



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

Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002859

[REDACTED]

Dear [REDACTED],

On July 28, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 12, 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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NY State of Health Number: [REDACTED]
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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 through the Marketplace as of May 12, 2015?

Procedural History

On May 11, 2015, the Marketplace received your application for health insurance. That day, a preliminary eligibility determination was prepared that stated you are eligible to receive up to \$302.00 per month of advance premium tax credits (APTC) and cost sharing reductions (CSR) effective June 1, 2015, and not eligible for Medicaid.

Also on May 11, 2015, you spoke with a representative from the Marketplace's Account Review Unit and requested an appeal of that preliminary eligibility determination as it related to you not being eligible for Medicaid.

On May 12, 2015, the Marketplace issued an eligibility determination notice that was consistent with the May 11, 2015 preliminary determination.

On July 28, 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.

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Findings of Fact

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

- 1) You testified that you expected to file your 2015 taxes with a tax filing status of Single and you will not be claiming any dependents on that tax return.
- 2) According to your Marketplace account and your testimony, you initially listed \$18,720.00 as your projected annual household income for 2015, which was later changed to \$22,572.00, which you testified is now accurate.
- 3) You testified, and your application indicates, that you are 57 years old and not a parent or caretaker relative of a dependent child.
- 4) You testified that you need health insurance but cannot afford to pay monthly premiums because of your expenses. You want to be determined eligible for Medicaid.
- 5) Your application states that you live in Queens County, New York.

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

Applicable Law and Regulations

Medicaid

There are two primary places to apply for Medicaid in New York State, the Marketplace (New York State of Health) and your Local Department of Social Services. If you live in one of New York City's five boroughs, you may apply with the New York City Human Resources Administration.

Generally, adults aged 19 to 64 apply for Medicaid through the Marketplace, and adults over the age of 65 who are not pregnant and not a parent or caretaker relative of a dependent apply for Medicaid through the Local Department of Social Services or the New York City Human Resources Administration.

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)).

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The first step in identifying whether an applicant is eligible for MAGI-Medicaid through the Marketplace is determining if he or she meets certain nonfinancial criteria. In general, to qualify Medicaid through the Marketplace you must fall into one of the MAGI eligibility groups:

- An adult aged 19-64, not eligible for Medicare;
- A pregnant woman or infant;
- A child aged 1-18; or
- A parent or caretaker relative.

If you fall into one of these eligibility groups, then the Marketplace determines your eligibility for Medicaid using your modified adjusted gross income (45 CFR § 155.305(c); 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 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).

You may however have your eligibility redetermined on a different basis for non-MAGI-based Medicaid coverage, which is determined by the Local Department of Social Services or the New York City Human Resources Administration depending on which county you live in (N.Y. Soc. Serv. Law § 366(1)(c)).

Affordability Exemption

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing health insurance coverage. Such an exemption may be granted if that person can show that he or she experienced a financial hardship or has domestic circumstances that (1) caused an unexpected increase in essential expenses that prevented that person from obtaining health coverage under a QHP; (2) would have caused the person to experience serious deprivation of food, shelter, clothing, or other necessities, as a result of the expense of purchasing health coverage under a QHP; or (3) prevented that person from obtaining coverage under a QHP (45 CFR § 155.605(a), (g)).

NY State of Health has deferred to the U.S. Department of Health and Human Services (HHS) on the matter of hardship exemptions (see 45 CFR § 155.505(c)).

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Legal Analysis

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 May 11, 2015 application, the relevant FPL was \$11,770.00 for a one-person household. Since \$18,720.00 is 159.05% 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 updated 2015 income of \$22,572.00. Since this income amount is 191.78% of the 2015 FPL of \$11,770.00, you would not be eligible for Medicaid based on the most recent income information.

The Marketplace does not have the authority to decide if you qualify for non-MAGI-based Medicaid. You may be eligible for Medicaid on a non-MAGI basis.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the New York City Human Resources Administration. A listing of offices can be found at www.nyc.gov/html/hra/html/home/home.shtm.

In addition, if you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance during 2015, you can check the Federal Marketplace website (www.healthcare.gov) for direction.

Decision

The May 12, 2015 notice of eligibility determination is AFFIRMED.

This decision has no effect on any determination made subsequent to May 12, 2015.

Effective Date of this Decision: October 15, 2015

How this Decision Affects Your Eligibility

You do not qualify for Medicaid through New York State of Health Marketplace.

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:
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The May 12, 2015 notice of eligibility determination is AFFIRMED.

This decision has no effect on any determination made subsequent to May 12, 2015.

You do not qualify for Medicaid through New York State of Health Marketplace.

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If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance during 2015, you can check the Federal Marketplace website (www.healthcare.gov) for direction.

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:

