



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

Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003655

[REDACTED]

Dear [REDACTED]

On August 21, 2015, you appeared by telephone and requested that [REDACTED] act on your behalf as your authorized representative at a hearing on your appeal of NY State of Health Marketplace's June 2, 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 Code of 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: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003655



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 \$363.00 per month in advance premium tax credits and, if you select a silver-level qualified health plan, eligible for cost sharing reductions, effective July 1, 2015?

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

Procedural History

On June 1, 2015, based on your updated application, the Marketplace preliminary determined that you are eligible to receive up to \$363.00 per month in advance premium tax credits (APTC), eligible for cost sharing reductions (CSR), and not eligible for Medicaid.

On June 2, 2015, the Marketplace issued a notice of eligibility determination that was consistent with the June 1, 2015 preliminary determination regarding the amount of APTC to which you were entitled and your eligibility for CSR.

Also on June 2, 2015, the Marketplace issued an enrollment notice confirming your selection of a silver-level qualified health plan and your monthly premium responsibility of \$8.75 after your APTC of \$363.00 was applied.

On June 24, 2015, you spoke with a representative from the Marketplace's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not found eligible for Medicaid.

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 August 21, 2015, your authorized representative had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) According to your Marketplace application, you expect to file your 2015 taxes with a tax filing status of single and will not be claiming any dependents.
- 2) According to your Marketplace account, your date of birth is [REDACTED]
- 3) At the time of the June 2, 2015 eligibility determination, you were 65 years old.
- 4) At the time of the August 21, 2015 hearing, you were 66 years old.
- 5) Your authorized representative testified that you immigrated to the United States approximately four years ago.
- 6) According to your Marketplace application, your expected 2015 annual income is \$5,000.00. Your authorized representative confirmed that this amount is correct.
- 7) Your Marketplace application states that you live in Nassau County, New York.
- 8) Your authorized representative testified that you cannot afford to pay a \$2,000.00 deductible and co-payments in order to maintain health insurance because you have limited income.

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 generally 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)).

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).

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 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 of less than 133% of the 2014 FPL, the expected contribution is 2.01 % 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 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)).

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).

Affordability Exemption

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing health insurance coverage. Such an exemption may be granted if that person can show that he or she experienced a financial hardship or has domestic circumstances that (1) caused an unexpected increase in essential expenses that prevented that person from obtaining health coverage under a QHP; (2) would have caused the person to experience serious deprivation of food, shelter, clothing, or other necessities, as a result of the expense of purchasing health coverage under a QHP; or (3) prevented that person from obtaining coverage under a QHP (45 CFR § 155.605(a), (g)).

NY State of Health has deferred to the U.S. Department of Health and Human Services (HHS) on the matter of hardship exemptions (see 45 CFR § 155.505(c)).

Legal Analysis

The first issue is whether the Marketplace properly determined that you were eligible for an APTC of up to \$363.00 per month.

The application that was updated on June 1, 2015 listed an annual household income of \$5,000.00 and the eligibility determination relied upon that information.

You expect to file your 2015 income taxes as single and will not be claiming any dependents. Therefore, you are in a one-person household.

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

An annual income of \$5,000.00 is below 100% of the 2014 FPL. Therefore, the Marketplace uses the applicable FPL for one-person household, which is \$11,670.00, in determining your expected contribution. At 100% of the FPL, the expected contribution to the cost of the health insurance premium is 2.01% of income, or \$8.38 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 (\$371.75 per month) minus your expected contribution (\$8.38 per month), which equals \$363.37 per month. Therefore, rounding to the nearest dollar, the Marketplace correctly determined you to be eligible for up to \$363.00 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 \$5,000.00 is

42.85% 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 under age 65 and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. As a threshold matter, the Marketplace first determines whether or not you meet the non-financial criteria to qualify for Medicaid through the Marketplace before determining whether you meet the financial requirements. On the date of your application, you were 65 years old and, therefore, did not meet the age limit requirement to qualify for MAGI-based Medicaid. Accordingly, the Marketplace properly found you to be ineligible for Medicaid on that basis, using the information provided in your application.

Since the June 1, 2015 preliminary eligibility determination properly found that, based on the information you provided, you were eligible for up to \$363.00 per month in APTC, eligible for cost-sharing reductions, and ineligible for Medicaid, it is correct and is AFFIRMED, as is the June 2, 2015 notice of eligibility determination regarding your eligibility for APTC and CSR.

However, your authorized representative indicated that you cannot afford to pay the deductible and co-payments to maintain health insurance because of your limited income, which may qualify as a hardship. If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance during 2015, you can check the Federal Marketplace website (www.healthcare.gov) for an application.

Decision

The June 2, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: October 15, 2015

How this Decision Affects Your Eligibility

You remain eligible for up to \$363.00 per month in APTC and, provided you are enrolled in a silver-level qualified health plan, for CSR.

You are ineligible for Medicaid.

If You Disagree with this Decision (Appeal Rights)

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 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 2, 2015 eligibility determination notice is **AFFIRMED**.

You remain eligible for up to \$363.00 per month in APTC and, provided you are enrolled in a silver-level qualified health plan, for CSR.

You are ineligible for Medicaid.

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).

If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance during 2015, you can check the Federal Marketplace website (www.healthcare.gov) for an application.

Legal Authority

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

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).

A Copy of this Decision Has Been Provided To:

