



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: AP0000000001001

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On October 15, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 24, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP0000000001001

[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 [REDACTED] was eligible for an advanced premium tax credit in the amount of \$0.00 and cost-sharing reductions as of September 24, 2014?

Did the Marketplace properly determine that [REDACTED] was not eligible for Medicaid as of September 24, 2014?

Procedural History

The Marketplace received applications for health insurance for [REDACTED] on February 20, 2014 and March 11, 2014. The Marketplace made preliminary determinations that [REDACTED] was eligible for Medicaid and that [REDACTED] was conditionally eligible for Medicaid. In order to have [REDACTED] eligibility finalized, additional documentation was needed to confirm that the information provided in the application was accurate.

On April 19, 2014, the Marketplace issued a notice of eligibility redetermination consistent with the February 20, 2014 and March 11, 2014 preliminary determinations. It stated that [REDACTED] was eligible for Medicaid and [REDACTED] was conditionally eligible for Medicaid. In order to have [REDACTED] eligibility finalized, additional documentation was needed to confirm that the information provided in the application was accurate.

On September 8, 2014, the Marketplace received an application for health insurance for [REDACTED]. The Marketplace made a preliminary determination that [REDACTED] was not eligible for financial assistance because he was enrolled in an Employer-Sponsored Insurance (ESI) plan that provides minimum essential coverage (MEC). [REDACTED] was eligible for Medicaid and [REDACTED] was conditionally eligible for Medicaid. In order to have [REDACTED] eligibility finalized, additional documentation was needed to confirm that the information provided in the application was accurate.

On September 9, 2014, the Marketplace issued a notice of eligibility redetermination consistent with the September 8, 2014 preliminary determination. It stated that [REDACTED] was eligible for Medicaid and [REDACTED] was conditionally eligible for Medicaid. In order to have [REDACTED] eligibility finalized, additional documentation was needed to confirm that the information provided in the application was accurate.

On September 16, 2014, you faxed a letter from Oxford Health Plans confirming that [REDACTED] had voluntarily withdrawn from health insurance coverage with the actual termination date of August 31, 2014.

On September 17, 2014, the Marketplace issued two notices of eligibility redeterminations. The first notice stated that [REDACTED] was eligible for Medicaid and [REDACTED] was conditionally eligible for Medicaid. In order to have [REDACTED] eligibility finalized, additional documentation was needed to confirm that the information provided in the application was accurate. The second notice stated that [REDACTED] was eligible to enroll in a qualified health plan, receive up to \$0.00 monthly of advanced premium tax credit (APTC), and receive cost-sharing reductions.

On September 22, 2014, the Marketplace received three modified applications for health insurance for [REDACTED].

On September 23, 2014, the Marketplace issued two notices of eligibility redeterminations. The first notice stated that [REDACTED] was eligible for Medicaid and [REDACTED] was conditionally eligible for Medicaid. In order to have [REDACTED] eligibility finalized, additional documentation was needed to confirm that the information provided in the application is accurate. The second notice stated that [REDACTED] was eligible to enroll in a qualified health plan, receive up to \$0.00 monthly of APTC, and receive cost-sharing reductions.

On September 23, 2014, you reapplied for health insurance through the Marketplace for [REDACTED]. The Marketplace made a preliminary determination that [REDACTED] was eligible to enroll in a qualified health plan, receive \$248.00 monthly of APTC, and receive cost-sharing reductions. [REDACTED] and [REDACTED] were determined eligible for Medicaid.

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On September 23, 2014, you spoke to the Marketplace's Account Review Unit and submitted an appeal request regarding [REDACTED] eligibility for Medicaid.

On September 24, 2014, the Marketplace issued two notices of eligibility redetermination. The first notice stated that [REDACTED] were eligible for Medicaid. The second notice stated that [REDACTED] was eligible to enroll in a qualified health plan, receive up to \$0.00 monthly of APTC, and receive cost-sharing reductions. It also stated that he was not eligible for Medicaid because your attested household income exceeded the limit for that program.

On October 15, 2014, you appeared for your scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until October 22, 2014 to allow you to submit additional documentation. No additional evidence was received within the allotted time. The record is now closed.

