



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

Notice of Decision

Decision Date: January 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001068

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

Dear [REDACTED]

On November 17, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s October 28, 2014 preliminary 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 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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[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Issues

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that you were not eligible for an advance premium tax credit, cost-sharing reductions, or Medicaid as of October 28, 2014?

Procedural History

The Marketplace received your initial application for health insurance on September 11, 2014.

On September 12, 2014, the Marketplace issued a notice of eligibility determination stating that more information was needed to make a determination.

On October 28, 2014, you modified your health insurance application through the Marketplace on three separate occasions. The Marketplace made three preliminary eligibility determinations that, with an annual household income of \$78,480.00, you were not eligible for financial assistance.

On October 28, 2014, you also spoke to the Marketplace's Account Review Unit and submitted an appeal request.

On November 17, 2014, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until November 19, 2014 because you were directed to submit additional documentation.

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On November 18, 2014, you provided your history of unemployment insurance benefit claims with the New York State Department of Labor and additional documentation. The evidence was made part of the record collectively as Appellant's Exhibit A, and the record was closed. The record is now complete and closed.

On December 1, 2014, a notice was issued with regard to your October 28, 2014 application. It stated that, with a household income of \$78,480.00, you were eligible to purchase a qualified health plan at full cost.

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) According to your October 28, 2014 Marketplace applications, your 2014 expected income is \$78,480.00. You expect \$69,000.00 in earned income, \$6,480.00 in unemployment insurance benefits, and \$3,000.00 in additional income.
- 3) You testified that you were employed at [REDACTED] until July 31, 2014 and earned approximately \$69,000.00 from January 1, 2014 through July 31, 2014.
- 4) You testified that you were employed as a consultant at [REDACTED] in August 2014 and earned approximately \$1,000.00.
- 5) You testified that you were employed as a consultant at a hedge fund in October 2014 and earned approximately \$1,000.00.
- 6) You testified that you have been employed as a legal contractor since October 15, 2014, earning between \$600.00 and \$800.00 per week.
- 7) On November 18, 2014, you provided your history of unemployment insurance benefit claims with the New York Department of Labor. You were approved for unemployment insurance benefits with an effective date of August 25, 2014 and a weekly benefit amount of \$405.00 (Appellant's Exhibit A).
- 8) You received three weekly benefit payments of \$405.00 on September 7, September 14, and September 21, 2014 (Appellant's Exhibit A).

- 9) You applied for health insurance through the Marketplace in October 2014.
- 10) According to your Marketplace application, you are not currently receiving Medicaid benefits.
- 11) According to your Marketplace application, you currently reside in New York 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 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), 435.911(b)(1), 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 your October 28, 2014 Marketplace application and testimony, 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 an 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 October 28, 2014 Marketplace applications, your 2014 expected income is \$78,480.00. An annual household income of \$78,480.00 equals 683.03% 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.

At the hearing you credibly testified that you were employed at [REDACTED] until July 31, 2014 and earned approximately \$69,000.00 from January 1, 2014 through July 31, 2014. You testified you worked as a consultant at [REDACTED] during August 2014 and earned approximately \$1,000.00.

You provided your history of unemployment insurance benefit claims with the New York Department of Labor. You were approved for unemployment benefits with an effective date of August 25, 2014 and a weekly benefit amount of \$405.00. Your payment history shows that you received three weekly benefit

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payments of \$405.00 on September 7, September 14, and September 21, 2014 (Appellant Exhibit A).

You credibly testified that you were employed as a consultant at a hedge fund in October 2014 and earned approximately \$1,000.00. You also testified that you have been employed as a legal contractor since October 15, 2014, earning between \$600.00 and \$800.00 per week.

Your consulting income at a hedge fund during October (\$1,000.00) added to your October earnings as a legal contractor for at least two weeks at \$600.00 per week (\$1,200.00) yields an October 2014 income of at least \$2,200.00.

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 you applied for health insurance through the Marketplace on October 28, 2014, your eligibility for Medicaid should have been calculated based on your October 2014 monthly income. To be eligible for Medicaid, you must 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 October 2014 was at least \$2,200.00, you did not qualify for Medicaid on the basis of monthly income when you submitted your application.

Since the October 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 October 28, 2014 preliminary eligibility determination is AFFIRMED.

Effective Date of this Decision: January 27, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

As of October 28, 2014, you were ineligible for an 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.

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:
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- By fax: 1-855-900-5557

Summary

The October 28, 2014 preliminary eligibility determination is **AFFIRMED**.

This decision does not change your eligibility.

As of October 28, 2014, you were ineligible for an advance premium tax credit, cost-sharing reductions, and Medicaid.

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Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

Copy of this Decision Has Been Provided To:

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