



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

Notice of Decision

Decision Date: December 2, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000842

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 15, 2014, you appeared by telephone at a hearing on your appeal of the NY State of Health Marketplace's August 7, 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).

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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000842

[REDACTED]
[REDACTED]
[REDACTED]

Issues

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

Did the Marketplace properly determine that you were eligible for advance premium tax credit of up to \$308.00 per month and eligible for and cost-sharing reductions (CSR) as of August 6, 2014?

Did the Marketplace properly determine that you were ineligible for Medicaid as of August 6, 2014?

Procedural History

The Marketplace received your initial application for health insurance on July 28, 2014 and revised applications with additional information on various dates through August 6, 2014.

On August 7, 2014, the Marketplace issued a notice of eligibility determination stating that, with a household income of \$20,890.61, you are eligible to enroll in a qualified health plan and eligible to receive up to \$308.00 per month in advance premium tax credit and eligible for cost-sharing reductions but ineligible for Medicaid.

On August 18, 2014, you also spoke to the Marketplace's Customer Service Unit and submitted an appeal request.

On September 15, 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 closed at the end of the hearing.

Findings of Fact

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

1. You testified that you plan on filing your 2014 federal income tax return as single and that you will claim no dependents on that tax return.
2. Your August 6, 2014 Marketplace application states that you have a 2014 expected yearly income of \$20,890.61.
3. You testified that you had only one employer, [REDACTED], in 2014.
4. You submitted your letter of appointment from the [REDACTED] [REDACTED] indicating that you were employed at [REDACTED] as an [REDACTED] from September 1, 2013 through June 30, 2014 (Appellant Exhibit A).
5. You submitted a direct deposit stub from [REDACTED] for the pay period June 7, 2014 through June 20, 2014 with a year-to-date gross income of \$20,890.61.
6. You testified that your last day of employment at [REDACTED] was June 26, 2014 and that you earned approximately \$800.00 between June 21, 2014 and June 26, 2014.
7. You testified that you had \$0.00 income in July and August 2014.
8. You testified that you have not applied for unemployment insurance benefits because you expect to find employment soon.
9. You applied for health insurance through the Marketplace during July 2014 and August 2014.
10. According to your Marketplace application, you are not currently receiving Medicaid benefits.
11. You reside in Clinton County, New York.

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

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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)).

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 6.30% and 4.0% of the household income (see 26 CFR § 1.36B-3(g)(2), 45 CFR § 155.300(a)).

In an analysis of APTC eligibility, the determination is based on the FPL "for the benefit year for which coverage is requested. (45 CFR § 155.305(f)(1)(i)). On the date of your application, that was the 2013 FPL, which is \$11,490.00 for a one-person household (78 Fed. Reg. 5182, 5183).

Cost-sharing reductions (CSR) are available only 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 a household income that does not exceed 250 percent 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)).

An individual is eligible for enrollment in Medicaid when he or she meets the nonfinancial criteria and has a monthly household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)).

Medicaid can be provided through the Marketplace to adults who meet all the following criteria: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits; (4) are not otherwise eligible for and enrolled for mandatory coverage under Medicaid; and (5) have a household modified adjusted gross income that is at or below 138% of the federal poverty level 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)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

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).

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 Clinton County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$403.04 per month.

The August 7, 2014 eligibility determination was based on reported annual household income of \$20,890.61. An annual household income of \$20,890.61 equals 181.82% of the 2013 FPL for a one-person household. At 181.82% of the FPL, the expected contribution to the cost of the health insurance premium is 5.46% of income, or \$95.05 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 available through the Marketplace for an individual in your county (\$403.04 per month) minus your

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expected contribution (\$95.05 per month), which equals \$307.99 per month. Therefore, the Marketplace correctly computed your APTC to be \$308.00 per month.

Cost-sharing reductions (CSR) are available to a person who has a household income no greater than 250% of the FPL. Since your household income is 181.82% of the 2013 FPL, the Marketplace correctly found you to be eligible for cost-sharing reductions.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138.0% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,670.00 for a one-person household. Since \$20,890.61 is 179.01% of the 2014 FPL, the Marketplace properly found you to be ineligible for Medicaid coverage on the information provided in your application.

Since the August 7, 2014 determination properly stated that, based on the information you provided in your application, you were eligible for APTC of up to \$308.00 per month, eligible for cost-sharing reductions, and not eligible for Medicaid, it 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.

The credible evidence of record indicates that your employment with [REDACTED] ended on June 30, 2014, that your July 2014 income was \$0.00, and that your August 2014 income was \$0.00.

Since the record suggests that the Marketplace determined your eligibility by expected annual income but not by current monthly income, the case should be returned to the Marketplace for a redetermination of financial eligibility using an income of \$0.00 for the month of August 2014.

Therefore, the case is returned to the Marketplace to redetermine eligibility for financial assistance based on a one-person household with an August 2014 income of \$0.00.

Decision

The August 7, 2014 eligibility determination is AFFIRMED.

Your case is being returned to the Marketplace for a redetermination of your financial eligibility based on a one-person household with an August 2014 income of \$0.00.

Effective Date of this Decision: December 2, 2014

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

It returns your case to the Marketplace for determination of your eligibility for financial assistance based on a one-person household with an August 2014 income of \$0.00

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
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- By fax: 1-855-900-5557

Summary

The August 7, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

It returns your case to the Marketplace for determination of your eligibility for financial assistance based on a one-person household with an August 2014 income of \$0.00

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]