 1-855-900-5557

Summary

The February 12, 2015 and the March 6, 2015 eligibility determinations are AFFIRMED.

You are not eligible for Medicaid.

You and your daughter remain eligible for an advance premium tax credit and, if you enroll in a silver level health plan, cost-sharing reductions.

This decision has no effect on eligibility determinations issued after March 6, 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

