



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

Notice of Decision

Decision Date: July 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001995

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED]

On April 10, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 21, 2015 eligibility determination.

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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[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Issue

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

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

Procedural History

On April 1, 2014, the Marketplace issued an eligibility determination notice that state you were eligible for Medicaid through the Marketplace effective March 1, 2014.

On February 20, 2015, the Marketplace received your 2015 application for health insurance.

On February 21, 2015, the Marketplace issued a notice of eligibility determination that stated you are eligible to receive an advance premium tax credit of up to \$327.00 per month and cost-sharing reductions effective April 1, 2015. This determination relied upon an attested expected household income of \$16,170.44. The notice further stated that you are not eligible for Medicaid because your household income is over the allowable income limit of \$16,105.00.

On March 10, 2015, you spoke with the Marketplace's Account Review Unit and appealed that eligibility determination insofar as it did not determine you Medicaid eligible.

On April 10, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit evidence supporting your position.

On April 24, 2015, the Marketplace Appeals Unit received your supporting evidence, which included a copy of your paystub issued on February 13, 2015 and a copy of your paystub issued on February 27, 2015. These documents were collectively marked as Appellant's Exhibit 1 and incorporated into the record.

The record was closed on April 24, 2015.

Findings of Fact

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

- 1) You are currently single and do not expect to claim any dependents on your tax return.
- 2) According to the February 20, 2015 application, you attested to an expected household income of \$16,170.44 for the 2015 tax year.
- 3) The record reflects that you reside in Queens County, NY.
- 4) You testified that you cannot afford a monthly health insurance premium after paying your necessary living expenses.
- 5) You provided evidence that you earned \$722.17 on February 14, 2015 before taxes are deducted, and you earned \$792.13 on February 27, 2015 before taxes are deducted.

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

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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 \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Legal Analysis

The only matter at issue is whether the Marketplace properly found you ineligible for Medicaid.

The record reflects that you are currently single and do not expect to claim any dependents on your 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 level (FPL) for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Since a household income of \$16,170.44 is 137.39% of the 2015 FPL, your household income is just below the income limit of 138% of the FPL for Medicaid.

Therefore, the Marketplace incorrectly determined that you are ineligible for Medicaid as of February 21, 2015.

Accordingly, the February 21, 2015 eligibility determination is **RESCINDED**.

Your case is **REMANDED** to the Marketplace to reinstate your Medicaid coverage through the Marketplace effective March 1, 2015.

Decision

The February 21, 2015 eligibility determination is **RESCINDED**.

Your case is **REMANDED** to the Marketplace to reinstate your Medicaid coverage through the Marketplace effective March 1, 2015.

Effective Date of this Decision: July 24, 2015

How this Decision Affects Your Eligibility

Your case is REMANDED to the Marketplace to reinstate your Medicaid coverage through the Marketplace effective March 1, 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 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
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Summary

The February 21, 2015 eligibility determination is RESCINDED.

Your case is REMANDED to the Marketplace to reinstate your Medicaid coverage through the Marketplace effective March 1, 2015.

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]
[REDACTED]