



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: AP000000003743

[REDACTED]

Dear [REDACTED],

On September 4, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 1, 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 letter.

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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NY State of Health Number: [REDACTED]
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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 \$307.00 monthly of advance premium tax credits?

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

The Marketplace received your application for health insurance on June 30, 2015.

On July 1, 2015, the Marketplace issued an eligibility determination notice stating: You are eligible to receive up to \$307.00 monthly of advance premium tax credits, eligible for cost-sharing reductions, and not eligible for Medicaid because your household income is over the allowable income limit for that program.

On July 1, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible to receive.

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On September 4, 2015, you appeared for the scheduled telephone hearing. Testimony was taken during the hearing and the record was developed. The record is now complete and closed.

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 yourself.
2. You testified that you plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that income tax return.
3. According to your June 30, 2015 Marketplace application, your 2015 expected annual household income is \$18,200.00.
4. You testified that you were consistently earning \$350.00 per week at [REDACTED].
5. You testified you were no longer employed at [REDACTED] as of August 26, 2015, and received your last paycheck for \$350.00 on that date.
6. You testified that you do not plan on filing for unemployment insurance benefits.
7. You currently reside in New York County, NY.

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 and (1) expects to have a household income between 138% and 400% of the 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 qualified health plan; 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), 435.911(b)(1), 435.603(d)(4)).

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The maximum amount of APTC that can be approved equals:

1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through the 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 2.1% to 9.56% of annual 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 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).

For annual household income in the range of at least 150% FPL but less than 200% FPL, the expected contribution is between 4.02% and 6.34% of the household income (26 CFR § 1.36B-3(g)(2)).

Cost-Sharing Reductions:

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a qualified health plan 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 plan year coverage is requested, and (4) is enrolled in a silver-level qualified health plan (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 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 determine you eligible for up to \$307.00 monthly of advance premium tax credits.

In your June 30, 2015 application, you attested to an expected yearly income of \$18,200.00 for 2015, and the eligibility determination relied upon that information.

According to the record, you plan on filing a U.S. Income Tax Return with the tax status of single and will not claim any dependents on your 2015 federal income tax return. Therefore, you have a one-person household.

You reside in New York 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 \$18,200.00 equals 155.96% of the 2014 federal poverty level (FPL) for a one-person household. At 155.96% of the 2014 FPL, the expected contribution to the cost of the health insurance premium is 4.30% of income, or \$65.22 per month.

The maximum amount of advance premium tax credit (APTC) that can be awarded equals the cost of the second lowest cost silver plan in your county (\$371.75 per month) minus your expected contribution (\$65.22 per month), which equals \$306.53 per month. Therefore, rounding to the nearest dollar, the Marketplace correctly determined your APTC to be \$307.00 per month.

The second issue is whether the Marketplace properly determined you eligible for cost-sharing reductions.

Cost-sharing reductions are available to a person who has an annual expected household income no greater than 250% of the FPL. Since your annual household income is 155.96% of the 2014 FPL, the Marketplace correctly found you eligible for cost-sharing reductions.

The third issue is whether the Marketplace properly found you not eligible for Medicaid.

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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% of the FPL for the applicable family size.

On the date of your June 30, 2015 application, the FPL was \$11,770.00 for a one-person household. Since \$18,200.00 is 154.63% 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.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. To be eligible for Medicaid, you must meet the nonfinancial criteria and have an income no greater than 138% of the FPL. In order to be eligible for Medicaid a household of two must not exceed a monthly income limit of \$1,354.00.

You credibly testified that you were consistently receiving \$350.00 per week from your employment at [REDACTED]. However, you testified you were no longer employed at [REDACTED] as of August 26, 2015, and received your last paycheck for \$350.00 on that date. Furthermore, you testified that you are seeking employment and do not plan on filing for unemployment insurance benefits. At this time the record does not contain sufficient testimony or documentation to return your case to Marketplace to recalculate you benefits on a yearly or monthly basis. However, please contact the Marketplace when you have sufficient documentation of your change in income.

Since the July 1, 2015, eligibility determination properly states that you are eligible for an APTC of up to \$307.00 per month, eligible for cost-sharing reductions, and not eligible for Medicaid based on your June 30, 2015 Marketplace application, it is correct and is AFFIRMED.

Decision

The July 1, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

This decision has no effect on any determination made subsequent to July 1, 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).

Please contact the Marketplace when you have sufficient documentation of your change in income.

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.

Summary

The July 1, 2015 eligibility determination is **AFFIRMED**.

This decision does not change your eligibility.

This decision has no effect on any determination made subsequent to July 1, 2015.

Legal Authority

We are sending you this notice in accordance with 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:

