



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

## Notice of Decision

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000605

Decision Date: July 28, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On June 4, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 23, 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: 1-877-622-4886).

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## Decision

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[REDACTED]

## Issue

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

Did the Marketplace properly determine that the appellant was eligible for an advance premium tax credit (APTC) as of April 23, 2014?

## Procedural History

The Marketplace received your application for health insurance on April 21, 2014.

On April 23, 2014, the Marketplace issued a notice in your case. It said that you were eligible to enroll in a qualified health plan (QHP) and were eligible to receive up to \$277.00 monthly of APTC and to get Cost Sharing Reductions (CSR) if you were enrolled in a silver level QHP through the Marketplace.

On April 25, 2014, you spoke to the Marketplace's Customer Service Unit and appealed this determination.

On April 26, 2014, your household income was changed on your online application to \$23,400.00. The Marketplace prepared a preliminary determination indicating that, based on the updated information, you were eligible for Medicaid.

On July 6, 2014, the Marketplace issued a notice of eligibility determination confirming that your Medicaid coverage began on April 1, 2014 and that your Medicaid enrollment through Healthfirst began on June 1, 2014.

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On June 4, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, you stated that there was no longer a need for an appeal because your original eligibility determination was no longer valid. You confirmed that you were satisfied with the April 26, 2014 preliminary determination.

## **Findings of Fact**

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

- 1) On the original Marketplace application the appellant indicated a household income of \$28,400.00, and a planned tax filing status of Head of Household with two dependents.
- 2) The appellant's Marketplace account reflects that the appellant changed her income to \$23,400.00.
- 3) The appellant's eligibility was redetermined on April 26, 2014 and resulted in the finding that she was eligible for Medicaid.
- 4) The appellant testified that she is satisfied with the Marketplace's April 26, 2014 eligibility redetermination.

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

## **Applicable Law and Regulations**

The applicable federal rule for eligibility of advance premium tax credit (APTC) are 45 CFR § 155.305(f) and 26 CFR § 1.36B-2.

A tax filer is eligible for APTC if (1) the tax filer is expected to have a household income of greater than or equal to 100% but not more than 400% of the 2013 Federal Poverty Level (FPL), and (2) the tax filer expects to claim a personal exemption deduction on his or her tax return for an applicant who meets the eligibility requirements to enroll in a qualified health plan and is not eligible for minimum essential coverage except for coverage in the individual market (45 CFR § 155.305(f); 26 CFR § 1.36B-2).

Cost-sharing reduction (CSR) is available to a person who (1) is eligible to enroll in a qualified health plan (QHP) through the Marketplace, (2) meets the

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requirements to receive an advance premium tax credit, (3) is expected to have a household income that does not exceed 250% of the FPL for the plan year coverage is requested and (4) is enrolled in a silver-level QHP (45 CFR § 155.305(g)(1)).

## **Legal Analysis**

The eligibility determination issued on April 23, 2014, was based on your reported income of \$28,400.00 and a household of three people. It stated that you were eligible to enroll in a QHP through the Marketplace, to receive up to \$277.00 monthly of APTC, and to get CSR if the plan you chose was at the silver level. Based on your household income and size as reported at the time, the record supports the Marketplace's determination made on April 23, 2014.

Thereafter, on or about April 26, 2014, your income was changed to \$23,400.00. This triggered the Marketplace to rerun your eligibility. The Marketplace made a preliminary determination, based on your modified household income of \$23,400.00 and a household of three people, that you were now eligible for Medicaid, which was to begin on June 1, 2014.

According to your testimony at the hearing, you were satisfied with the Marketplace's April 26, 2014 eligibility determination finding you Medicaid eligible and confirmed that you wanted to withdraw your appeal of the April 23, 2014 eligibility determination.

Therefore, the April 23, 2014 eligibility determination is AFFIRMED.

However, that determination has been replaced by the eligibility redetermination issued on July 6, 2014.

## **Decision**

The April 23, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** July 28, 2014

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

The April 26, 2014 eligibility redetermination was correct when it was made.

However, it has since been replaced by the July 6, 2014 notice of eligibility redetermination that you are eligible for Medicaid and that your Medicaid coverage began on April 1, 2014.

## **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  
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- By fax: 1-855-900-5557

## **Summary**

The April 23, 2014 eligibility determination is AFFIRMED.

The July 6, 2014 eligibility redetermination has replaced the April 23, 2014 notice.

You are eligible for Medicaid, and your Medicaid coverage began on April 1, 2014.

## **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]  
[REDACTED]

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