



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

## Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004352



Dear [REDACTED],

On November 17, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 8, 2015 eligibility determination.

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 letter.

### 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

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NY State of Health Number: [REDACTED]  
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## Issues

The issues presented for review by the Appeals Unit of the NY State of Health are:

Did the Marketplace properly determine that you are not eligible for Medicaid for June 1, 2015 through June 30, 2015?

## Procedural History

On July 16, 2015 the Marketplace issued you an eligibility determination notice that you are eligible for up to \$296.00 of advance premium tax credit and cost-sharing reductions, if you enroll in a silver-level qualified health plan effective August 1, 2015.

On August 8, 2015 the Marketplace issued an eligibility determination notice that "[y]ou are not eligible for Medicaid for June 1, 2015 through June 30, 2015. You are not eligible for Medicaid because the monthly household income you provided to us of \$1,602.00 is over the allowable monthly income of \$1,354.00.

On August 17, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being eligible for Medicaid for the month of June 2015.

On November 17, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open until November 18, 2015 to allow you to submit additional information.

On November 18, 2015 you faxed a one-page document to the Marketplace Appeals Unit. That document was marked as "Appellant Exhibit A" and has been made part of the record. The record is now complete and closed.

## Findings of Fact

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

1. You are applying for health insurance through the Marketplace for yourself.
2. You testified that you plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that tax return.
3. According to your Marketplace account, you began working at [REDACTED] on May 26, 2015.
4. On July 2, 2015 you uploaded three Direct Deposit Vouchers from [REDACTED] to your Marketplace to your Marketplace account. You earned:
  - (a) \$657.00 in gross pay on check dated June 2, 2015;
  - (b) \$774.00 in gross pay on check dated June 12, 2015; and
  - (c) \$198.00 in gross pay on check dated June 19, 2015.
5. On July 15, 2015 you uploaded a Direct Deposit Voucher from [REDACTED] to your Marketplace account. On the check dated June 26, 2015 you earned \$684.00 in gross income (Reference No. [REDACTED]).
6. You testified that you want Medicaid for the month of June 2015.
7. You testified that you have outstanding medical bills of approximately \$35,000.00.
8. On November 18, 2015 you faxed a receipt from [REDACTED]. The receipt shows that you spent \$358.71 on May 27, 2015 (Appellant Exhibit A).
9. You testified that you plan on claiming that \$358.71 as a business expense.

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

## **Applicable Law and Regulations**

### Modified Adjusted Gross Income

The Marketplace bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, and deductions attributable to royalties (26 USC § 62(a)).

### 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 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).

## **Legal Analysis**

The issue is whether the Marketplace properly determined that you are not eligible for Medicaid for the month of June 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

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modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size.

On the date of your application, the relevant FPL was \$11,770.00 for a one-person household.

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, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,354.00 per month.

On July 2, 2015 and July 15, 2015 you uploaded four Direct Deposit Vouchers from [REDACTED] to your Marketplace to your Marketplace account. Based on these four vouchers, you earned (\$657.00(+)) \$774.00 (+) \$198.00 (+) \$684.00) \$2,313.00 in gross income in June 2015. Since your income for the month of June was over the allowable limit to be eligible for Medicaid, the Marketplace correctly determined that you were not eligible for Medicaid for the month of June 2015.

You testified that you expect to claim the \$358.71 you spent on May 27, 2015 at [REDACTED] as a business expense on your 2015 U.S. Income Tax Return. Even if this expense was an allowable deduction that could be used to offset your June 2015 income, it would not place you below the income limit for Medicaid.

The August 8, 2015 eligibility determination is AFFIRMED.

## **Decision**

The August 8, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** December 10, 2015

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

You remain not eligible for Medicaid for the month of June 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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The August 8, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You remain not eligible for Medicaid for the month of June 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:**