Findings of Fact

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

1. You are applying for health insurance for your children: [REDACTED] (23), [REDACTED] (20), and [REDACTED] (10).
2. You testified that you plan on filing your 2014 federal income tax return with the tax status of Married Filing Jointly and will claim your three children as dependents.
3. You testified that you are currently married to your spouse, [REDACTED].
4. According to your September 23, 2014 Marketplace application, your 2014 expected income is \$9,537.00. You expect \$35,500.00 in earned income, \$287.00 in ordinary dividends, and \$26,250.00 in deductions.
5. According to your September 23, 2014 Marketplace application, [REDACTED] expects to earn income of \$31,750.00 during 2014.
6. You testified that [REDACTED] have 2014 expected income of \$0.00.
7. According to your September 8, 2014 Marketplace application, [REDACTED] was eligible for health insurance coverage under an employer-sponsored health plan, as a dependent, through [REDACTED] employer.

8. On September 16, 2014, you faxed a letter from Oxford Health Plans confirming that [REDACTED] had voluntarily withdrawn from health insurance coverage with the actual termination date of August 31, 2014 (Appellant Exhibit A).
9. You applied for health insurance through the Marketplace for [REDACTED] in September 2014.
10. At the October 15, 2014 hearing, you were asked to submit evidence regarding [REDACTED] income for September 2014. No evidence regarding your September 2014 income was received by the Marketplace before the record was closed.
11. According to your Marketplace application, you reside in Rockland 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 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)).

Generally, an individual who may enroll in an eligible employer-sponsored plan and an individual who may enroll in the plan because of a relationship to the employee are eligible for minimum essential coverage under the plan for any month only if the plan is affordable and provides minimum value (see 26 CFR § 1.36B-2(c)(3)(i)).

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 advanced premium tax credits, (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)).

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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 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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 your September 8, 2014 Marketplace application, [REDACTED] was eligible for coverage under an eligible employer-sponsored health plan. You indicated that [REDACTED] was eligible for and receiving health insurance coverage as a dependent through [REDACTED] employer.

On September 16, 2014, you faxed a letter from Oxford Health Plans confirming that [REDACTED] had voluntarily withdrawn from health insurance coverage with the actual termination date of August 31, 2014 (Appellant Exhibit A).

To be eligible for advance premium tax credit (APTC), an individual must not be eligible for minimum essential coverage except through the Marketplace. [REDACTED] had voluntarily withdrawn and continues to be eligible to enroll in an employer-sponsored health plan. Since there is no evidence that the employer's plan is not affordable or does not comply with the requirements of minimum essential coverage, [REDACTED] is not eligible for APTC.

Furthermore, to be eligible for cost-sharing reductions an individual must meet the requirements to receive advanced premium tax credits. Since [REDACTED] is not eligible for APTC, he is not eligible for cost-sharing reductions.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. Medicaid is available only to a person whose household income is no greater than 138% of the 2014 federal poverty level.

At the October 15, 2014 hearing, you were asked to submit evidence regarding [REDACTED] income for September 2014. No evidence

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regarding your September 2014 income was received by the Marketplace before the record was closed.

██████████ eligibility for Medicaid in the month of September 2014, the month you applied for health insurance, cannot be calculated at this time because the record does not contain any evidence of the amount of the household income for that month.

Decision

The September 17, September 23, and September 24, 2014 eligibility determinations are MODIFIED to state that ██████████ is not eligible for advance premium tax credit and cost-sharing reductions because he is eligible to enroll in an Employer-Sponsored Insurance (ESI) plan that provides minimum essential coverage (MEC) and are otherwise affirmed.

Effective Date of this Decision: January 13, 2015

How this Decision Affects Your Eligibility

██████████ is not eligible for advance premium tax credit because he is eligible to enroll in an Employer-Sponsored Insurance (ESI) plan that offers minimum essential coverage (MEC).

██████████ is not eligible for cost-sharing reductions because he is not eligible for advance premium tax credit.

██████████ is not eligible for Medicaid on the basis of expected annual income because his household income is over the income limit. His eligibility cannot be determined on the basis of monthly income because the record does not contain sufficient evidence to support a determination.

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.

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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 September 17, September 23, and September 24, 2014 eligibility determinations are MODIFIED to state that [REDACTED] is not eligible for advance premium tax credit and cost-sharing reductions because he is eligible to enroll in an Employer-Sponsored Insurance (ESI) plan that provides minimum essential coverage (MEC) and are otherwise affirmed.

[REDACTED] is not eligible for advance premium tax credit because he is eligible to enroll in an Employer-Sponsored Insurance (ESI) plan that offers minimum essential coverage (MEC).

[REDACTED] is not eligible for cost-sharing reductions because he is not eligible for advance premium tax credit.

[REDACTED] is not eligible for Medicaid on the basis of expected annual income because his household income is over the income limit. His eligibility cannot be

determined on the basis of monthly income because the record does not contain sufficient evidence to support a determination.

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]