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

Notice of Decision

Decision Date: December 24, 2014

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000000886

Dear [redacted],

On September 26, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 26, 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 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).

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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: December 24, 2014

NY State of Health Number: [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 you were eligible to receive up to $141.00 monthly of advance premium tax credit and cost-sharing reductions as of August 25, 2014?
>
> Did the Marketplace properly determine that you were not eligible for Medicaid as of August 25, 2014?

Procedural History

The Marketplace received your initial application for health insurance on August 25, 2014. The Marketplace prepared a preliminary determination stating that you were temporarily eligible to enroll in a qualified health plan (QHP), receive up to $141.00 monthly of advance premium tax credit (APTC), and receive cost-sharing reductions (CSR). The Marketplace stated that in order for your eligibility to be finalized, you must submit documents to confirm that the information you provided in your application is accurate.

That same day you spoke to the Marketplace's Account Review Unit and appealed that determination.

On August 26, 2014, the Marketplace issued a notice of eligibility determination stating that you are temporarily eligible to enroll in a QHP, receive up to $141.00 monthly of APTC, and receive CSR. The Marketplace also requested additional income documentation to confirm that the information you provided in your

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application was accurate. It also stated you are not eligible for Medicaid because the household income you provided is over the allowable income limit.

On September 15, 2014, you submitted additional income documentation to the Marketplace.

On September 16, 2014, you reapplied for health insurance through the Marketplace.

On September 17, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible to enroll in a qualified health plan (QHP), receive up to $125.00 monthly of APTC, and receive CSR. It also stated you are not eligible for Medicaid because the household income you provided is over the allowable income limit.

On September 26, 2014, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. 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 on filing your 2014 federal income tax return as single and that you will claim no dependents on that tax return.

2. Your August 25, 2014 Marketplace application states that you have a 2014 expected yearly income of $25,046.00. Your expected income was based on $15,842.00 of earned income and $9,204.00 of Unemployment Insurance Benefits (UIB).

3. You testified that you had one employer in 2014, [redacted]. You testified that [redacted] was purchased by [redacted] in 2014.

4. You submitted paystubs from [redacted] with the deposit dates of: April 18, 2014; May 30, 2014; June 13, 2014; June 27, 2014; and July 11, 2014. The last showed gross year-to-date earnings of $16,892.34 (Appellant Exhibit C).

5. You submitted an earnings statement from [redacted], with a check date of July 11, 2014 and gross earnings of $3,382.00 (Appellant Exhibit D).

6. You submitted a letter dated September 2, 2014 stating that you were employed at [redacted] from June 23, 1989 to July 1, 2014 as a [redacted] (Appellant Exhibit B).

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7. You testified that you applied for UIB with the New York State Department of Labor on July 2, 2014.

8. You submitted a record of UIB payment history from the New York State Department of Labor website. It indicates that you received payments of $405.00 on August 3, 2014; August 10, 2014; August 17, 2014, and August 24, 2014.

9. You testified that you received a UIB payments of $405.00 on August 31, 2014; September 7, 2014; September 14, 2014; September 21, 2014, and September 28, 2014.

10. You applied for health insurance through the Marketplace in August 2014 and September 2014.

11. You reside in Onondaga 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)).

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 200% but less than 250% of the 2013 FPL, 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)).

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 an annual 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)).

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)).

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 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 Onondaga County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs $285.85 per month.

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

The August 26, 2014 eligibility determination was based on an annual household income of $25,046.00, which was based on $15,842.00 of earned income and $9,204.00 of Unemployment Insurance Benefits (UIB). $25,046.00 equals 217.98% of the 2013 FPL for a one-person household. At 217.98% of the FPL, the expected contribution to the cost of the health insurance premium is 6.93% of income, or $144.64 per month.

The maximum amount of APTC that can be awarded equals the cost of the second lowest cost silver plan in your county ($285.86 per month) minus your expected contribution ($144.64 per month), which equals $141.21 per month. Therefore, the Marketplace correctly computed your APTC to be $141.00 per month.

Cost-sharing reductions are available to a person who has an annual household income no greater than 250% of the FPL. Since your annual household income is 217.98% of the FPL for purposes for APTC and cost-sharing reductions, you were correctly found eligible for cost sharing reductions.

However, at the hearing you testified that your 2014 expected annual household income no longer reflects your current income situation and that you would like your eligibility for financial assistance to be reconsidered.

You credibly testified that you had one employer in 2014, [redacted]. You testified that [redacted] was purchased by [redacted] in 2014.

According to your Marketplace applications, you applied for health insurance through the Marketplace in August 2014 and September 2014.

You submitted a letter dated September 2, 2014 stating that you were employed at [redacted] from June 23, 1989 to July 1, 2014 as a [redacted] (Appellant Exhibit B).

You credibly testified that you applied for UIB with the New York State Department of Labor on July 2, 2014.

You submitted a record of UIB payment history from the New York State Department of Labor website. It indicates that you received a payment of $405.00 on August 3, 2014; August 10, 2014; August 17, 2014, and August 24, 2014.

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You credibly testified that you received a UIB payments of $405.00 on August 31, 2014; September 7, 2014; September 14, 2014; September 21, 2014, and September 28, 2014.

The documents submitted and your credible testimony support a finding that your August 2014 income was $2,025.00 and your September 2014 income was $1,620.00.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL which is $1,343.00 per month. Since your income was $2,025.00 for August 2014 and $1,620.00 for September, you did not qualify for Medicaid on the basis of monthly income when you submitted your applications.

Since the August 26, 2014 determination properly stated that, based on the information you provided, you were eligible to receive up to $141.00 monthly of APTC and eligible for cost-sharing reductions, and not eligible for Medicaid, it is correct and is AFFIRMED.

Decision

The August 26, 2014 eligibility determination is AFFRIMED.

This decision does not affect any eligibility redeterminations made by the Marketplace after September 30, 2014.

Effective Date of this Decision: December 24, 2014

How this Decision Affects Your Eligibility

This decision does change your eligibility.

It does not affect any eligibility redeterminations made by the Marketplace after September 30, 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)).

  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
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- By fax: 1-855-900-5557

Summary

The August 26, 2014 eligibility determination is AFFIRMED.

This decision does change your eligibility.

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This decision does not affect any eligibility redeterminations made by the Marketplace after September 30, 2014.

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:

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