



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

Notice of Decision

Decision Date: May 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001412

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 10, 2015 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).

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).

This page intentionally left blank.



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

Decision

Decision Date: May 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001412

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine that, as of January 10, 2015, you were eligible for up to \$245.00 per month in advance premium tax credit and cost sharing reductions?

Did the Marketplace properly determine that, as of January 10, 2015, you were not eligible for Medicaid?

Procedural History

The Marketplace received your application for health insurance on January 9, 2015 and made a preliminary determination in your case. It stated that you are eligible to receive an advance premium tax credit of up to \$245.00 per month and cost-sharing reductions.

On January 9, 2015, you spoke with the Marketplace’s Account Review Unit and appealed that determination insofar as it did not approve an advance premium tax credit of more than \$245.00 per month.

On January 10, 2015, the Marketplace issued a notice of eligibility determination stating that you are eligible to receive an advance premium tax credit of up to \$245.00 per month and cost-sharing reductions based on a household income of \$18,549.44. It also stated that you are not eligible for Medicaid because your household income of \$18,549.44 is over the allowable Medicaid income limit of \$16,105.00.

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).

On February 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to give you an opportunity to submit supporting income documentation. The Marketplace's Appeals Unit did not receive your supporting documentation within the 15 day period and the record was closed on February 26, 2015.

Findings of Fact

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

- 1) You testified that you currently live with your son but do not expect to claim him as a dependent on your 2015 federal income tax return. The record reflects that you are the only person in your tax household and you expect to file your 2015 federal income tax return as single.
- 2) You testified that your income fluctuates because the number of hours you work per week varies. You further testified that you earn \$12.74 per hour before taxes are deducted, and work between 28 and 40 hours per week.
- 3) The record reflects that you currently work at [REDACTED]. You testified that you are paid weekly and earned \$1,504.83 on January 2, 2015; \$657.58 on January 9, 2015; \$550.33 on January 16, 2015; \$688.63 on January 23, 2015; and \$606.13 on January 30, 2015 before taxes are deducted.
- 4) You testified that you do not have any other sources of income.
- 5) You testified that you cannot afford a health insurance premium because you must pay for other necessary living expenses.
- 6) According to the January 9, 2015 application for health insurance, you attested to an expected household income of approximately \$18,549.44 for the 2015 tax year.
- 7) The record reflects that you do not expect to take any deductions for the 2015 tax year.
- 8) You testified, and the record reflects, that you reside in Oneida County, New York.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

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).

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 applicable 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 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)).

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 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 for 2015 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc. 2014-37).

For annual household income in the range of at least 133% but less than 150% of the 2014 FPL, the expected contribution is between 3.02% and 4.02% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37).

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 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

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

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).

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 (MAGI) that is at or below 138% of the FPL 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 still 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

The first issue is whether the Marketplace properly determined that you were eligible for an advance premium tax credit (APTC) of up to \$245.00 per month.

In the application that was submitted on January 9, 2015, you attested to an expected yearly income of \$18,549.44 from your employment with [REDACTED]. The eligibility determination relied upon that information.

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

You reside in Oneida County, where the second lowest cost silver plan available for 2015 for an individual through the Marketplace costs \$313.44 per month.

An annual income of \$18,549.44 is 158.95% of the 2014 federal poverty level (FPL) for a one-person household. At 158.95% of the FPL, the expected contribution to the cost of the health insurance premium is 4.44% of income, or \$68.56 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through the Marketplace for an individual

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).

in your county (\$313.44 per month) minus your expected contribution (\$68.56 per month), which equals \$244.88. Therefore, rounded to the nearest dollar, the Marketplace correctly computed your APTC to be \$245.00 per month based on an expected income of \$18,549.44 for the 2015 tax year.

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since your attested household income of \$18,549.44 is 158.95% of the FPL, the Marketplace correctly determined that you are eligible for cost-sharing reductions.

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 that is at or below 138.00% of the FPL for the applicable family size.

On the date your January 9, 2015 application was submitted, the relevant FPL was \$11,670.00 for a one-person household. Since \$18,549.44 is 158.95% of the relevant 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 January 10, 2015 determination properly stated that, based on the information you provided, you were eligible for an APTC of up to \$245.00 per month, eligible for cost-sharing reductions, but not eligible for Medicaid, it is correct and, therefore, AFFIRMED.

However, at the hearing, you credibly testified that your income fluctuates and varies week to week.

You credibly testified that you earned \$1,504.83 on January 2, 2015; \$657.58 on January 9, 2015; \$550.33 on January 16, 2015; \$688.63 on January 23, 2015; and \$606.13 on January 30, 2015, before taxes are deducted. Therefore, your household income for January 2015 is \$4,007.50.

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 must meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,343.00 per month.

According to your testimony, you earned \$4,007.50 during the month of January 2015. You further credibly testified that you do not have any other sources of income. Since your earned income was higher than \$1,343.00 for the month, you did not qualify for Medicaid on the basis of monthly income during January 2015.

Decision

The January 10, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: May 22, 2015

How this Decision Affects Your Eligibility

You remain eligible to receive an advance premium tax credit of up to \$245.00 per month and cost-sharing reductions.

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

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).

P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The January 10, 2015 eligibility determination is AFFIRMED.

You remain eligible to receive an advance premium tax credit of up to \$245.00 per month and cost-sharing reductions.

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]