



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003489

[REDACTED]

Dear [REDACTED],

On July 30, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 16, 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).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003489

[REDACTED]

Issue

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

Did the Marketplace properly determine that your son is eligible to purchase a qualified health plan at full cost through New York State of Health?

Procedural History

The Marketplace received your application for health insurance on June 15, 2015. The Marketplace rendered a preliminary eligibility determination that your son is not eligible for financial assistance through the Marketplace.

On the same day, you spoke to the Marketplace and requested an appeal insofar as your son was not eligible for financial assistance through the Marketplace.

On June 16, 2015, the Marketplace issued a notice of eligibility determination stating that your son is eligible to purchase a qualified health plan at full cost through New York State of Health.

On July 30, 2015, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until August 5, 2015, to allow you to submit additional documentation. No documentation was submitted within the allotted time. The record is now complete and closed.

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Findings of Fact

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

1. You are applying for health insurance through the Marketplace for your nineteen-year-old son.
2. According to your Marketplace application, your son's primary residence is [REDACTED].
3. According to your Marketplace Application, you do not expect to be filing a 2015 federal income tax return.
4. You testified that you plan on filing a 2015 federal income tax return with the tax status of Head of Household (with a qualifying individual) and will claim your son as a dependent on that return.
5. According to your Marketplace application, you attested to a 2015 expected income of \$26,000.00.
6. According to your Marketplace application, your nineteen-year-old son has an expected 2015 income of \$0.00.
7. You testified that you are issued \$1,500.00 (before deductions) monthly in Social Security Benefits.
8. You testified that you work part-time at [REDACTED] and your paychecks are inconsistent.
9. The record was left open until August 5, 2015, because you were directed to submit additional income documentation. No documentation was received by the Marketplace Appeals Unit within the allotted time.
10. You reside in Kings County, New York.

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

Applicable Law and Regulations

An 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 Federal Poverty Line (FPL),

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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 (45 CFR § 155.305(f)).

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)).

For children ages 19 and 20, whose primary residence is with their parents, the applicable household income is 155% of the 2015 FPL, or \$24,692.00 (155% of the 2015 FPL) (New York State Department of Health 13 OHIP/ADM-03)).

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 \$15,930.00 for a two-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 were not eligible for advance premium tax credits (APTC).

Advance premium tax credits are available to a person who 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.

According to your Marketplace application, you were not expecting to file a 2015 federal income tax return and did not meet that tax filing requirement to be eligible for APTC. Therefore, the Marketplace correctly determined that your son not eligible to receive APTC.

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The second issue is whether the Marketplace properly determined that your son was ineligible for Medicaid.

Medicaid can be provided through the Marketplace to individuals between the ages of 19 and 20, whose primary residence is with their parents, who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 155% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$15,930.00 for a two-person household. Since \$26,000.00 is 165.29% of the 2015 FPL, the Marketplace properly found your son to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

You testified that you are issued \$1,500.00 (before deductions) monthly in Social Security Benefits. However, you work part-time at [REDACTED], and your paychecks are inconsistent. The record was left open until August 5, 2015, because you were directed to submit additional income documentation. No documentation was received by the Marketplace Appeals Unit within the allotted time.

Since the June 16, 2015, eligibility determination properly stated that, based on the information you provided, your son was eligible to purchase a qualified health plan at full cost through the Marketplace, it is AFFIRMED.

However, at the hearing you credibly stated you plan on filing a 2015 federal income tax return with the tax status of Head of Household (with a qualifying individual) and will claim your son as a dependent on that return.

Therefore, your case is RETURNED to the Marketplace to redetermine your son's eligibility for financial assistance through the Marketplace based on a two-person household, with an expected 2015 income of \$26,000.00, for an individual residing in Kings County, New York.

Decision

The June 16, 2015, eligibility determination is AFFIRMED.

Your case is RETURNED to the Marketplace to redetermine your son's eligibility for financial assistance through the Marketplace based on a two-person household, with an expected 2015 income of \$26,000.00, for an individual residing in Kings County, New York.

Effective Date of this Decision: November 09, 2015

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How this Decision Affects Your Eligibility

The June 16, 2015, eligibility determination is correct, so it remains in effect.

However, your case is RETURNED to the Marketplace to redetermine your son's eligibility for financial assistance through the Marketplace based on a two-person household, with an expected 2015 income of \$26,000.00, for an individual residing in Kings County, New York.

The Marketplace will issue a new notice of eligibility 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.

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

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- By fax: 1-855-900-5557

Summary

The June 16, 2015, eligibility determination is AFFIRMED.

Your case is RETURNED to the Marketplace to redetermine your son's eligibility for financial assistance through the Marketplace based on a household of two, with an expected 2015 income of \$26,000.00, for an individual residing in Kings County, New York.

The Marketplace will issue a new notice of eligibility 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:

