



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

### Notice of Decision

Decision Date: August 29, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000653

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

Dear [REDACTED],

On July 1, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s March 13, 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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## Decision

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

## Issue

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

Did the Marketplace properly determine that [REDACTED] was eligible for an advance premium tax credit (APTC) in the amount of \$233.00 as of March 13, 2014?

Did the Marketplace properly determine that [REDACTED] was eligible for cost sharing reductions as of March 13, 2014?

## Procedural History

On March 12, 2014, you filed an application for health insurance through the Marketplace for yourself only.

On March 13, 2014, the Marketplace issued an eligibility determination notice stating that based on a household income of \$24,021.07, you were eligible to enroll in a QHP, to receive up to \$233.00 monthly of APTC, and receive cost-sharing reductions.

On May 19, 2014, you appealed the March 13, 2014 eligibility determination.

On June 4, 2014, you submitted income documentation to the Marketplace.

On June 5, 2014, the Marketplace issued an eligibility determination notice stating that based on a household income of \$24,021.07, you are eligible for Medicaid as of June 1, 2014.

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On July 1, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. During the hearing, translation services were provided by Spanish Interpreter [REDACTED]. The record was developed and was closed at the end of the hearing.

## **Findings of Fact**

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

1. You reside with your daughter (23 years old) and grandson (3 years old).
2. You applied for health insurance through the NY State of Health Marketplace on March 12, 2014, for yourself only.
3. According to the Marketplace application, you reside in New York County, NY.
4. You plan to file a 2014 federal income tax return.
5. You testified that you plan to file with the tax status of "single" and claim one dependent, your daughter, on your 2014 federal income tax return.
6. You testified that your expected household income is approximately \$14,000.00 for 2014. You testified that your daughter does not have expected income for 2014.

Conflicting evidence, if any, is considered less credible in favor of the evidence noted above.

## **Applicable Law and Regulations**

NY State of Health uses Internal Revenue Service rules to determine who is in a taxpayer's family for purposes of calculating APTC. Generally, a taxpayer's family includes the people for whom the taxpayer claims a tax deduction. A taxpayer may claim a deduction for himself or herself, his or her spouse, and his or her tax dependents (26 CFR § 1.36B-1).

The advance premium tax credit (APTC) is available to a person who is eligible to enroll in a qualified health plan (QHP) and:

- 1) expects to have a household income between 100% and 400% of the Federal Poverty Level (FPL);

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- 2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan; and
- 3) is not otherwise eligible for minimum essential coverage except through the individual market

(45 CFR § 155.305(f)).

Cost sharing reductions (CSR) are available to a person who is eligible to enroll in a qualified health plan (QHP) and:

- 1) is eligible for an advanced premium tax credit (APTC),
- 2) has a household income less than 250% of the FPL, and
- 3) enrolls in a silver level health plan

(45 CFR § 155.305(g)).

For an APTC eligibility determination made during March 2014 for a one-person household, the applicable FPL is \$11,490.00 (78 Fed. Reg. 5182, 5183).

For a Medicaid eligibility determination made during June 2014 for a two-person household, the applicable FPL is \$15,730.00 (79 Fed. Reg. 3593).

Medicaid can be provided to people 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 household income 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)).

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)).

## **Legal Analysis**

On your March 12, 2014 application for health insurance, you stated that you were the only person in your tax household. You also stated that your household income for 2014 would be \$24,021.07.

On March 12, 2014, the FPL for determining APTC eligibility for a one-person household was \$11,490.00. A household income of \$24,021.07 put you at 209.06% of the FPL which qualified you for an advance credit of up to \$233.00 per month. In a one-person household, your income was too high to qualify for Medicaid. This is what was stated on the March 13, 2014 determination, and since it was correct it is AFFIRMED.

At the telephone hearing on July 1, 2014, you testified and explained that you plan to claim your daughter as a dependent on your 2014 tax return, so you are really in a two-person tax household. You also testified that you have recently had your hours of employment reduced and expect your 2014 household income to be lower than your 2013 income.

The Marketplace redetermined your eligibility with updated information on June 4, 2014. On June 5, 2014, it issued a notice stating that, with a household income of \$24,021.07, you do qualify for Medicaid. It says that you became Medicaid eligible on June 1, 2014. This later eligibility determination has not been appealed, and it continues in effect.

A person who is Medicaid eligible is not eligible for APTC. According to the June 5, 2014 notice, you became Medicaid eligible on June 1, 2014. Therefore, on June 1st you became eligible for Medicaid and stopped being eligible for APTC.

## **Decision**

The March 13, 2014 eligibility determination is AFFIRMED.

The June 5, 2014 eligibility determination that says you are eligible for Medicaid remains in effect.

**Effective Date of this Decision:** August 29, 2014

## **How this Decision Affects Eligibility**

You were eligible for an advance premium tax credit from March 13, 2014, until May 31, 2014.

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).

You have been eligible for Medicaid since June 1, 2014.

### **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
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## **Summary**

The March 13, 2014 eligibility determination is AFFIRMED.

The June 5, 2014 eligibility determination that says you are eligible for Medicaid remains in effect.

You were eligible for an advance premium tax credit from March 13, 2014 until May 31, 2014.

You have been eligible for Medicaid since June 1, 2014.

## **Legal Authority**

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



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

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