



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

Notice of Decision

Decision Date: November 25, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000790

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 5, 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 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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Issue

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

Did the Marketplace properly determine that [REDACTED] is eligible to enroll in a qualified health plan without financial assistance as of August 5, 2014?

Did the Marketplace properly determine that [REDACTED] is not eligible for Medicaid as of August 5, 2014?

Procedural History

The Marketplace received your application for health insurance on August 5, 2014. That application was modified on the same day.

On August 5, 2014, the Marketplace issued a preliminary determination in your case. It said that you were eligible to enroll in a qualified health plan through the Marketplace without a subsidy because your household income of \$48,503.21 was above the allowable income limit of \$45,960.00 to receive financial assistance. It also said that you were not eligible for Medicaid because your household income was over the allowable income limit of \$16,105.00.

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

On August 6, 2014, the Marketplace issued an eligibility determination that reflected the August 5, 2014 preliminary determination.

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On September 5, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for 15 days to allow you to submit supporting evidence. The Marketplace's Appeals Unit received your supporting evidence on September 5, 2014 and the record was subsequently closed.

Findings of Fact

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

- 1) You are currently single and living with your parents.
- 2) You expect to file your 2014 tax return as Single.
- 3) You do not expect to claim anyone as a tax dependent and you do not expect anyone to claim you as a tax dependent.
- 4) You testified and provided evidence that you are currently unemployed. Your last day of employment was July 31, 2014.
- 5) You applied for insurance through the Marketplace on August 5, 2014. In your Marketplace application, you attested to earning \$48,503.21 between January 1, 2014 and July 31, 2014.
- 6) You testified that you applied for unemployment benefits during August 2014, shortly after you lost your job on July 31, 2014. You testified that your application for unemployment benefits took a few weeks to process. You testified and provided evidence that you were approved for \$405.00 per week in unemployment benefits. This is the amount you receive weekly before taxes are deducted.
- 7) You testified and provided evidence that you received your first unemployment benefit check on August 22, 2014 in the amount of \$405.00. You provided evidence that you also received an unemployment benefit check on August 25, 2014 in the amount of \$405.00. These were the only unemployment benefit checks issued in the month of August.
- 8) You testified that your only source of income is unemployment benefits.
- 9) You testified and provided evidence that you are currently not covered by any other health insurance plan. Your previous insurance plan through your employer was terminated on July 31, 2014.
- 10) You testified that you cannot afford an insurance premium on your current monthly income.

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

Applicable Law and Regulations

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 (FPL); (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 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

For a one-person household, the 2013 FPL is \$11,490.00 (78 Fed Reg 5182, 5183 (2013)).

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a 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 FPL for the plan year coverage is requested and (4) is enrolled in a silver-level QHP (45 CFR § 155.305(g)(1)).

Medicaid can be provided through the Marketplace to adults 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 a household modified adjusted gross income that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR 435.911(b)(1), 42 CFR 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Legal Analysis

According to the record, you are the only member of your tax household. You expect to file as single on your 2014 tax return and do not expect to claim anyone as a dependent. You also do not expect anyone to claim you as a dependent.

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The August 6, 2014 eligibility determination was based on an expected annual household income of \$48,503.21 for the 2014 tax year. You testified that is the income you earned between January 1, 2014 and July 31, 2014.

The 2013 federal poverty level is \$11,490.00. Therefore, your attested \$48,503.21 income for the first seven months of 2014 equals 422.13% of the relevant FPL. Since your 2014 annual household income is higher than 400% of the FPL, you are not eligible for an advance premium tax credit or cost-sharing reductions. Therefore, the Marketplace correctly determined that you are not eligible for benefits under these programs.

However, during your September 5, 2014 hearing, you testified that you lost your job on July 31, 2014, and that the annual household income you formerly expected for 2014 no longer reflects your current income situation.

Eligibility for Medicaid may be determined based on an applicant's current monthly income. The record reflects that you applied for health insurance through the Marketplace on August 5, 2014; therefore, your eligibility for Medicaid would be based on your monthly income for the month of August.

Since the Marketplace did not review your Medicaid eligibility based on your August income, the determination that you were not eligible for Medicaid is rescinded and your case is returned to the Marketplace for redetermination of your Medicaid eligibility as of August 5, 2014 with a total income of \$810.00 for the month of August 2014.

Decision

The August 6, 2014 eligibility determination is MODIFIED to state that the appellant is not eligible for an advance premium tax credit or for cost-sharing reductions.

The case is REMANDED to the Marketplace for redetermination of the appellant's Medicaid eligibility as of August 5, 2014 with a total income of \$810.00 for the month of August 2014.

Effective Date of this Decision: August 5, 2014.

How this Decision Affects Your Eligibility

You remain eligible to enroll in a qualified health plan through the Marketplace without an advance premium tax credit or cost-sharing reductions.

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 does not make a final decision on your eligibility for Medicaid coverage. The Marketplace will reconsider your eligibility for Medicaid using your August 2014 income of \$810.00 and issue a notice of redetermination on that issue.

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. 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
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Summary

The August 6, 2014 eligibility determination is MODIFIED to state that the appellant is not eligible for an advance premium tax credit or for cost-sharing reductions and makes no determination on Medicaid eligibility.

The case is REMANDED to the Marketplace for redetermination of the appellant's Medicaid eligibility as of August 5, 2014 with a total income of \$810.00 for the month of August 2014.

This decision does not make a final decision on your eligibility for Medicaid coverage. The Marketplace will reconsider your eligibility for Medicaid using your August 2014 income of \$810.00 and issue a notice of redetermination on that issue.

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]