



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

Notice of Decision

Decision Date: February 12, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005391

[REDACTED]

Dear [REDACTED],

On February 5, 2016 your spouse appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 5, 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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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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Issue

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

Did the Marketplace properly determine that you and your spouse were eligible for Medicaid, effective January 1, 2016?

Procedural History

On November 30, 2015, the Marketplace received your completed application for health insurance. That day, a preliminary eligibility determination was prepared stating that you and your spouse were eligible for Medicaid effective January 1, 2016.

On December 1, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as you were not eligible to receive advance premium tax credits and enroll in a qualified health plan.

On December 5, 2015, the Marketplace issued an eligibility determination notice based on the information contained in the November 30, 2015 application, stating that you and your spouse remain eligible for Medicaid, effective January 1, 2016.

On February 5, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. During the hearing, your spouse acted as your authorized representative and provided all of the testimony on your behalf. 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) Your spouse testified that you expect to file your taxes with a tax filing status of married filing jointly. You will claim no dependents on that tax return.
- 2) The application that was submitted on November 30, 2015 listed an annual household income of \$12,000.00. Your spouse testified that amount was correct and that you are not contesting the amount of income the Marketplace used to calculate your eligibility.
- 3) Your spouse testified that you are seeking specialized treatments and if you are in receipt of Medicaid you cannot qualify for a grant to help pay for those treatments.
- 4) Your spouse testified that you cannot afford a qualified health plan at full cost so you need to be able to receive advance premium tax credits to help pay for the cost of a health plan.
- 5) Your application states that you live in Queens County.

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 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 \$15,930.00 for a two-person household (80 Fed. Reg. 3236, 3237).

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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).

People who receive or are eligible for Medicaid are not eligible for APTC since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan for 12 months, with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid Social Security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

Legal Analysis

The only issue is whether the Marketplace properly determined that you and your spouse were eligible for Medicaid.

The application that was submitted on November 30, 2015 listed an annual household income of \$12,000.00 and the eligibility determination relied upon that information. Your spouse testified that you are not contesting the amount of income the Marketplace used to calculate your eligibility.

You and your spouse are in a two-person household. You expect to file your 2015 income taxes as married filing jointly and will claim no dependents on that 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 FPL for the applicable family size. On the date of your application, the relevant FPL was \$15,930.00 for a two-person household. Since \$12,000.00 is 75.33% of the 2015 FPL, the Marketplace properly found you and your spouse to be eligible for

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Medicaid on an expected annual income basis, using the information provided in your application.

Your spouse testified that you are seeking specialized treatments and if you are in receipt of Medicaid you cannot qualify for a grant to help pay for those treatments. Your spouse testified that you cannot afford a qualified health plan at full cost so you need to be able to receive advance premium tax credits to help pay for the cost of a health plan.

In order to qualify for an advance premium tax credit, an individual cannot be eligible for or enrolled in minimum essential coverage. Individuals who are currently eligible for or enrolled in Medicaid are considered eligible for minimum essential coverage and therefore do not qualify for an advance premium tax credit.

Since the December 5, 2015 eligibility determination properly stated that, based on the information you provided, you and your spouse are eligible for Medicaid, it is correct and is AFFIRMED.

Decision

The December 5, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: February 12, 2016

How this Decision Affects Your Eligibility

You and your spouse remain eligible for Medicaid effective January 1, 2016.

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

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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 December 5, 2015 eligibility determination notice is AFFIRMED.

You and your spouse remain eligible for Medicaid effective January 1, 2016.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

