



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

Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004413

[REDACTED]

Dear [REDACTED],

On December 4, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 3, 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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004413



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 \$148.00 per month, effective August 1, 2015?

Did the Marketplace properly determine that you were eligible for cost-sharing reductions, effective August 1, 2015?

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

Procedural History

On June 29, 2015, the Marketplace received your updated application for health insurance in which you attested to an annual household income of \$25,378.21.

On July 3, 2015, the Marketplace issued an eligibility determination notice stating that you were eligible for an advance premium tax credit (APTC) of up to \$148.00 per month, eligible for cost-sharing reductions (CSR), and ineligible for Medicaid. This eligibility determination was effective August 1, 2015.

On August 21, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of the July 3, 2015 eligibility determination insofar as you were seeking Medicaid or, in the alternative, a higher APTC eligibility.

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 22, 2015, the Marketplace issued a notice reconfirming your enrollment in Fidelis Care Silver as of August 20, 2015, at a premium rate of \$189.00 per month after applying the maximum amount of \$148.00 APTC eligibility.

On December 4, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: a letter signed by your employer, [REDACTED] reflecting the gross income paid to you during June, July and August 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 December 8, 2015, you provided the above referenced document to the Appeals Unit via facsimile.

The record was closed on December 8, 2015.

Findings of Fact

- 1) You testified that you live with your girlfriend, who is pregnant with one child and is due to give birth on February 28, 2016.
- 2) You testified, and your application reflects, that you expected to file your 2015 taxes with a tax filing status of single. You will claim not claim any dependents on that tax return.
- 3) The application that was submitted on June 29, 2015 listed annual household income of \$25,378.21, consisting solely of income you earn from your employment with [REDACTED]. You testified that this amount was correct.
- 4) Your application states that you will not be taking any deductions on your 2015 tax return.
- 5) You live in Allegany County, New York.
- 6) On December 15, 2015, you provided to the Appeals Unit a letter signed by [REDACTED], president of [REDACTED], reflecting that you received (1) \$1,570.32 during June 2015, (2) \$1,421.08 during July 2015 and (3) \$1,532.76 during August 2015.

7) You testified that your current preferred mailing address is:



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 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 200% but less than 250% of the 2014 FPL, the expected contribution is between 8.10% and 6.34% 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 were eligible for an advance premium tax credit (APTC) of up to \$148.00 per month.

The application that was submitted on June 29, 2015 listed an annual household income of \$25,378.21 and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file you 2015 income taxes as single and will not be claiming any dependents on that tax return.

You reside in Allegheny County, where the second lowest cost silver plan available for an individual through the Marketplace costs \$295.03 per month.

An annual income of \$25,378.21 is 217.47% of the 2014 FPL for a one-person household. At 217.47% of the FPL, the expected contribution to the cost of the health insurance premium is 6.95% of income, or \$146.98 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 (\$295.03 per month) minus your expected contribution (\$146.98 per month), which equals \$148.05 per month. Therefore, rounding to the nearest dollar, the Marketplace correctly determined you to be eligible for an APTC of up to \$148.00 per month.

The second issue is whether you were properly found eligible for cost-sharing reductions (CSR).

CSR is available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$25,378.21 is 217.47% of the applicable FPL, the Marketplace correctly found you to be eligible for CSR.

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 \$11,770.00 for a one-person household. Since \$25,378.21 is 215.62% 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 July 3, 2015 eligibility determination properly stated that, based on the information you provided, you were eligible for an APTC of up to \$148.00 per month, eligible for CSR, and ineligible for Medicaid, it is correct and is **AFFIRMED**.

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

The credible record of evidence reflects that you received \$1,570.32 during June 2015, \$1,421.08 during July 2015 and \$1,532.76 during August 2015 from your employer, [REDACTED].

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 \$1,354.00 per month. Since your income during June, July and August 2015 exceeded the monthly income limit of \$1,354.00, you did not qualify for Medicaid on the basis of monthly income when you submitted your June 29, 2015 application.

While you testified that you live with your girlfriend who is pregnant with one child, there is no indication in the file that you expect to claim her as a dependent or otherwise have her qualify as part of your tax household in 2015. Accordingly, there is insufficient information to return your case to the Marketplace for a redetermination of your eligibility for financial assistance at this time.

However, should you have a life changing event, such as getting married or having a child, you may submit a new application to redetermine your eligibility for financial assistance.

Decision

The July 3, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: January 22, 2016

How this Decision Affects Your Eligibility

You were eligible for an APTC of up to \$148.00 per month in 2015.

You were eligible for CSR in 2015, provided you selected a silver-level plan.

You were ineligible for Medicaid.

Should you have a life changing event, such as getting married or having a child, you are encouraged to submit a new application to redetermine your eligibility for financial assistance.

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

Summary

The July 3, 2015 eligibility determination notice is **AFFIRMED**.

You were eligible for an APTC of up to \$148.00 per month in 2015.

You were eligible for CSR in 2015, provided you selected a silver-level plan.

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).

You were ineligible for Medicaid.

Should you have a life changing event, such as getting married or having a child, you may submit a new application to redetermine your eligibility for financial assistance.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]