



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

**Notice of Decision**

Decision Date: December 26, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000900

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On September 24, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s August 28, 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: AP000000000900

[REDACTED]  
[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 are eligible to enroll in a qualified health plan without a subsidy through the Marketplace as of August 27, 2014?

Did the Marketplace properly determine that you are not eligible for Medicaid as of August 27, 2014?

### Procedural History

The Marketplace received your application for health insurance on August 27, 2014.

That same day, the Marketplace made a preliminary redetermination that you were eligible to enroll in a qualified health plan but were not eligible to receive financial assistance.

Also on that same day, you spoke with the Marketplace’s Account Review Unit and appealed that determination.

On August 28, 2014, the Marketplace issued a notice consistent with the preliminary eligibility determination; it stated that you were eligible to enroll in a qualified health plan but that you were not eligible for advance premium tax credit, cost-sharing reductions, or Medicaid because you were over the allowable income limits for those programs.

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On September 24, 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 left open for up to 15 days to allow for the submission of supporting documentation.

On September 24, 2014, the Marketplace's Appeals Unit received supporting documentation consisting of: your Unemployment Insurance Benefit statement; two paystubs from the [REDACTED]; and your letter of termination from the [REDACTED]. These records were marked collectively as "Appellant's Exhibit A" and made part of the record. The record was then 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 tax return as single and will claim no dependents on that tax return.
- 2) You testified that your last day of employment with [REDACTED], was May 23, 2014 and that you received your last paycheck from it on May 30, 2014.
- 3) The record contains a letter from [REDACTED], dated September 24, 2014, stating that you were laid off and no longer employed there as of May 23, 2014 (Appellant's Exhibit A).
- 4) You testified that you have a part-time job as a teacher with [REDACTED], and teach one day per week for a six weeks. For this six-week course, you receive \$555.00. Your most recent course ran during July and August 2014.
- 5) The record contains two (duplicate) paystubs from [REDACTED], with a pay date of August 12, 2014. The payment is advice number [REDACTED] in the amount of \$555.00 for the period from 7/28/14 to 8/10/14. The document also indicates a year-to-date gross payment of \$2,778.00 (Appellant's Exhibit A).
- 6) You testified that your total household income from January 1, 2014 to May 23, 2014 was \$39,000.00.
- 7) You testified that you applied for unemployment benefits at the beginning of June 2014.

- 8) You testified that you were found eligible for approximately \$405.00 per week in unemployment benefits. You explained that this generally this is the amount you receive weekly before taxes; however, some weeks you receive a lesser amount.
- 9) The record contains a copy of your Unemployment Insurance Record of Benefits which covers the period from June 8, 2014 to September 21, 2014 and shows that you received weekly benefits from June 15, 2014 to September 21, 2014 (Appellant's Exhibit A).
- 10) You testified that you received your first unemployment benefits payment on June 17, 2014.
- 11) Between May 30, 2014, when you received your final paycheck, and June 17, 2014, when you received your first unemployment benefit payment, you did not have any income. For the month of June, you received two benefit payments (June 17, 2014 and June 25, 2014) of \$405.00 each.
- 12) During August 2014, you received four unemployment benefit payments. On August 6, 14, and 20, you received benefit of \$303.75 before taxes. On August 26, you received \$405.00 before taxes. You also received a check for \$555.00 on August 12, 2014 for a course you taught during July and August 2014 (Appellant's Exhibit A).
- 13) You testified that you will receive unemployment benefits until mid-December, unless you are able to find new employment. The total income you expect to receive from unemployment benefits in 2014 is \$10,530.00.
- 14) You testified that since May 23, 2014 the only income you have received is from unemployment benefits and from teaching at [REDACTED].
- 15) According to your Marketplace application, you reside in Kings County.

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 (APTC) 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

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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).

### Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a qualified health plan through the Marketplace, (2) meets the requirements to receive APTC, (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 qualified health plan (45 CFR § 155.305(g)(1)).

### Medicaid

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 FPL 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 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 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 federal income tax return and to claim no dependents.

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In the application that was submitted on August 27, 2014, you attested to an expected yearly income of \$49,530.00, and the eligibility determination relied upon that information.

An annual household income of \$49,530.00 equals 431.07% of the 2013 FPL for a one-person household. The advance premium tax credit (APTC) is available to taxpayers whose income does not exceed 400% of the FPL. At 431.07% of the FPL, you are above the income limit for APTC. Therefore, the Marketplace correctly determined that you were not eligible for APTC based on your expected yearly income.

Since you were not eligible for APTC and your expected income of \$49,530.00 exceeds 250% of the 2013 FPL, the Marketplace correctly determined that you were not eligible for cost-sharing reductions.

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 \$49,530.00 is 431.07% 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 \$49,530.00 is 424.42% 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.

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 financial eligibility to be reconsidered.

According to the record, during August, 2014, the month in which you reapplied for health insurance through the Marketplace, you received unemployment benefit payments totaling \$1,316.25 and a payment of \$550.00 for the course you taught during July and August. Therefore, your income for August 2014 is \$1,871.25.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. To be eligible for Medicaid, you must meet the nonfinancial criteria and have an income no greater than 138% of the 2014 FPL which is \$1,343.00 per month. Since your income was \$1,871.25 for August 2014, you did not

qualify for Medicaid on the basis of monthly income when you submitted your application.

Since the August 28, 2014 determination properly stated that, based on the information you provided, you were eligible to enroll in a qualified health plan without subsidy, ineligible for cost-sharing reductions, and ineligible for Medicaid, it is correct and is AFFIRMED.

## **Decision**

The August 28, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** December 26, 2014

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

This decision does not change your eligibility.

You remain eligible to enroll in a full pay qualified health plan without financial assistance.

## **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.

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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 28, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You remain eligible to enroll in a full pay qualified health plan without financial assistance.

### **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]  
[REDACTED]