



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

Notice of Decision

Decision Date: January 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000975

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On October 9, 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 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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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 \$163.00 per month of advance premium tax credit and eligible for cost-sharing reductions, as of August 25, 2014?

Did the Marketplace properly determine that you were ineligible for Medicaid, as of August 25, 2014?

Procedural History

The Marketplace received your initial application for health insurance on January 2, 2014.

On August 25, 2014, you modified your application to reflect a decrease in your expected yearly income to \$23,902.01, because you stopped working.

On August 26, 2014, the Marketplace issued a notice of redetermination based on your August 25, 2014 application. It found you eligible to enroll in a qualified health plan, eligible to receive up to \$163.00 per month of Advance Premium Tax Credit (APTC), and, if you select a silver-level plan, eligible to receive cost-sharing reductions. However, you were determined ineligible for Medicaid.

On September 11, 2014, you spoke with the Marketplace's Account Review unit and appealed the August 26, 2014 eligibility determination.

On October 9, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open to provide you an opportunity to submit the following additional evidence as directed by the Hearing Officer: (1) your last paystub received from your former employer on August 21, 2014, (2) an enrollment letter from [REDACTED], and (3) your first paystub received from your current employer on October 3, 2014. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

On October 9, 2014, shortly after the hearing concluded, you provided the above referenced documents to the Appeals Unit by facsimile. As a result, the record was closed on October 9, 2014.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) In your application, you attested that you are single.
- 2) You testified that you plan on filing your 2014 U.S. Income Tax return for 2014, file as "single," and claim no dependents.
- 3) In your application, you requested health insurance through the Marketplace for just yourself.
- 4) In your application, you attested that you reside in Schenectady County, New York.
- 5) You testified that you were employed by [REDACTED] during 2014 until you voluntarily left your position on August 14, 2014. During this period, you received \$23,902.01 in earned income, and received your final paycheck on August 21, 2014.
- 6) You testified that while you no longer have access to your paystubs with [REDACTED], the gross amount you received on August 21, 2014 of \$1,334.54, as reflected within the sole [REDACTED] paystub you provided to the Appeals Unit, is consistent with the payment you would have received on August 6, 2014. Therefore, your household income during August 2014 was \$2,669.08.
- 7) You testified that you left your position with [REDACTED] in order to pursue a full-time education at [REDACTED], beginning in the fall of 2014.

- 8) You testified that you started working for [REDACTED] on a part-time basis beginning on September 21, 2014, and received your first paycheck on October 3, 2014.
- 9) Your testified that you household income during September 2014 was \$0.00.

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 approved 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 household income in the range of at least 200% FPL but less than 250% of the 2013 FPL, the expected contribution is between 6.30% and 8.05% of the household income (26 CFR § 1.36B-3(g)(2), 45 CFR § 155.300(a)).

In an analysis of APTC and cost-sharing reductions 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 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 federal poverty for the applicable family size (42 CFR §§ 435.119(b), 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

The first issue is whether the Marketplace properly determined that you were eligible for an Advance Premium Tax Credit (APTC) of up to \$163.00 per month.

In the application that was submitted on August 25, 2014, you attested to an expected yearly income of \$23,902.01, and the eligibility determination relied upon that information. You also credibly testified that as of your August 25, 2014 application, your expected income for 2014 was \$23,902.01, which consisted

solely of income received from [REDACTED] prior to you voluntarily ending your employment on August 21, 2014.

According to the record, you are the only person in your tax household.

You reside in Schenectady County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$294.14 per month.

An annual household income of \$23,902.01 is 208.02% of the 2013 FPL for a one-person household. At 208.02% of the FPL, the expected contribution to the cost of the health insurance premium is 6.58% of income, or \$131.06 per month.

The maximum amount of APTC that can be awarded equals the cost of the second lowest cost silver plan in your county (\$294.14 per month) minus your expected contribution (\$131.06 per month), which equals \$163.08 per month. Therefore, computing to the nearest dollar, the Marketplace correctly determined your APTC to be \$163.00 per month.

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since an annual household income of \$23,902.01 is 208.02% of the FPL, you were correctly found eligible for cost-sharing reductions.

The second issue is whether the Marketplace properly determined that you were not eligible for Medicaid.

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 (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,670.00 for a one-person household. Since \$23,902.01 is 204.82% 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 26, 2014 eligibility determination properly stated that, based on the information you provided, you were eligible for APTC of up to \$163.00 per month, eligible for cost-sharing reductions, and not eligible for Medicaid, it is correct and is AFFIRMED.

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 and provided evidence that you received \$2,669.08 in income from [REDACTED] in the month of August 2014 and that you received no

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income during the month of September 2014. Therefore, your income for August 2014 is found to have been \$2,669.08, and your income for September 2014 is found to have been \$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 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 in Schenectady County, with an August 2014 income of \$2,669.08, and a September 2014 income of \$0.00.

Decision

The August 26, 2014 eligibility determination is AFFIRMED.

You remain eligible for an advance premium tax credit of up to \$163.00 per month and, if you select a silver-level plan, cost-sharing reductions.

However, this case is returned to the Marketplace for a redetermination of your eligibility during August 2014 and again for September 2014, using a one-person household in Schenectady County, an August 2014 income of \$2,669.08, and September 2014 income of \$0.00.

Effective Date of this Decision: January 13, 2015

How this Decision Affects Your Eligibility

You remain eligible for an advance premium tax credit of up to \$163.00 per month and, if you select a silver-level plan, cost-sharing reductions.

However, your case is returned to the Marketplace for a redetermination of your eligibility during August 2014 and again for September 2014, using a one-person household in Schenectady County, an August 2014 income of \$2,669.08, and September 2014 income of \$0.00.

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.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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.

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 26, 2014 eligibility determination is **AFFIRMED**.

You remain eligible for an advance premium tax credit of up to \$163.00 per month and, if you select a silver-level plan, cost-sharing reductions.

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Your case is returned to the Marketplace for a redetermination of your eligibility during August 2014 and again for September 2014, using a one-person household in Schenectady County, an August 2014 income of \$2,669.08, and September 2014 income of \$0.00.

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]