



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

## Notice of Decision

Decision Date: September 10, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000709

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

Dear [REDACTED],

On July 7, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 12, 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]

### Issue

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

Did the Marketplace properly determine that, as of June 12, 2014 [REDACTED] [REDACTED] was not eligible for Medicaid or cost-sharing reductions but was eligible for an advance premium tax credit of up to \$166.00 per month?

### Procedural History

The Marketplace received your modified application for health insurance on June 12, 2014.

That same day, you received a preliminary determination from the Marketplace. It said that you were temporarily eligible to enroll in a qualified health plan through the Marketplace and were eligible to receive up to \$166.00 monthly of advance premium tax credit (APTC) to help pay for the cost of your health insurance. You were not found eligible for Medicaid because your household income of \$29,662.00 is over the allowable income limit of \$16,105.00.

Also on that same day, you spoke with the Marketplace’s Customer Service Unit and appealed that determination.

On June 13, 2014, the Marketplace issued an eligibility determination that reflected the June 12, 2014 preliminary determination.

On July 7, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed at the hearing and it was

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left open for 15 days to allow you to submit supporting student loan interest payment documentation. Since nothing was received by the Marketplace's Appeals Unit within the 15-day period, the record was closed at the end of that period.

## **Findings of Fact**

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

- 1) You are currently single and living by yourself.
- 2) You expect to file your 2014 tax return as single.
- 3) You do not expect to claim anyone as a dependent and you do not expect to be claimed as a dependent for the 2014 tax year.
- 4) You are not currently employed. The last day of your employment was April 14, 2014.
- 5) You are currently receiving Unemployment Benefits in the amount of \$405.00 per week for 26 weeks. You testified that you will receive approximately 10 more weeks of Unemployment Benefits as of the date of the hearing.
- 6) You reported your household income on the June 12, 2014 Marketplace application as \$29,662.00, which is the sum of the maximum amount of Unemployment Benefits you are entitled to (\$10,530.00) and the income you received during your previous employment (\$19,132.00).
- 7) According to your June 12, 2014 Marketplace application, you currently reside in Kings County.
- 8) Due to your expenses, you testified that you are no longer able to pay your student loans and have put some of them into deferment. You did, however, testify that you had paid some portion of your student loan payments earlier in the year prior to deferment.
- 9) You further testified that you have not picked a plan because even with the advance premium tax credit (APTC) amount you have been found eligible for, you cannot afford the premium.

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

## Applicable Law and Regulations

Medicaid through the Marketplace is available to an adult 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 federal poverty level for one person in 2014 is \$11,670. For a household of one in 2014, the maximum allowable income to be eligible for Medicaid is \$16,105.00 per year (138% of the federal poverty level), which is \$1,343 per month.

The maximum amount of advance premium tax credit (APTC) that can be approved 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 towards the cost of health insurance premiums is set by federal regulation at 2% to 9.5% of income, depending on household's income.

For a household income in the range of at least 250% of the 2013 federal poverty level but less than 300% of the 2013 federal poverty level, the expected contribution ranges from 8.05% to 9.5% of the household income (26 CFR § 1.36B-3(g)(2)).

For a one-person household the 2013 federal poverty level is \$11,490.

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)).

## Legal Analysis

The only matters at issue are: (1) whether you are eligible for no-cost medical insurance through Medicaid, and (2) whether you are eligible for a greater advance premium tax credit (APTC) than the \$166.00 approved in the June 13, 2014 eligibility determination, and (3) whether you are eligible for cost-sharing reductions.

Since you reside by yourself and have no tax dependents, you are in a one-person household for purposes of this decision.

You reported a current household income of \$405.00 per week in Unemployment Benefits, or approximately \$1,620.00 per month. At approximately \$1,620.00 per month, this places you at 166.50% of the 2014 federal poverty level. Since Medicaid is available only to a person whose household income is no greater than 138% of the 2014 federal poverty level, the Marketplace properly found that you were not eligible for Medicaid as of June 12, 2014.

You reside in Kings County, where the second lowest cost individual silver plan available through the Marketplace costs \$370.52 per month.

Your expected income for 2014 is \$29,662.00, which is 258.15% of the 2013 federal poverty level for a one-person household. At 258.15% of the federal poverty level, the expected contribution to the cost of your health insurance premium is 8.29% of your household income, or \$204.82 per month.

The maximum amount of advance premium tax credit (APTC) that can be awarded equals the cost of the second lowest cost silver plan in your county (\$370.52 per month) minus the expected household contribution (\$204.82 per month), which equals \$165.70 per month. Therefore, to the nearest dollar, the Marketplace correctly computed your maximum advance premium tax (APTC) to be \$166.00 per month.

Cost sharing reductions are available to a person who has a household income no greater than 250% of the 2013 federal poverty. Since your household income is 258.15% of the 2013 federal poverty level, you are not eligible for cost-sharing reductions.

You stated that you cannot afford to pay your health insurance premium if your advance premium tax credit (APTC) amount does not increase to cover the full cost of a plan, and that if your advance premium tax credit (APTC) level remained the same, you might be interested in applying for a hardship exemption.

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing a Qualified Health Plan (QHP). Such an exemption may be granted if that person can show that she experienced a financial hardship or has domestic circumstances that (1) caused an unexpected increase in essential expenses that prevented that person from obtaining health coverage under a QHP; (2) would have caused the person to experience serious deprivation of food, shelter, clothing or other necessities, as a result of the expense of purchasing health coverage under a QHP; or (3) prevented that person from obtaining coverage under a qualified health plan (45 CFR § 155.605(a), (g)).

NY State of Health has deferred to the U.S. Department of Health and Human Services (HHS) on the matter of hardship exemptions (see 45 CFR § 155.505(c)).

If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance, consult the Federal Marketplace website ([www.healthcare.gov](http://www.healthcare.gov)) for additional information and an application.

## **Decision**

The June 13, 2014 eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** September 10, 2014

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

Your eligibility has not changed.

You are not eligible for Medicaid or cost-sharing reductions. You remain eligible for a maximum advance premium tax credit (APTC) of \$166.00 per month.

If you wish to apply for a hardship exemption, you may do so directly to the U.S. Department of Health and Human Services.

## **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.

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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 June 13, 2014 eligibility determination is **AFFIRMED**.

Your eligibility has not changed.

You are not eligible for Medicaid or cost-sharing reductions. You are eligible for a maximum advance premium tax credit (APTC) of \$166.00 per month.

Should you wish to apply for a hardship exemption, you may do so directly to the U.S. Department of Health and Human Services.

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## **Legal Authority**

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

[REDACTED]  
[REDACTED]  
[REDACTED]