



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

## Notice of Decision

Decision Date: December 9, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000862

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On September 18, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 22, 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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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000862

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issues

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

Did the Marketplace properly determine that you were eligible for an advance premium tax credit in the amount of \$95.00 as of August 22, 2014?

Did the Marketplace properly determine that you were not eligible for cost-sharing reductions or Medicaid as of August 22, 2014?

## Procedural History

The Marketplace received your initial application for health insurance on July 31, 2014. You also uploaded income documentation through the Marketplace portal.

On August 21, 2014, your application was resubmitted, and the Marketplace made a preliminary determination that you are eligible to enroll in a qualified health plan with up to \$95.00 of advance premium tax credit (APTC) per month. The Marketplace also directed you to submit additional documentation.

On August 21, 2014, you spoke to the Marketplace's Customer Service Unit and submitted an appeal request.

On August 22, 2014, the Marketplace issued a notice of eligibility determination stating you are eligible to enroll in a qualified health plan with up to \$95.00 monthly of APTC but ineligible for cost-sharing reductions (CSR) and Medicaid.

On September 18, 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 to file your 2014 federal income tax return with the tax status of single and will claim no dependents on that tax return.
2. According to your August 21, 2014 Marketplace application, your expected 2014 household income is \$32,480.00. You expect \$26,000.00 in earned income and \$6,480.00 in unemployment insurance benefits (UIB).
3. You submitted an earnings statement from [REDACTED] for the pay period June 16, 2014 through June 30, 2014, stating a gross biweekly rate of \$2,149.17 and a year-to-date gross income of \$25,790.04 (Appellant Exhibit A).
4. You testified that you were unemployed as of June 30, 2014. You submitted a signed letter stating that you have not had any income since July 1, 2014, and have been without healthcare coverage since August 1, 2014 (Appellant Exhibit C).
5. You submitted a letter dated July 17, 2014, from [REDACTED] stating that if you do not elect to continue your health care coverage under COBRA, your healthcare coverage will end August 1, 2014 (Appellant Exhibit B).
6. You submitted an Official Record of Benefit Payment History for UIB dated August 2, 2014 from your New York State Department of Labor online account. Your current claim data shows a benefit year ending date of November 9, 2014, with a remaining balance of \$0.00. The document also indicates that you last certified for benefits for the week ending May 11, 2014 (Appellant Exhibit D).
7. You testified that you had \$0.00 income for July 2014 and August 2014.
8. You applied for health insurance through the Marketplace during July 2014 and August 2014.
9. According to your Marketplace application, you are not currently receiving Medicaid benefits.
10. You reside in Genesee County, New York.

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

## **Applicable Law and Regulations**

### Advance Premium Tax Credit

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 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)).

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).

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)).

### Cost-Sharing Reductions

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

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: (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 (FPL) for the applicable family size (42 CFR § 435.119(b), 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 may be 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

In the application that was submitted on August 21, 2014, you attested to an expected yearly income of \$32,480.00, and the eligibility determination relied upon that information.

You reside in Genesee County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$338.43 per month.

An annual household income of \$32,480.00 equals 282.68% of the 2013 federal poverty level (FPL) for a one-person household. At 282.68% of the FPL, the

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expected contribution to the cost of the health insurance premium is 9.0% of income, or \$243.60 per month.

The maximum amount of advance premium tax credit (APTC) that can be authorized equals the cost of the second lowest cost silver plan available through the marketplace for an individual in your county (\$338.43 per month) minus your expected contribution (\$243.60 per month), which equals \$94.83 per month. Therefore, the Marketplace correctly computed your APTC, to the nearest dollar, to be \$95.00 per month.

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$32,480.00 is 282.68% of the 2013 FPL, the Marketplace correctly found you to be ineligible 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 the 2014 FPL of \$11,670.00 for a one-person household. Since \$32,480.00 is 278.32% of the 2014 FPL, the Marketplace properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

Since the August 22, 2014 determination properly stated that, based on the information you provided, you were eligible for APTC of up to \$95.00 per month, ineligible for cost-sharing reductions, and ineligible for Medicaid, it is correct and is AFFIRMED.

However, you testified that you were unemployed as of June 30, 2014. You submitted a signed letter stating that you have not had any income since July 1, 2014, and without healthcare coverage since August 1, 2014. You submitted an earnings statement from [REDACTED] for the pay period June 16, 2014 through June 30, 2014, stating a gross biweekly rate of \$2,149.17 and a year-to-date gross income of \$25,790.04.

You testified that you had \$0.00 income for July 2014 and August 2014. You submitted an Official Record of Benefit Payment History for UIB dated August 2, 2014 from your New York State Department of Labor online account. Your current claim data showed a benefit year ending date of November 9, 2014, with a remaining balance of \$0.00 and that you last certified for benefits for the week ending May 11, 2014.

Therefore, the credible evidence of record supports a finding that your monthly income for July 2014 and August 2014 was \$0.00.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. Since the record suggests that the Marketplace calculated your August 22, 2014 eligibility by expected annual income but not by monthly income, the case should be returned to the Marketplace for an eligibility determination on monthly income.

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

## **Decision**

The August 22, 2014 eligibility determination is AFFIRMED.

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

**Effective Date of this Decision:** December 9, 2014

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

This decision does not change your eligibility. You remain eligible for an advance premium tax credit of up to \$95.00 monthly.

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

## **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)).

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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 August 22, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility. You remain eligible for an advance premium tax credit of up to \$95.00 monthly.

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

### **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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

[REDACTED]  
[REDACTED]  
[REDACTED]