



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

Notice of Decision

Decision Date: July 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001688

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 26, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 30, 2015 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).

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001688

[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 you were eligible to receive an advance premium tax credit of up to \$108.00 per month, effective March 1, 2015?

Did the Marketplace properly determine that you are not eligible for cost-sharing reductions, effective March 1, 2015?

Did the Marketplace properly determine that you were ineligible for Medicaid, effective March 1, 2015?

Procedural History

The Marketplace received your application for health insurance on January 29, 2015, in which you attested to an expected yearly income of \$34,014.62.

On January 30, 2015, the Marketplace issued a notice of eligibility determination based on your January 29, 2015 application. It stated that you were eligible to enroll in a qualified health plan (QHP) and to receive an advance premium tax credit (APTC) of up to \$108.00 per month, effective March 1, 2015. The notice further stated that you were ineligible for cost-sharing reductions and Medicaid because your income was over the allowable limits for those programs.

On February 4, 2015, you spoke with the Marketplace's Account Review Unit and requested an appeal of the January 30, 2015 eligibility determination insofar as

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you were found eligible for no more than \$108.00 per month in APTC.

On February 26, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. A Spanish-language interpreter (ID # [REDACTED]) assisted at the hearing. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide the following additional evidence to corroborate your testimony: (1) a letter from [REDACTED] showing income received by you during January 2015, and (2) earnings statements issued to you from [REDACTED] during January 2015. 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 March 9, 2015, you provided (1) one earning statement issued to you by [REDACTED] in January 2015 and (2) two earnings statements issued to you by [REDACTED] in January 2015 to the Appeals Unit via facsimile. Since the documents provided were sufficient in order for the Appeals Unit to reach a decision, the record was closed on March 9, 2015.

Findings of Fact

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

- 1) You testified that you are unmarried and have no children.
- 2) You testified, and your application indicates, that you expect to file your 2015 taxes with a tax filing status of "single" and will not claim any dependents.
- 3) You live in Bronx County, New York.
- 4) You attested in your January 29, 2015 application that throughout 2015 you expect to receive \$10,978.62 from [REDACTED] and that you expect to receive \$886.00 on a bi-weekly basis from [REDACTED].
- 5) On March 9, 2015, you provided a copies of earnings statement issued by [REDACTED] reflecting your receipt of (1) \$480.00 on January 9, 2015, and (2) \$728.80 on January 23, 2015.
- 6) On March 9, 2015, you provided a copy of an earnings statement issued by [REDACTED] reflecting your receipt of \$141.83 on January 22, 2015 and your year-to-date income of \$283.64.

- 7) You testified that you worked for [REDACTED] on only one day, January 6, 2015, during that pay period, and only had one earning statement available.
- 8) You testified that that even after applying the maximum tax credit of \$108.00 per month, health insurance through the Marketplace is unaffordable after taking into account all of your other living expenses. You further testified that you also seeking a redetermination on whether you are eligible for Medicaid.

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 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).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is

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requested (45 CFR §§ 155.300(a), 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).

For annual household income in the range of at least 250% but less than 300% of the 2014 FPL, the expected contribution is between 8.10% and 9.56% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37).

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 first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 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 the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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 are eligible to receive an advance premium tax credit (APTC) of up to \$108.00 per month.

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In the application that was submitted on January 29, 2015, you attested to an expected yearly income of \$34,014.62, which was based on (1) \$10,978.62 in income from [REDACTED] and (2) \$23,036.00 (\$886.00 X 26 weeks) in income from [REDACTED]. The eligibility determination relied upon that information.

According to the record, you are the only person in your tax household since you expect to file a 2015 U.S. Income Tax return, file as single and claim no dependents.

You reside in Bronx County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$371.75 per month.

An annual household income of \$34,014.62 is 291.47% of the 2014 federal poverty level (FPL) for a one-person household. At 291.47% of the FPL, the expected contribution to the cost of the health insurance premium is 9.31% of income, or \$263.90 per month.

The maximum amount of APTC that can be awarded equals the cost of the second lowest cost silver plan in your county for an individual (\$371.75 per month) minus your expected contribution (\$263.90 per month), which equals \$107.85 per month. Therefore, rounding to the nearest dollar, the Marketplace correctly found you eligible for an APTC of up to \$108.00 per month

The second issue is whether or not the Marketplace properly determined that you are not eligible for cost sharing reductions (CSR). CSR is available to a person who has a household income no greater than 250% of the 2014 FPL. Since your household income is 291.47% of the 2014 FPL, you were correctly found to be not eligible for CSR.

The final issue under appeal is whether the Marketplace properly determined that you are 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 2015 FPL was \$11,770.00 for a one-person household. Since \$34,014.62 is 289.00% of the 2015 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 30, 2015 eligibility determination properly stated that, based on the information you provided to the Marketplace, you were eligible for an APTC up to \$108.00 per month and ineligible for CSR and Medicaid, it is correct and is AFFIRMED.

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However, additional evidence provided on appeal indicates that the information contained on your application no longer reflects your current income situation.

You provided two earnings statements that reflect you received a total of \$1,208.80 in income from [REDACTED] during January 2015. While you were able to only provide one paystub in January from [REDACTED] reflecting a single payment in the amount of \$141.83, based upon the year-to-date income of \$283.64 referenced therein, and your testimony that you are paid on a bi-weekly basis, we are reasonably able to deduce that you received a total of \$283.64 from [REDACTED] during January 2015. Accordingly, you received a total of \$1,492.44 during that month.

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 would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,353.55 per month. Since the credible evidence of record indicates your income was January 2015 was \$1,492.44, you did not qualify for Medicaid on the basis of monthly income when you submitted your January 29, 2015 application.

Decision

The January 30, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 8, 2015

How this Decision Affects Your Eligibility

You continue to be eligible to receive up to \$108.00 per month of advance premium tax credit.

You are not eligible for cost sharing reductions or Medicaid.

This Decision has no effect on any subsequent determinations issued by the Marketplace on or after January 30, 2015.

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.

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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 January 30, 2015 eligibility determination is AFFIRMED.

You continue to be eligible to receive up to \$108.00 per month of advance premium tax credits.

You are not eligible for cost sharing reductions or Medicaid.

This Decision has no effect on any subsequent determinations issued by the Marketplace on or after January 30, 2015.

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).

Legal Authority

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]