



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

## Notice of Decision

Decision Date: July 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002027

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On May 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 14, 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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### Decision

Decision Date: July 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002027

[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 do not qualify for Medicaid because your reported income is over the maximum allowable income limit as of March 14, 2015?

### Procedural History

During 2014, you were deemed eligible for and enrolled in Medicaid Fee for Service retroactively to February 1, 2014 through June 30, 2014 and enrolled in New York State Catholic Health Plan, Inc., a Medicaid Managed Care plan, beginning July 1, 2014 to March 31, 2015.

On March 8, 2015, the Marketplace issued a renewal notice that you cannot be re-enrolled in your current health plan and need to access your Marketplace account to select a different plan if you want coverage in 2015. That notice contained an eligibility redetermination that stated you now qualify for an advance premium tax credit (APTC) of up to \$317.97 per month to help pay for your health coverage and for cost-sharing reductions (CSR) to help paying your share of out-of-pocket costs. It also stated that you no longer qualify for Medicaid because you are over income for this program.

On March 13, 2015, you updated your Marketplace application and the Marketplace prepared a preliminary eligibility redetermination that you are eligible to receive up to \$392.00 per month of APTC and CSR.

That same day, you spoke with the Marketplace’s Account Review Unit and appealed the March 8, 2015 eligibility redetermination as contained in the renewal notice of that

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date and the March 13, 2015 preliminary determination insofar as you are no longer eligible for Medicaid.

On March 14, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the March 13, 2015 preliminary determination. That notice also explained that you are not eligible for Medicaid because the household income you provided of \$17,496.00 is over the allowable income limit for this program.

On March 26, 2015, the Marketplace granted your request for aid to continue during the appeal process and issued a notice of eligibility redetermination indicating your coverage under Medicaid would continue as of April 1, 2015 with your Medicaid Managed Care (MMC) plan, NYS Catholic Health Plan, Inc.

Your telephone hearing scheduled for April 14, 2015 was postponed to a later date at your request. The Marketplace sent you a notice to this effect on April 16, 2015.

On May 8, 2015, 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 finding of fact:

1. You applied for health insurance through the Marketplace for yourself only and are appealing the eligibility redetermination made on March 13, 2015.
2. You testified that you began receiving Social Security Disability benefits in January 2015 because you were disabled.
3. You testified that you applied for assistance through your local Department of Social Services in Clinton County, NY, but were denied assistance because your 11 year old vehicle appraised at a value of \$6,000.00.
4. You testified that your only source of income is from your Social Security Disability benefits and that you receive \$1,400.00 per month before deductions.
5. According to your Marketplace account, the Marketplace calculated that you receive \$1,458.00 gross per month, or \$17,496.00 annually.
6. You want to be determined Medicaid eligible because you need health insurance due to your medical condition, you can hardly get by on your current monthly income, and you cannot afford to take on monthly premium payments for health insurance premiums.

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 federal poverty level (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).

Financial eligibility for Medicaid for applicants who *are* currently receiving Medicaid benefits financial eligibility may be based either on current monthly household income and family size or income based on projected annual household income and family size for the remainder of the current calendar year (42 CFR § 435.603(h)(2), but see SPA 13-0055-MM3, as approved March 19, 2014).

### Fair Hearings:

A Fair Hearing gives an appellant the opportunity to appeal a decision made by New York State the local department of social services with an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency's decision was correct.

(N.Y. Social Services Law § 22; 18 NYCRR § 358).

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that you were not eligible for coverage under Medicaid through the Marketplace as of March 14, 2015.

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 FPL for the applicable

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family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Since \$17,496.00 is 148.65% 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.

The same is true using your monthly income of \$1,458.00. The maximum allowable income limit is 138% of \$11,770.00, which is \$16,243 annually, or \$1,354.00 per month. Since your monthly income of \$1,458.00 exceeds the monthly income limit of \$1,354.00, you are ineligible for Medicaid on an expected monthly income basis.

Since the March 8, 2015 renewal notice and March 14, 2015 eligibility determination each properly stated that, based on the information you provided, you were eligible for an APTC of up to \$318.00 per month, eligible for cost-sharing reductions, and not eligible for Medicaid, it is correct and is AFFIRMED.

You testified that you applied for assistance through your local Department of Social services but were denied assistance.

The New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings, conducts hearings to determine whether or not a determination made by a local social services agency is correct. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency's decision was correct and order the local agency to correct your case if applicable.

You may request a Fair Hearing from New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings by:

Calling a statewide toll-free number: 1 (800) 342-3334

(or)

Visiting their website at <https://otda.ny.gov/hearings/request/>.

## **Decision**

The March 14, 2015 notice of eligibility redetermination is AFFIRMED.

**Effective Date of this Decision:** July 8, 2015

## **How this Decision Affects Eligibility**

This decision does not affect your eligibility.

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).

You are not eligible for Medicaid, but remain eligible to receive up to \$392.00 per month in advance premium tax credit and, if you select a silver-level qualified health plan, eligible for cost-sharing reductions.

### **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
- By mail at:  
NY State of Health Appeals  
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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The March 14, 2015 notice of eligibility redetermination is **AFFIRMED**.

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This decision does not affect your eligibility.

You are not eligible for Medicaid, but remain eligible to receive up to \$392.00 per month in advance premium tax credit and, if you select a silver-level qualified health plan, eligible for cost-sharing reductions.

## **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]