



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

## Notice of Decision

Decision Date: February 02, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011154

[REDACTED]

Dear [REDACTED],

On January 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 30, 2016 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

### 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: February 02, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011154

[REDACTED]

## Issue

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

Did New York State of Health (NYSOH) properly determine that you were not eligible for Medicaid as of July 30, 2016?

## Procedural History

On July 29, 2016, you submitted a financial assistance application through NYSOH. NYSOH rendered a preliminary eligibility determination stating that you were not eligible to receive help paying for your health insurance coverage.

On July 29, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your eligibility for Medicaid.

On July 30, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH effective September 1, 2016. The notice also stated that you were not eligible for Medicaid because the household income you provided was over the allowable income limit.

On December 27, 2016, you uploaded additional documentation to your NYSOH account ([REDACTED]; [REDACTED]; [REDACTED]).

On January 5, 2017, 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 proceeding. The record is complete and closed.

## Findings of Fact

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

1. You testified and your NYSOH account reflects that you are applying for health insurance through NYSOH for yourself.
2. You testified and your NYSOH account reflects that you plan on filing a 2016 federal income tax return, with the tax status of single, and will not be claiming any dependents on that tax return.
3. According to your July 29, 2016 application, you attested to an expected yearly income of \$72,073.07. You expected to receive \$66,023.07 in earned income, \$11,050.00 in unemployment insurance benefits (UIB), and claim a \$5,000.00 student loan interest deduction.
4. You testified and your NYSOH account reflects that you were issued \$1,700.00 in UIB in July 2016.
5. On December 27, 2016, you uploaded a letter from NYS Department of Labor. The letter states that you have received the maximum 26 weeks of benefits on your claim with a benefit year ending 6/11/2017 ( [REDACTED] ).
6. You testified that you have not had any source of income since December 2016, since losing your UIB.
7. You currently reside in New York County, New York.

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

## **Applicable Law and Regulations**

### Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” is the gross income of the taxpayer minus the deductions permitted (26 USC § 62). Subject to some limitations, interest on a qualified educational loan can be deducted from adjusted gross income in an

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amount up to \$2,500 in interest paid by taxpayers during the taxable year, whose yearly income does not exceed \$160,000 (26 USC § 221; see also 26 USC § 62 (17)).

### 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 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 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 July 30, 2016.

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 \$11,880.00 for a one-person household. In the application that was submitted on July 29, 2016 you attested to an annual household income of \$72,073.07 and the eligibility determination issued on July 30, 2016 relied on that information.

Since \$72,073.07 is 606.68% of the 2016 FPL, NYSOH properly found you to be not eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Financial eligibility for Medicaid for applicants is based on current monthly household income and family size. To be eligible for Medicaid, you would need to

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meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,367.00 per month.

The record reflects that you were issued \$1,700.00 in UIB in July 2016. You attested on your July 29, 2016, that you expected to claim a \$5,000.00 student loan interest deduction. The maximum allowance for this deduction is \$2,500.00, or  $(\$2,500/12)$  \$208.33 per month. Your July 2016 monthly income was at least  $(\$1700.00 - \$208.33)$  \$1,491.67.

Therefore, NYSOH properly found you not eligible for Medicaid.

You testified that you have not received any income since December 2016, when your UIB was exhausted. On December 27, 2016, you uploaded a letter from NYS Department of Labor stating that you have received the maximum 26 weeks of benefits on your claim with a benefit year ending 6/11/2017.

Your case is RETURNED to NYSOH to recalculate your eligibility for financial assistance based on one-person household, living in New York County with an expected 2017 household income of \$0.00.

## **Decision**

The July 30, 2016 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to recalculate your eligibility for financial assistance based on one-person household, living in New York County with an expected 2017 household income of \$0.00.

**Effective Date of this Decision:** February 02, 2017

## **How this Decision Affects Your Eligibility**

You remain not eligible for Medicaid.

Your case has been returned to NYSOH to calculate your financial assistance eligibility in 2017, if it has not already been done.

## **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

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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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- By fax: 1-855-900-5557

### **Summary**

The July 30, 2016 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to recalculate your eligibility for financial assistance based on one-person household, living in New York County with an expected 2017 household income of \$0.00.

You remain not eligible for Medicaid.

Your case has been returned to NYSOH to calculate your financial assistance eligibility in 2017, if it has not already been done.

### **Legal Authority**

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**A Copy of this Decision Has Been Provided To:**

