



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

Notice of Decision

Decision Date: December 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004581

[REDACTED]

Dear [REDACTED]

On November 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 29, 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 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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Issues

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 as of August 29, 2015?

Procedural History

On August 29, 2015 the Marketplace issued an eligibility determination notice stating that you are eligible for up to \$327.00 of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan. The notice also stated that you are not eligible for Medicaid because the household income you provided is over the allowable income limit.

On September 1, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your eligibility for Medicaid.

On November 24, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit with the assistance of Spanish Interpreter # [REDACTED]. The record was developed during the hearing and left open until November 25, 2015 to allow you to submit additional income documentation.

On November 25, 2015 you submitted a twelve-page fax to the Marketplace Appeals Unit. That document has been marked as "Appellant Exhibit A" and 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 plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that return.
3. According to your August 28, 2015, Marketplace application, you attested that your 2015 expected household income would be \$16,967.00.
4. You testified that you are currently employed, however, you did not work in August 2015.
5. On July 2, 2015 you received an Earnings Statement from your employer and earned \$94.20 in gross income. This statement indicates that your year-to-date gross income was \$9,574.61 (Appellant Exhibit A p. 10).
6. On September 11, 2015 you received an Earnings Statement from your employer and earned \$157.00 in gross income. This statement indicates that your year-to-date gross income was \$9,731.61 (Appellant Exhibit A p. 11).
7. You testified that you received Unemployment Insurance Benefits (UIB) from New York State Department of Labor in August 2015.
8. You were issued the following amounts of UIB from the Department of Labor in August 2015:
 - (a) \$208.00 on August 2, 2015;
 - (b) \$208.00 on August 9, 2015;
 - (c) \$208.00 on August 16, 2015;
 - (d) \$0.00 on August 23, 2015; and
 - (e) \$204.00 on August 30, 2015 (Appellant Exhibit A pgs. 4-5).

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

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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 that is at or below 138% of the federal poverty 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 federal poverty level (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 by the US Department of Health and Human Services, March 19, 2014).

Legal Analysis

Currently at issue is the question of whether the Marketplace correctly found you not eligible for Medicaid as of August 29, 2015.

In the application that was submitted on August 28, 2015, you attested to an expected yearly income of \$16,967.00, and the eligibility determination relied upon that information.

According to the record you are a one-person household. You plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that 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 August 29, 2015 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. According to record, the only income you received in the month of August 2015 was \$828.00 in unemployment insurance benefits. Your August 2015 income of \$828.00 is below the Medicaid income limit of \$1,354.00.

Therefore, the August 29, 2015 eligibility determination notice is **RESCINDED**.

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The case is REMANDED to the Marketplace to recalculate your eligibility based on an August 2015 monthly income of \$828.00.

Decision

The August 29, 2015 eligibility determination is RESCINDED.

The case is REMANDED to redetermine your eligibility based on a household of one and an August 2015 monthly income of \$828.00.

Effective Date of this Decision: December 18, 2015

How this Decision Affects Your Eligibility

This decision cancels the August 29, 2015 eligibility determination notice.

Your case is returned to the Marketplace to redetermine your eligibility based on the August 2015 monthly income you provided.

The Marketplace will redetermine your household's eligibility and issue a new eligibility determination notice.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 29, 2015 eligibility determination is RESCINDED.

The case is REMANDED to redetermine your eligibility based on a household of one and an August 2015 monthly income of \$828.00.

This decision cancels the August 29, 2015 eligibility determination notice.

Your case is returned to the Marketplace to redetermine your eligibility based on the August 2015 monthly income you provided.

The Marketplace will redetermine your household's eligibility and issue a new eligibility determination notice.

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:

