



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: AP000000000803

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 11, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 1, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of 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 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).

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[REDACTED]
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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 1, 2014, you were eligible for advance premium tax credit in the amount of \$272.00 and, provided you were enrolled in a silver-level qualified health plan, cost-sharing reductions?

Did the Marketplace properly determine that you were ineligible for Medicaid as of August 1, 2014?

Procedural History

The Marketplace received your initial application for health insurance on April 25, 2014.

On April 26, 2014, the Marketplace issued a notice of eligibility determination that you were eligible to enroll in a qualified health plan (QHP) but not eligible for tax credits because you were currently enrolled in an employer-sponsored health insurance plan that constituted minimum essential coverage. It also stated that you were not eligible for Medicaid because your household income was over the allowable income limit.

On May 1, 2014, you reapplied for health insurance through the Marketplace.

On May 2, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible to enroll in a QHP, eligible to receive up to \$25.00 monthly of advanced premium tax credit (APTC), and ineligible for cost-sharing

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reductions because your household income was over the allowable limit. It also stated that you were not eligible for Medicaid because your household income was over the allowable income limit.

On July 29, 2014, you reapplied for health insurance through the Marketplace.

On July 30, 2014, the Marketplace issued a notice stating that more income information was needed to make a determination.

On July 31, 2014, you uploaded additional documentation through the Marketplace portal.

On August 1, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible to enroll in a QHP, receive up to \$272.00 monthly of APTC, and receive cost-sharing reductions. It also stated that you were not eligible for Medicaid because your household income was over the allowable income limit.

On August 7, 2014, you spoke to the Marketplace's Customer Service Unit and submitted an appeal request.

On September 11, 2014, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until September 19, 2014 to allow you to submit additional documentation.

On September 22, 2014, you submitted your Unemployment Insurance Benefits (UIB) Record of Benefit Payment History and a check from [REDACTED]. The evidence was made part of the record, and the record was closed. The record is now complete and closed.

Findings of Fact

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

1. You testified that you plan to file your 2014 federal income tax return as single and claim no dependents on that tax return.
2. You testified that you have had three employers during 2014.
3. According to your July 29, 2014 application and July 31, 2014 supporting documentation, you have an expected 2014 income of \$17,312.00.
4. You testified that you work as a [REDACTED] for [REDACTED] [REDACTED]. You submitted a pay stub dated July 25, 2014 for the pay period July 7, 2014 to July 20, 2014 with gross earnings of \$154.00

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- and year-to-date earnings of \$1,379.00 (Appellant Exhibit B). You testified that the \$154.00 on the July 25, 2014 pay stub was your only earnings from [REDACTED] in July 2014.
5. You testified that you were employed at [REDACTED]. You testified that you were a per diem [REDACTED] and were employed for one day in February 2014 and two days in August 2014 at the rate of \$100.00 to \$120.00 per day.
 6. You testified that you were employed at [REDACTED] as a [REDACTED] from November 2013 until July 3, 2014. You testified that you earned approximately \$16,000.00 from this position in 2014. You submitted a paycheck dated July 11, 2014 from [REDACTED] showing a net amount of \$215.38 (Appellant Exhibit C).
 7. You applied for health insurance through the Marketplace in July 2014.
 8. July 17, 2014 correspondence from the Department of Labor states that the effective date of your claim for unemployment insurance benefits is June 30, 2014. It further states that the Department of Labor needs “specific information from you regarding [your] termination” (Appellant Exhibit A).
 9. Your unemployment insurance benefits claims history confirms an effective date of June 30, 2014, a benefit year ending date of July 5, 2015, and a weekly benefit amount of \$344.00 (Appellant Exhibit C). You testified that you received your first UIB payment during August 2014.
 10. You reside in Ulster County, New York.

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; (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)).

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

The maximum amount of APTC 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 that is at least 150% but less than 200% of the 2013 FPL, the expected contribution is between 4.00% and 6.30% of the household income (see 26 CFR § 1.36B-3(g)(2), 45 CFR § 155.300(a)).

