



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

Notice of Decision

Decision Date: July 3, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000479

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On April 9, 2014, you appeared for a telephone hearing on your appeal of NY State of Health Marketplace's March 1, 2014 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 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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Appeal Identification Number: AP000000000479

[REDACTED]
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Issues

The issues presented for review by the Appeals Unit of the NY State of Health are:

Did the Marketplace properly determine that [REDACTED] was not eligible for Medicaid as of March 1, 2014?

Did the Marketplace properly determine that [REDACTED] was eligible for an advance premium tax credit (APTC) of up to \$284.00 per month as of March 1, 2014?

Did the Marketplace properly find [REDACTED] to be eligible for cost sharing reductions (CSR) as of March 1, 2014?

Procedural History

Your application for health insurance was received by the Marketplace February 28, 2014.

On March 1, 2014, the Marketplace issued an eligibility determination in your case. It said that you were not eligible for Medicaid because you exceeded the income limit but that you were eligible to enroll in a Qualified Health Plan (QHP) through the Marketplace; to receive up to \$284.00 of advance premium tax credit (APTC) per month to help pay your insurance premiums; and, if you enrolled in a silver level health insurance plan, to receive cost sharing reductions.

On March 19, 2014, you spoke with Marketplace Customer Service and appealed that determination.

On April 9, 2014, you had a telephone hearing with a Hearing Officer from the

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Marketplace's Appeals Unit. The record was developed and it was closed at the end of the hearing.

Findings of Fact

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

- 1.) Appellant is currently single and plans on filing income taxes for 2014 as single (NYSOH Exhibit 2, p.5).
- 2.) Appellant indicated on her February 28, 2014 application an anticipated household income for 2014 of \$16,140 in Title II funds (NYSOH Exhibit 2, p.5).
- 3.) Appellant became eligible for Social Security Disability benefits during 2013 and began receiving monthly benefits of \$1,300.
- 4.) Appellant testified that in January 2014 she received a cost-of-living adjustment of \$25 per month, bringing her Social Security Disability benefits to \$1,325 per month. She further testified that this is her sole source of income. This amounts to an annual income of \$15,900 for 2014.
- 5.) Appellant testified that her current rent is \$1,057 per month, is due to increase in June 2014, and she cannot afford to pay a monthly health insurance premium plus a \$2,000 maximum out of pocket deductible.

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

Applicable Law and Regulations

An individual is eligible for enrollment in Medicaid when he or she meets the non-financial criteria and has a household income that is at or below the applicable Medicaid MAGI-based income standard (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

Medicaid is available to an individual who has a modified adjusted gross household income under 138% of the 2014 federal poverty level (42 CFR 435.218). One hundred percent of the 2014 federal poverty level for one person is \$11,670. For a household of one, the maximum allowable income to be eligible for Medicaid is \$16,105.00 (138% of the 2014 FPL), which is \$1,343.00 per month.

A person may qualify for an advance premium tax credit (APTC) if her household income is between 138% and 400% of the 2013 FPL (45 CFR § 155.305(f)). Since 100% of the 2013 FPL for a household of one person was \$11,490, a person in a

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household of one may qualify for APTC if the household income is between \$15,856 (138% of the 2013 FPL) and \$45,960 (400% of the 2013 FPL).

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 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)).

Cost-sharing reductions (CSR) are available only to a person who (1) is eligible to enroll in a qualified health plan (QHP) through the Marketplace, (2) meets the requirements to receive advanced premium tax credits, (3) is expected to have a household income that does not exceed 250 percent of the Federal Poverty Level (FPL) for the plan year coverage is requested (2013) and (4) is enrolled in a silver-level QHP (45 CFR § 155.305(g)(1)).

Legal Analysis

The eligibility determination made on March 1, 2014 was based on anticipated household income of \$16,140. This was the amount of expected 2014 Title II income indicated on your February 28, 2014 application. However, the credible evidence of record indicates that your only anticipated income during 2014 is the \$1,325 per month that you receive as Social Security Disability benefits. This equals an anticipated income of \$15,900 for the year.

Since the March 1, 2014 eligibility determination was based upon inaccurate income data, it is not supported by the record and is **RESCINDED**.

The case is returned to the Marketplace for redetermination of the Appellant's eligibility based upon anticipated 2014 household income of \$1,325 per month, which is \$15,900 for the year.

Decision

The eligibility determination made on March 1, 2014, is **RESCINDED**.

The case is restored to the Marketplace for redetermination of eligibility based upon a household income of \$1,325 per month, \$15,900 for the year.

Effective Date of this Decision: March 1, 2014

How this Decision Affects Your Eligibility

This Decision does not decide your final eligibility.

It returns your case to the Marketplace to redetermine your eligibility based on the corrected income information that you provided to the Hearing Officer.

The Marketplace will redetermine your eligibility and issue a new notice of eligibility determination.

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.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Submit an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the New York Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of this Decision.

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 eligibility determination of March 1, 2014 is RESCINDED.

The case is returned to the Marketplace for redetermination of eligibility based on a 2014 income of \$1,325 per month, which is \$15,900 for the year.

The Marketplace will redetermine the Appellant's eligibility and issue a new notice of eligibility redetermination.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]