



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

## Notice of Decision

Decision Date: October 15, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000786

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

Dear [REDACTED],

On September 10, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 5, 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 letter.

### 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]

## Issues

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

Did the Marketplace properly determine that, as of August 4, 2014, [REDACTED] was eligible for up to \$199.00 per month in advance premium tax credit and that she was eligible for cost-sharing reductions, provided she was enrolled in a silver level health plan?

## Procedural History

The Marketplace received your first application for health insurance on December 24, 2014.

On August 4, 2014, the Marketplace received your modified application for health insurance. That same day, a preliminary eligibility determination was rendered in your case.

On August 4, 2014, you spoke to the Marketplace's Customer Service Unit and appealed that determination.

On August 5, 2014, the Marketplace issued a notice detailing the preliminary eligibility determination that had been made on your August 4, 2014 application. That notice stated that you were temporarily eligible to enroll in a qualified health plan (QHP) through the Marketplace and continued to be eligible for \$199.00 per month in advance premium tax credit (APTC) based on a household income of \$26,812.00. The notice also stated that you were not eligible for Medicaid, because the household income you provided of \$26,812.00 was over the allowable income limit of \$16,105.00.

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).

On September 10, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was left open for 15 days to allow you to submit supporting evidence. The Marketplace's Appeals Unit did not receive your supporting documentation within the 15-day period, and the record was closed on September 25, 2014.

## **Findings of Fact**

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

- 1) You testified that you expect to file your 2014 tax return as Single. Although you live with two adult children, you do not expect to claim them as dependents on your 2014 tax return.
- 2) You testified that you are currently unemployed and that your last day of employment was during November 2013.
- 3) You testified that you applied for unemployment benefits in November 2013 and began receiving your unemployment benefits a few weeks later.
- 4) You were approved for unemployment benefits in the amount of \$405.00 per week. You have been receiving the same amount weekly since January 1, 2014.
- 5) You testified on September 10 that you expected to receive your final unemployment benefit check during the last week of September 2014, at which time your benefits would expire. You do not expect to reapply for unemployment benefits after September 30, 2014.
- 6) Since your employment benefits are exhausted by September 30, 2014, you expect to receive \$0.00 monthly for the rest of the year, beginning October 1, 2014.
- 7) You testified that you received an inheritance during August 2014 in the amount of \$15,000.00.
- 8) You are currently enrolled in UnitedHealthcare Silver HMO and pay \$443.00 per month for your health insurance premium.
- 9) You currently reside in New York County, New York.
- 8) You testified that you cannot afford an insurance premium on your current monthly income. You would like your eligibility for Medicaid to be considered.

- 9) The Marketplace redetermined your household's eligibility on September 16, 2014 and, in a notice dated September 17, 2014, stated that you are eligible for Medicaid, with coverage to begin on September 1, 2014.

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

## Applicable Law and Regulations

A tax filer is eligible for an advance premium tax credit if (1) the tax filer is expected to have a household income of at least 100% but not more than 400% of the Federal Poverty Level, 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).

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 annual household income (26 USC § 36B(b)(3)(A)).

For annual household income in the range of at least 200% but less than 250% of the 2013 Federal Poverty Level, the expected contribution is between 6.30% and 8.05% of the household income (see 26 CFR § 1.36B-3(g)(2), 45 CFR § 155.300(a)).

The annual 2013 Federal Poverty Level for a one-person household is \$11,490.00 (78 Fed Reg 5182, 5183 (2013)).

Cost-sharing reductions are available 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 an annual household income that does not exceed 250% of the Federal Poverty Level for the plan year coverage is requested and (4) is enrolled in a silver-level qualified health plan (45 CFR § 155.305(g)(1)).

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## Legal Analysis

The only matter at issue is whether, when you filed your August 4, 2014 application for insurance coverage with financial support, you were eligible for an advance premium tax credit of \$199.00 per month and cost-sharing reductions.

According to the record, you expect to file as single on your tax return for 2014 and do not expect to claim any dependents. Therefore, for purposes of this decision, you are in a household of one person.

A one-person household may qualify for an advance premium tax credit if the annual household income is between \$15,857.00 (138% of the Federal Poverty Level) and \$45,960.00 (400% of the Federal Poverty Level).

You reside in New York County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$365.28 per month.

The August 5, 2014 eligibility determination was based on your expected annual household income of \$26,812.00. An annual household income of \$26,812.00 equals 233.35% of the 2013 Federal Poverty Level for a one-person household. At 233.35% of the Federal Poverty Level, the expected contribution to the cost of the health insurance premium is 7.47% of your income, or \$166.90 per month.

The maximum amount of advance premium tax credit that can be awarded equals the cost of the second lowest cost silver plan in your county (\$365.28 per month) minus your expected contribution (\$166.90 per month), which equals \$198.38 per month. This is consistent with the Marketplace determination that your maximum advance premium tax credit was \$199.00 per month.

Cost-sharing reductions are available to a person who has an annual household income no greater than 250% of the Federal Poverty Level. Since your annual household income is 233.35% of the Federal Poverty Level for purposes for the advance premium tax credit and cost-sharing reductions, you were correctly found eligible for cost-sharing reductions.

Since the August 5, 2014 notice of eligibility determination correctly found that, with an expected income of \$26,812.00, you were eligible for advance premium tax credit up to \$199.00 and cost-sharing reductions, that notice is correct and is AFFIRMED.

However, you testified that the household income you expected during August 2014 no longer accurately reflects your current income. You credibly testified that you are unemployed, that you began to receive unemployment benefits during November 2013, and that you expect those benefits to end by September 30, 2014. You further testified that when your unemployment benefits are exhausted, you do not expect them to be extended.

After your hearing, the Marketplace redetermined your eligibility using updated information. It issued a September 17, 2014 notice saying that you are eligible for Medicaid. Since that redetermination was made after your hearing, this decision does not affect it in any way.

## **Decision**

The August 5, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** October 15, 2014

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

The August 5, 2014 eligibility determination is affirmed because it was correct when it was made. You remain entitled to the advance premium tax credit and cost-sharing reductions through August 31, 2014.

Your Medicaid coverage began on September 1, 2014, as stated in the September 17, 2014 notice.

## **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:

- 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.

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 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 August 5, 2014 eligibility determination is AFFIRMED.

The August 5, 2014 eligibility determination is affirmed because it was correct when it was made. You remain entitled to the advance premium tax credit and cost-sharing reductions through August 31, 2014.

Your Medicaid coverage began on September 1, 2014, as stated in the September 17, 2014 notice.

## **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]