



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

Notice of Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005615



Dear [REDACTED],

On March 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 11, 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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Issue

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

Did the Marketplace properly determine that you are eligible for Medicaid as of December 11, 2015?

Procedural History

On December 11, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective as of December 1, 2015.

On the same day the Marketplace issued an enrollment notice confirming that as of December 10, 2015, you enrolled in Medicaid (Fidelis Care) with a plan enrollment start date of January 1, 2016.

On December 18, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible for through the Marketplace.

On January 27, 2016, your Marketplace account was updated.

On January 28, 2016, the Marketplace issued an eligibility determination notice that you are no longer eligible for Medicaid. However, your coverage will continue until November 30, 2016.

On March 22, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open until March 24, 2016, to allow you to submit additional income documentation.

On March 22, 2016, you submitted a four-page to the Marketplace Appeals Unit. That fax was marked as "Appellant Exhibit A" and entered into the record. The record is now complete and closed.

Findings of Fact

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

- 1) According to your Marketplace application and testimony, you are applying for health insurance through the Marketplace for yourself.
- 2) You filed your 2015 federal income tax return with the tax status of single and did not claim any dependents on that return.
- 3) According to your December 10, 2015, Marketplace application, your 2015 expected household income is \$16,050.00.
- 4) On December 11, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective as of December 1, 2015.
- 5) According to your January 27, 2016, Marketplace application, your expected 2016 household income is \$19,500.00.
- 6) According to your Marketplace application and testimony, your only source of income is from your employment at [REDACTED].
- 7) On March 22, 2016, you faxed Earnings Statements, from your employment at [REDACTED], to the Marketplace Appeals Unit. The statements indicate the amount you were issued in December 2015. You were issued in gross income of:
 - (a) \$425.00 on December 7, 2015;
 - (b) \$445.00 on December 14, 2015;
 - (c) \$435.00 on December 21, 2015;
 - (d) \$450.00 on December 28, 2015;(Appellant Exhibit A p. 2-3).
- 8) You testified that you would like to be eligible for the Essential Plan, not Medicaid.

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

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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 that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 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 by the US Department of Health and Human Services, March 19, 2014).

Essential Plan

The Marketplace must generally determine an applicant eligible for the Essential Plan (Basic Health Plan), if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), N.Y. Soc. Serv. Law § 369-gg(3)).

Legal Analysis

The issue is whether the Marketplace correctly found eligible for Medicaid as of December 11, 2015.

You testified that you filed your 2015 federal income tax return with the tax status single and did not claim any dependents on that return. Therefore, you have a one-person household for purposes of this decision.

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In the application that was submitted on December 10, 2015, you attested to an expected yearly income of \$16,050.00, and the eligibility determination relied upon that information. Therefore, your expected annual income for 2016 was 136.36% of the 2015 federal poverty level (FPL). At 136.36% of the FPL, your household income was below the threshold of 138% of the FPL for Medicaid.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You were directed to provide income documentation demonstrating your December 2015 income. On March 22, 2016, you faxed your Earnings Statements to the Marketplace Appeals Unit. The income documentation demonstrates that you received \$1,755.00 in gross income in December 2015.

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. Since the documentation you provided shows that you earned \$1,755.00 in December 2015, you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the December 11, 2015 eligibility determination improperly stated that you were eligible for Medicaid, it is RESCINDED.

On January 27, 2016, you updated your Marketplace and entered an annual household income of \$19,500.00. Furthermore, you testified that \$19,500.00 was a more accurate reflection of your 2016 expected household income.

Therefore, your case is RETURNED to the Marketplace to recalculate your eligibility for financial assistance based on a one-person household with an expected household of \$19,500.00.

Decision

The December 11, 2015, eligibility determination is RESCINDED.

Your case is RETURNED to the Marketplace to redetermine your eligibility for financial assistance based on a one-person household with a 2016 expected income of \$19,500.00.

Effective Date of this Decision: April 15, 2016

How this Decision Affects 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).

This decision cancels the December 11, 2015, eligibility determination.

This decision does not change your eligibility.

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.

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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Summary

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The December 11, 2015, eligibility determination is RESCINDED.

Your case is RETURNED to the Marketplace to redetermine your eligibility for financial assistance based on a one-person household with a 2016 expected income of \$19,500.00.

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:



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