Cost-sharing reductions 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 435.603(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 Department of Health and Human Services, March 19, 2014).

The annual 2014 FPL for a one-person household is \$11,670.00 (79 Fed Reg 3593 (2014)).

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A person who is eligible for Medicaid is not eligible for APTC (see 45 CFR § 155.305(f)(1)(ii)(B), 26 CFR § 1.36B-2(c)(2)).

Legal Analysis

According to the record, you are the only member of your tax household. You expect to file as single on your federal income tax return for 2014 and to claim no dependents.

You reside in Ulster County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$330.41 per month.

A one-person household may qualify for APTC if the annual household income is between \$15,857.00 (138% of the 2013 FPL) and \$45,960.00 (400% of the 2013 FPL).

According to your July 29, 2013 application and July 31, 2014 supporting documentation, you have an expected 2014 income of \$17,312.00, which equals 150.67% of the 2013 FPL for a one-person household. At 150.67% of the FPL, the expected contribution to the cost of the health insurance premium is 4.03% of income, or \$58.14 per month.

The maximum amount of APTC that can be awarded equals the cost of the second lowest cost silver plan in your county (\$330.41 per month) minus your expected contribution (\$58.14 per month), which equals \$272.27 per month. Therefore, the Marketplace correctly computed your APTC, to the nearest dollar, to be \$272.00 per month.

Cost-sharing reductions are available to a person who has an annual household income no greater than 250% of the 2013 FPL. Since your annual household income is 150.67% of the FPL, you were correctly found eligible for cost sharing reductions.

Medicaid can be provided through the Marketplace to adults who meet the nonfinancial criteria and have a household modified adjusted gross income that is at or below 138% of the FPL. For an application filed during July 2014, Medicaid eligibility is determined using the 2014 FPL, which is \$11,670.00 for a one-person household. An expected income of \$17,312.00 puts you at 148.35% of the 2014 FPL. Therefore, the Marketplace correctly determined that, on an annual income basis, you did not qualify for Medicaid.

Since the August 1, 2014 notice of eligibility redetermination properly stated that, on the information then available, you were eligible for up to \$272.00 per month

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of APTC, eligible for cost-sharing reductions, and ineligible for Medicaid, the notice is correct and is AFFIRMED.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. Since your eligibility has not been considered on this basis, your case will be returned to the Marketplace for a redetermination on this issue.

The record reflects that your Marketplace application was completed on July 31, 2014, when you submitted supporting documentation on income.

The credible evidence of record supports a finding that your income for the month of July 2014 was \$369.38 (\$154.00 from [REDACTED] and \$215.38 from [REDACTED] and that your monthly income since August 2014 has been \$1,376.00 (four UIB checks of \$344.00).

Therefore, your case is returned to the Marketplace for redetermination of your eligibility, based on a one-person household and the corrected income information in this decision.

Decision

The August 1, 2014 eligibility determination is AFFIRMED.

The case is returned to the Marketplace for redetermination of the appellant's eligibility, using a one-person household, an income of \$369.38 for the month of July 2014, and an income of \$1,376.00 for the month of August 2014.

Effective Date of this Decision: September 10, 2014

How this Decision Affects Your Eligibility

This decision does not change your eligibility, but it does direct the Marketplace to redetermine your Medicaid eligibility, taking into account the additional information you provided during and after your hearing. The Marketplace will issue another notice after it redetermines your eligibility.

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
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- By fax: 1-855-900-5557

Summary

The August 1, 2014 eligibility determination is AFFIRMED.

The case is returned to the Marketplace for redetermination of the appellant's eligibility, using a one-person household, an income of \$369.38 for the month of July 2014, and an income of \$1,376.00 for the month of August 2014.

This decision does not change your eligibility, but it does direct the Marketplace to redetermine your Medicaid eligibility, taking into account the additional

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information you provided during and after your hearing. The Marketplace will issue another notice after it redetermines your eligibility.

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]