



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

Notice of Decision

Decision Date: December 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001847

[REDACTED]

Dear [REDACTED],

On November 13, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 23, 2015 eligibility redetermination.

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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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 \$267.00 per month in advance premium tax credit, effective April 1, 2015?

Did the Marketplace properly determine that you were eligible for cost-sharing reductions?

Did the Marketplace properly determine that you were not eligible for Medicaid?

Procedural History

On January 10, 2015, the Marketplace issued you a renewal notice asking that you please update the information in your account by February 15, 2015 so that a decision could be made regarding the eligibility for financial assistance for health insurance.

On February 16, 2015, your eligibility was redetermined finding you ineligible for financial assistance because you did not respond to your renewal notice within the required timeframe. As a result you no longer qualified to receive financial assistance to help pay for your health coverage.

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On February 23, 2015, the Marketplace received your updated application for health coverage.

That same day an eligibility determination was rendered finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$267.00 per month and ineligible for Medicaid effective April 1, 2015. The determination was made based upon your reported household income of \$21,892.00.

Also on February 23, 2015, you enrolled in a Silver level health plan effective April 1, 2015.

You then contacted the Marketplace's account review unit on February 23, 2015 and appealed the level of financial assistance you were receiving. You stated that you could not afford the health insurance coverage you were receiving with the amount of tax credit you were determined eligible for.

You were found eligible for Medicaid on July 16, 2015 effective July 1, 2015. This was because your reported household income of \$11,712.00 was below the allowable income limit of \$16,243.00. You further submitted your valid proof of income in the form of unemployment insurance benefits statements for the month of July 2015.

On November 13, 2015, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and left open 15 days for you to provide proof of your monthly income for the month of February, 2015. That evidence was received in the form of a five page fax on November 13, 2015 via secure fax and is incorporated into the record as Appellant's Exhibit 1.

Findings of Fact

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

- 1) You testified that you expected to file your 2015 taxes with a tax filing status of single. You will not be claiming any dependents on that return.
- 2) You are seeking insurance for yourself.
- 3) The application that was submitted on February 23, 2015 listed an annual household income of \$21,892.00. This income consists of \$1,684.00 per month you earn from your employment.

- 4) The record reflects that you claimed and received unemployment insurance benefits for the month of July, 2015.
- 5) You testified that you will not be taking any deductions on your 2015 tax return.
- 6) You provided evidence of your income for the month of February 2015 via secure fax to the NY State of Health Appeals Unit on November 14, 2015. Based upon that five page fax you received \$421.00 in gross pay on February 13, 2015, \$421.00 on February 20, 2015, and \$421.00 on February 27, 2015. (Appellant's Exhibit 1).
- 7) Your application states and your testimony confirms that you live in Ulster 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 (QHP) and (1) expects to have a household income between 138% and 400% of the applicable 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

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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 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).

For annual household income in the range of at least 150% but less than 200 % of the 2015 FPL, the expected contribution is between 4.02% and 6.34 % of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on the Marketplace application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

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).

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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).

Modified Adjusted Gross Income

The Marketplace bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, and deductions attributable to royalties (26 USC § 62(a)).

Generally, gross income does not include “amounts received through accident or health insurance (or through an arrangement having the effect of accident or health insurance) for personal injuries or sickness (other than amounts received by an employee, to the extent such amounts (A) are attributable to contributions by the employer which were not includible in the gross income of the employee, or (B) are paid by the employer)” (26 USC § 104(a)(3)).

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 \$267.00 per month.

The application that was submitted on February 23, 2015 listed an annual household income of \$21,892.00 and the eligibility determination relied upon that information.

You are in a one-person household, and are only seeking insurance for yourself. You testified that you expect to file your 2015 income taxes as single and will claim no dependents.

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You reside in Ulster County, New York, where the second lowest cost silver plan available for an individual through the Marketplace costs \$372.38 per month.

An annual income of \$21,892.00 is 187.59% of the 2014 Federal Poverty Level (FPL) for a one-person household. At 187.59% of the FPL, the expected contribution to the cost of the health insurance premium is 5.76% of income, or \$105.38 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 in your county (\$372.38 per month) minus your expected contribution (\$105.38 per month), which equals \$267.00 per month. Therefore, rounding to the nearest dollar, the Marketplace correctly determined you to be eligible for up to \$267.00 per month in APTC.

The second issue is whether you were properly found eligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$21,892.00 is 187.59% of the applicable FPL, the Marketplace correctly found you to be eligible for cost sharing reductions.

The third issue is whether the Marketplace properly determined that you were ineligible 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 \$21,892.00 for a one-person household.

Since \$21,892.00 is 185.99% of the 2015 FPL, the Marketplace properly found you to be ineligible for Medicaid on an expected annual income basis, using the information you attested to in your application and testified to during your hearing.

However, since that application date, you provided a five page fax demonstrating that you received \$421.00 in gross pay on February 13, 2015, \$421.00 on February 20, 2015, and \$421.00 on February 27, 2015. This adds up to a monthly gross income for February 2015 of \$1,263.00 (Appellant's Exhibit 1).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

The monthly income limit for Medicaid benefits for a one-person household in 2015 is \$1,354.00.

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Since the February 23, 2015 eligibility determination properly stated that, based on the information you provided, you were eligible for APTC, eligible for cost-sharing reductions, and ineligible for Medicaid, it is AFFIRMED. However, based on additional income documentation you provided at your hearing, your case is returned to the Marketplace to determine your eligibility for Medicaid based on a one-person household in Ulster County, New York with a gross monthly income of \$1,263.00 for the month of February 2015.

Decision

The February 23, 2015 eligibility determination notice is AFFIRMED.

Your case is returned to the Marketplace to determine your eligibility for Medicaid for the month of February 2015 based on a one-person household in Ulster County, New York with a gross monthly income of \$1,263.00.

Effective Date of this Decision: December 18, 2015

How this Decision Affects Your Eligibility

This decision has no effect on any determination made after February 23, 2015.

Your case is returned to the Marketplace to determine your eligibility for Medicaid for the month of February 2015 based on a one-person household in Ulster County, New York with a gross monthly income of \$1,263.00.

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)).

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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 February 23, 2015 eligibility determination notice is AFFIRMED.

This decision has no effect on any determination made after February 23, 2015.

Your case is returned to the Marketplace to determine your eligibility for Medicaid for the month of February 2015 based on a one-person household in Ulster County, New York with a gross monthly income of \$1,263.00.

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:

