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

Notice of Decision

Decision Date: December 12, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000009451

[redacted]

Dear [redacted],

On November 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 25, 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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NY State of Health Account ID: [redacted]
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Issue

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

> Did NY State of Health (NYSOH) properly determine that you were not eligible for Medicaid as of your April 24, 2016 application?

Procedural History

On April 12, 2016, NYSOH issued a renewal 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 May 15, 2016 or you might lose the financial assistance you were currently receiving.

On April 23, 2016, NYSOH received your updated application for health insurance.

On April 24, 2016, NYSOH issued a notice stating that your application for health insurance had been reviewed, but that more information regarding your income was needed in order to make a determination as to your eligibility.

Also on April 24, 2016, you updated your NYSOH account.

On April 25, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase qualified health plan at full cost, effective June 1, 2016. The notice also stated that you were not eligible for Medicaid, Child Health

Plus, the Essential Plan, or to receive a tax credit toward the cost of your coverage because the income in your application was over $47,080.00, which was over the allowable income limit for these programs.

On May 6, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as it stated that you were not eligible for Medicaid.

On November 17, 2016 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

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 single. You will claim no dependents on that tax return.

2) The application that was submitted on April 24, 2016 listed annual household income of $120,535.10 after $12,832.90 in deductions, consisting of income you earn from employment. You testified that this amount was correct at the time, and that you believe it will end up being correct at the end of the year.

3) You testified that your monthly income for April 2016, the month in which you updated your application, was between $10,000.00 and $12,000.00.

4) You testified that you are self-employed, and that there are some months when you do not bring in any income.

5) You testified that your income was $0.00 in July, August, and September of 2016, and that you began working again in October 2016.

6) Your application states that you live in New York County.

7) You testified that it is difficult for you to predict your income early in the year, and that there are always months when you do not work.

8) You testified that you think you should be eligible for Medicaid in months when your monthly income is less than the Medicaid income limit.

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 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 federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services 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 2016 FPL, which is $11,880.00 for a one-person household (81 Federal Register 4036).

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 April 24, 2016 application.

The application that was submitted on April 24, 2016 listed an annual household income of $120,535.10 after deductions, and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2016 income taxes as single and will claim no dependents on that tax return.

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. On the date of your application, the relevant FPL was $11,880.00 for a one-person household. Since $120,535.10 is 1,014.6% of the 2016 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits can be based on current monthly household income and family size in the month of application.

You testified that your monthly income in April 2016 was between $10,000.00 and $12,000.00.

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 $1,366.20 per month. Since you testified that you earned between $10,000.00 and $12,000.00 in the month of your application (April 2016), you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the April 25, 2016 eligibility determination properly stated that, based on the information you provided, you were not eligible for Medicaid, it is correct and is AFFIRMED.

Decision

The April 25, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: December 12, 2016

How this Decision Affects Your Eligibility

You were not eligible for Medicaid as of your April 24, 2016 application.

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.

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 April 25, 2016 eligibility determination notice is AFFIRMED.

You were not eligible for Medicaid as of your April 24, 2016 application.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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).