



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: AP000000000660

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 14, 2014, you appeared by telephone at a hearing on your appeal of the NY State of Health Marketplace's April 17, 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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[REDACTED]
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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 [REDACTED] is not eligible for Medicaid coverage as of April 17, 2014?

Procedural History

On January 16, 2014, the Marketplace received your initial application for health insurance.

On March 14, 2014, the Marketplace received your modified application for health insurance.

On April 17, 2014, the Marketplace issued a notice of eligibility redetermination based upon your reported household income of \$24,960.00. The notice stated that you were ineligible for Medicaid but eligible to enroll in a qualified health plan through the Marketplace with up to \$277.00 monthly of advance premium tax credit and, while enrolled in a silver-level qualified health plan, cost-sharing reductions.

On May 19, 2014, you spoke with a Marketplace Customer Service Unit representative and appealed that determination.

On July 8, 2014, the Marketplace received your subsequent application for health insurance.

On July 9, 2014, the Marketplace issued you a notice of eligibility redetermination. The notice stated that you are eligible for Medicaid and are enrolled with Healthfirst to begin August 1, 2014.

On July 14, 2014, you had a telephone hearing with a Hearing Officer from the 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) On Marketplace applications filed through April 17, 2014, your attested expected household income for the 2014 tax year was \$24,960.00.
- 2) There are two people in your tax household, you and your spouse.
- 3) According to your application you reside in Queens County
- 4) During the July 14, 2014 hearing, you testified that you no longer wish to pursue your appeal.

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

Applicable Law and Regulations

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 percent of the 2014 federal poverty level for the applicable family size (see 42 CFR § 435.119(b), 42 CFR 435.911(b)(1), 42 CFR 435.603(d)(4)).

The 2014 federal poverty level for a two-person household is \$15,730.00 (79 Fed. Reg. 3953).

The advance premium tax credit is available to a person who is eligible to enroll in a qualified health plan (and (1) expects to have a household income between 138% and 400% of the 2013 federal poverty level; (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 (see 45

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CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR 435.911(b)(1), 42 CFR 435.603(d)(4), N.Y. Soc. Serv. Law § 366(4)(c)).

For a two-person household, the 2013 federal poverty level is \$15,510.00 (78 Fed Reg 5182, 5813 (2013)).

The maximum amount of advance premium tax credit that can be authorized equals

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through the NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution is set by Federal law at 2% to 9.5% of household income (26 USC § 36B(b)(3)(A)).

For household income that is at least 150% but less than 200% of the 2013 federal poverty level, the expected contribution is from 4.0% to 6.3% of the household income (see 26 CFR § 1.36B-3(g)(2), 45 CFR 155.300(a)).

Legal Analysis

Of the eligibility requirements listed above, the only one currently at issue is the income requirement. According to the Marketplace application as of April 17, 2014, your expected household income was \$24,960.00 for the 2014 tax year.

According to the record there are two people in your household, you and your spouse.

To be eligible for Medicaid, you cannot have a household income higher than 138% of the 2014 federal poverty level. Since the 2014 federal poverty level for a two-person household \$15,730.00, you would qualify for Medicaid at a household income no higher than \$21,707.00. Therefore the April 17, 2014 notice was correct in stating that you were not eligible for Medicaid at an expected household income was \$24,960.00.

You reside in Queens County, where the second lowest cost silver plan available through the Marketplace for an individual costs \$370.53 per month.

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An expected income of \$24,960.00 equals 160.93% of the 2013 FPL for a two-person household. At 160.93% of the federal poverty level, the expected contribution to the cost of the health insurance premium is 4.50% of income, which is \$93.60 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan in your county (\$370.53 per month) minus your expected contribution (\$93.60 per month), which equals \$276.93 per month.

Therefore, computing to the nearest dollar, the Marketplace correctly determined your advance premium tax credit to be \$277.00 per month on an expected income of \$24,960.00

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the 2013 federal poverty level. Since your household income is 160.93% of the 2013 federal poverty level, you are eligible for cost-sharing reductions with an expected income of \$24,960.00.

Since the record confirms that, as of March 17, 2014, you qualified for an advance premium tax credit and cost-sharing reductions and your \$24,960.00 household income was higher than the \$21,707.00 limit for Medicaid eligibility, the determination was correct when made and is AFFIRMED.

Decision

The eligibility determination issued on April 17, 2014 is AFFIRMED.

Effective Date of this Decision: August 29, 2014

How this Decision Affects Your Eligibility

The April 17, 2014 notice of determination was correct when made and is affirmed.

You are still eligible for Medicaid and remain enrolled with Healthfirst as of August 1, 2014.

If You Disagree with this Decision (Appeal Rights)

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).

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:

- Make 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 the Decision (45 CFR § 155.520[c]).

AND/OR

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

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 17, 2014 notice of determination was correct when made and is affirmed.

You are still eligible for Medicaid and remain enrolled with Healthfirst as of August 1, 2014.

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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]