



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: AP000000000902

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 30, 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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[REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly determine that [REDACTED] was temporarily eligible for \$217.00 per month in advance premium tax credit and temporarily eligible for cost-sharing reductions as of August 28, 2014?

Did the Marketplace properly determine that [REDACTED] was not eligible for Medicaid as of August 28, 2014?

Procedural History

The Marketplace received your application for health insurance on August 28, 2014.

That same day, the Marketplace made a preliminary redetermination that you were temporarily eligible for up to \$217.00 per month in advance premium tax credit and temporarily eligible for cost-sharing reductions.

On August 28, 2014, you spoke with the Marketplace's Account Review Unit and appealed that determination.

On August 29, 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 and that, based on an annual household income of \$18,434.00, you were entitled to up to \$217.00 per month in advance premium tax credit. The notice also stated that you were not eligible for Medicaid because

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the household income you provided of \$18,434.00 was over the allowable income limit of \$16,105.00. It further stated that you must provide additional documentation on your income.

On September 30, 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 you time to submit supporting documentation. The Marketplace's Appeals Unit did not receive supporting documentation within the 15-day period and the record was closed on October 15, 2014.

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 was June 9, 2014.
- 3) According to your August 28, 2014 application, you attested to a household income of \$18,434.00. This income includes \$9,750.00 in earned income and \$8,684.00 in unemployment benefits.
- 4) You testified that you applied for unemployment benefits in mid-June.
- 5) You testified that you were found eligible for \$382.00 gross per week in unemployment benefits. This is the amount you receive weekly before taxes are deducted.
- 6) You testified that you received your first unemployment benefits payment during the last week of June 2014. Since these payments arrive weekly, you have also received 5 payments in July and 4 payments in August 2014.
- 7) According to your August 28, 2014 application, the total income you expect to receive from unemployment in 2014 is \$8,684.00.
- 8) You testified that since June 9, 2014 the only income you have received is from unemployment benefits.
- 9) According to your Marketplace application, 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

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 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 in the range of at least 150% but less than 200% of the 2013 federal poverty level, 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)).

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 QHP 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 QHP (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 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 by the US 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 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 \$285.86 per month.

The August 29, 2014 eligibility determination was based on an annual household income of \$18,434.00, which you testified is the amount of income you earned from your job up until June 9, 2014 (\$9,750.00) plus the maximum amount of unemployment benefits you were approved for (\$8,684.00). An annual household income of \$18,434.00 equals 160.44% of the 2013 Federal Poverty Level for a one-person household. At 160.44% of the Federal Poverty Level, the expected contribution to the cost of the health insurance premium is 4.48% of income, or

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\$68.82 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 in your county (\$285.86 per month) minus your expected contribution (\$68.82 per month), which equals \$217.04 per month. Therefore, the Marketplace correctly computed your APTC, to the nearest dollar, to be \$217.00 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 \$18,434.00 is 160.44% of the 2013 FPL, the Marketplace correctly found you to be eligible for cost-sharing reductions.

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

You provided evidence that your employment was terminated on June 9, 2014 and you testified that you began receiving unemployment benefit payments in the last week of June 2014. You credibly testified that the only income you received in August 2014, the month during which you submitted your application, was 4 unemployment benefit payments for \$382.00 each. Therefore, your income for August was \$1,528.00.

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 \$1,528.00 for August 2014 you did not qualify for Medicaid on the basis of monthly income when you submitted your application.

Since the August 29, 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 29, 2014 eligibility determination is AFFIRMED.

You remain eligible for an advance premium tax credit of up to \$217.00 per month.

Effective Date of this Decision: December 26, 2014

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Currently, you remain eligible for an advance premium tax credit of up to \$217.00 per month.

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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 29, 2014 eligibility determination is **AFFIRMED**.

This decision does not change your eligibility.

You remain eligible for an advance premium tax credit of up to \$217.00 per month.

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]