



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

Notice of Decision

Decision Date: May 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006237

[REDACTED]

Dear [REDACTED],

On May 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 15, 2016 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 Account ID 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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Decision

Decision Date: May 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006237



Issue

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

Did NY State of Health properly determine that you were not eligible for Medicaid, as of your January 14, 2016 renewal application?

Procedural History

On December 16, 2014, NY State of Health (NYSOH) issued a renewal notice which stated that you were eligible to remain in your Medicaid coverage, effective February 1, 2015.

On December 20, 2015, NYSOH issued a notice stating that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by January 15, 2016, or you might lose the financial assistance you were currently receiving.

On January 14, 2016, you updated your NYSOH account.

That same day, a preliminary eligibility determination was prepared with regard to your application, stating that you and your spouse were eligible to purchase a qualified health plan (QHP) at full cost, effective February 1, 2016.

Also on January 14, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as it did not find you eligible for Medicaid.

On January 15, 2016 NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a QHP at full cost. The notice also stated that you were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive a tax credit because the income stated in your application was over \$63,720.00, which is above the allowable income limit for these programs.

Also on January 15, 2015, NYSOH issued a disenrollment notice, stating that your coverage in your Medicaid Managed Care (MMC) plan would end as of January 31, 2016.

On May 4, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was kept open at the end of the hearing so that you could provide proof of your total gross income, and your spouse's total gross income, for the months of February and March 2016. On May 20, 2016, you faxed a seven-page document to the NYSOH Appeals Unit, and on May 23, 2016, you updated a one-page document to your NYSOH account. The record is now closed.

Findings of Fact

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

- 1) You testified that you expect to file your 2016 taxes with a tax filing status of married filing jointly.
- 2) Your January 14, 2016 application states that you will claim no dependents on your tax return.
- 3) You are seeking insurance for yourself only.
- 4) The application that was submitted on January 14, 2016 listed annual household income of \$72,000.00, and NYSOH relied on this information in its January 15, 2016 eligibility determination.
- 5) You testified that you expect your 2016 annual income to be approximately \$25,000.00, consisting of earned income.
- 6) Your January 14, 2016 application reflects an earned income of \$25,000.00, with an expected \$3,000.00 in tax deductions. You testified

that you believe the deduction will actually be around \$2,500, and that it is from student loan interest.

- 7) Your January 14, 2016 application also reflects that you were pregnant, with a due date of [REDACTED]. You testified that this was correct.
- 8) You also testified that you went on maternity leave around March 11, 2016, and that you began receiving disability payments during this time.
- 9) Your January 14, 2016 application reflects an expected annual income of \$50,000.00 for your spouse for 2016. You testified that this was correct.
- 10) You also testified that your spouse had reduced pay in February and March 2016 because he is a [REDACTED] and he does not get paid when the school has breaks.
- 11) You testified that you were able to enroll in employer-sponsored insurance for February and March 2016 so that you would have coverage for the duration of your pregnancy, but that this insurance did not cover everything, and you still have medical bills from this time period.
- 12) You testified that you are looking for your Medicaid and MMC coverage to continue through the date of your child's birth, which was [REDACTED], so that your remaining medical bills will be covered.
- 13) After the hearing, you faxed a seven-page document to the NYSOH Appeals Unit, which consisted of the following:
 - a. A one-page cover sheet;
 - b. Five pay stubs from your employer for the following dates and gross pay amounts:
 - i. February 11, 2016 - \$1184.54
 - ii. February 25, 2016 - \$1201.80
 - iii. March 10, 2016 - \$1181.86
 - iv. March 25, 2016 - \$1184.22
 - v. April 7, 2016 - \$841.79
 - vi. A one page direct deposit voucher from [REDACTED] that appears to show a deposit in the amount of \$620.00; however, the remaining information is not legible.

Collectively, these documents are entered into the record as "Appellant's Exhibit One."

- 14) Also after the hearing, you uploaded a one-page document to your NYSOH account [REDACTED] that says "Summary Claim Payments" on the top, with a Policy number of [REDACTED] and a Disability

Date of [REDACTED]. The document also lists your last name and your first name, and lists the following payments for March 2016:

- a. March 23, 2016: Net \$32.75, after \$1.25 in Total Taxes
- b. March 25, 2016: Net 163.76, after \$6.24 in Total Taxes

This document is entered into the record as "Appellant's Exhibit Two."

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

Applicable Law and Regulations

Household Composition

For purposes of advance premium tax credit (APTC) and cost-sharing reductions (CSR), the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

For purposes of Medicaid eligibility, however, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

FPL for Pregnant Women

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); NY Department of Health Administrative Directive 13ADM-03).

Medicaid

Medicaid can be provided through NYSOH 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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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 \$20,090.00 for a three-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 under review is whether NYSOH properly determined that you were not eligible for Medicaid as of your January 14, 2016 application.

When calculating family size for Medicaid purposes, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman but also the number of children she expects to deliver. When you updated your application on January 14, 2016, you were pregnant and living with your spouse. Consequently, the Marketplace determined your eligibility for Medicaid using a three-person household.

Generally, Medicaid can be provided through NYSOH 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. However, Medicaid is available to pregnant women who have a MAGI that is at or below 223% of the FPL for the applicable family size.

On the date of your application, the relevant FPL was \$20,090.00 for a three-person household. Since \$72,000.00 is 358.39% of the 2015 FPL, NYSOH properly found you to be not eligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, you testified at the hearing that you went on maternity leave in March, 2016, which caused your income to be lower for that month, and that your spouse had a reduced income in February 2016 and March 2016 because he [REDACTED] does not get paid when the school children are on break. Therefore, the Hearing Officer left the record open at the end of the hearing to allow you time to submit proof of your gross income, and your spouse's gross income, for the months of February and March 2016.

The documentation that you submitted (Appellant's Exhibits One and Two) shows your gross income for February and March 2016, as well as the disability payments you began receiving in March 2016. However, you submitted only one

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illegible pay stub from your spouse's employer. Since you did not submit gross income information for your spouse as directed by the Hearing Officer, there is not enough information to re-determine your eligibility for Medicaid on a monthly income basis for the months of February and March 2016.

Since the January 15, 2016 eligibility determination properly stated that, based on the information you provided, you were not eligible for Medicaid as of your January 14, 2016 application, it is correct and is AFFIRMED.

Decision

The January 15, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: May 27, 2016

How this Decision Affects Your Eligibility

You were not eligible for Medicaid after your previous Medicaid coverage ended on January 31, 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 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 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):

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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 15, 2016 eligibility determination notice is AFFIRMED.

You were not eligible for Medicaid after your previous Medicaid coverage ended on January 31, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

