



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

Notice of Decision

Decision Date: December 31, 2014

[REDACTED]
Appeal Identification Number: AP000000000919

[REDACTED]
[REDACTED]
[REDACTED]
Dear [REDACTED],

On October 3, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 17, 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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Issues

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

Did the Marketplace properly determine that you were not eligible for an advanced premium tax credit or cost-sharing reductions as of August 16, 2014?

Did the Marketplace properly determine that you were not eligible for Medicaid as of August 16, 2014?

Procedural History

The Marketplace received your initial application for health insurance on August 16, 2014.

On August 17, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible to enroll in a qualified health plan and not eligible for an advanced premium tax credit, cost-sharing reductions, or Medicaid coverage because your household income of \$51,060.18 is over the allowable limit for these programs.

On September 3, 2014, you spoke to the Marketplace's Account Review Unit and submitted an appeal request.

On October 3, 2014, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until October 6, 2014 to allow you to submit additional documentation.

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On October 5, 2014, you submitted your final earnings statement from [REDACTED] and a statement that you need additional time to access your history of Department of Labor unemployment insurance benefit claims. The evidence was made part of the record as Appellant's Exhibit A.

On October 12, 2014, you submitted your history of unemployment insurance benefit claims with the New York State Department of Labor. The evidence was made part of the record as Appellant's Exhibit B, 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 will claim no dependents on that tax return.
2. According to your August 16, 2014 Marketplace application, your 2014 expected income is \$51,060.18. You expect \$76,072.18 in earned income and \$5,265.00 in unemployment insurance benefits (UIB). You also expect \$30,277.00 in deductions.
3. You testified that your last day of employment at [REDACTED] was June 27, 2014.
4. On October 5, 2014, you uploaded your final earnings statement from [REDACTED] with the pay date June 27, 2014. The earnings statement indicates current gross income of \$5,782.38 and year-to-date gross income of \$75,170.94 (Appellant's Exhibit A)
5. You testified that you applied for unemployment insurance benefits on July 6, 2014.
6. On October 12, 2014, you uploaded your unemployment insurance benefit claim history dated October 7, 2014. The claim history indicates that you received \$405.00 on July 13, July 20, August 24 and August 31, 2014. It also indicates that you received \$303.75 on July 27, August 3, August 10, August 17 and September 7, 2014. Finally, it indicates you received \$202.50 on September 14, 2014 (Appellant's Exhibit B).
7. You testified that you worked part-time as a yoga instructor. You testified that you earned approximately \$250.00 in both July and August 2014, a total of \$500.00 for 2014.

8. You testified that you began working at [REDACTED] on September 4, 2014.
9. You testified that you expect to earn \$9,000.00 from teaching two courses at [REDACTED] in 2014.
10. You applied for health insurance through the Marketplace on August 16, 2014.
11. According to your Marketplace application, you reside in Bronx County, NY.
12. According to your Marketplace application, you are not currently receiving Medicaid benefits.

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 (QHP) 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 QHP; 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 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 § 435.911(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 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 claim no dependents.

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

According to your August 16, 2014 Marketplace application, your 2014 expected income is \$51,060.18. An annual household income of \$51,060.18 equals 444.39% of the 2013 FPL for a one-person household. Therefore, because your 2014 expected yearly income exceeds \$45,960.00 (400% 2013 FPL), the Marketplace correctly determined you not eligible for APTC.

Since you were not eligible to receive APTC, the Marketplace correctly determined that you were not 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 financial eligibility to be reconsidered.

You credibly testified that you were no longer employed at [REDACTED] as of June 27, 2014.

You credibly testified that you applied for unemployment insurance benefits on July 6, 2014. On October 12, 2014, you uploaded your unemployment insurance benefit claim history dated October 7, 2014 (Appellant's Exhibit B). The claim history indicates that you received five unemployment insurance benefit payments in August 2014. You received: \$303.75 on August 3; \$303.75 on August 10; \$303.75 on August 17; \$405.00 on August 24, and \$405.00 on August 31, 2014 for total monthly unemployment benefits of \$1,721.25.

You also credibly testified that you worked part-time as a yoga instructor. You testified that you earned approximately \$250.00 in both July and August 2014.

Your unemployment benefits received during August (\$1,721.25) added to your August earnings as a yoga instructor (\$250.00), yields a total income for August 2014 of \$1,971.25.

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 you applied for health insurance through the Marketplace on August 16, 2014, eligibility for Medicaid should have been calculated based on your August 2014 monthly income. 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 for August 2014 was \$1,971.25, you did not qualify for Medicaid on the basis of monthly income when you submitted your application.

Since the August 17, 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 17, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: December 31, 2014

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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).

You remain eligible to enroll in a qualified health plan.

You remain ineligible for the advance premium tax credit, cost-sharing reductions, and Medicaid.

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:
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P.O. Box 11729
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- By fax: 1-855-900-5557

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Summary

The August 17, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You remain eligible to enroll in a qualified health plan.

You remain ineligible for the advance premium tax credit, cost-sharing reductions, and Medicaid.

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]