



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

Notice of Decision

Decision Date: January 08, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004951

[REDACTED]

Dear [REDACTED],

On January 5, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 20, 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).

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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 not eligible for advance premium tax credits, as of October 19, 2015?

Did the Marketplace properly determine that you were not eligible for cost-sharing reductions, as of October 19, 2015?

Did the Marketplace properly determine that you were not eligible for Medicaid, as of October 19, 2015?

Procedural History

On October 19, 2015, the Marketplace received your application for health insurance. That day, a preliminary eligibility determination was prepared, stating that you were eligible to purchase a qualified health plan at full cost through the Marketplace.

Also on October 19, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as it found you not eligible for any financial assistance.

On October 20, 2015, the Marketplace issued an eligibility determination notice based on the information contained in the October 19, 2015 application, stating that you were eligible to purchase a qualified health plan at full cost through the Marketplace. You were not eligible for advance premium tax credits, cost-sharing

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reductions or Medicaid because your income was over the allowable limits for those programs.

On January 5, 2016, you 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 support the following findings of fact:

- 1) A review of the record supports the following findings of fact. You testified that you expect to file your 2015 taxes with a tax filing status of single, head of household. You will claim no dependents on that tax return.
- 2) The application that was submitted on October 19, 2015 listed a 2015 annual household income of \$88,695.00, which consisted of \$77,775.00 you earned from your employment and \$10,920.00 you received in Unemployment Insurance Benefits (UIB). You testified that this amount was correct.
- 3) Your application states that your weekly benefit rate for UIB was \$420.00.
- 4) You testified that your final benefit week for UIB was December 27, 2015.
- 5) During the hearing, the Hearing Officer directed you to submit a copy of your UIB payment history via fax or upload to your Marketplace account. You testified you would be unable to utilize a fax machine or your Marketplace account to send proof of your UIB payments.
- 6) You testified that your current expected income for 2016 is \$0.00.
- 7) Your application states that you will not be taking any deductions on your 2015 tax return.
- 8) Your application states that you live in Broome County.

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

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 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 for a one-person household (79 Fed. Reg. 3593, 3593).

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

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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 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 not eligible for an advance premium tax credit as of October 19, 2015.

The application that was submitted on October 19, 2015 listed an annual household income of \$88,695.00 and the eligibility determination relied upon that information.

Your application states that you are a one-person household. You testified that you expect to file you 2015 income taxes as single, head of household and will claim no dependents on that tax return.

An annual income of \$88,695.00 is 760.03% of the 2014 FPL for a one-person household. In order to be eligible for an advance premium tax credit, a person cannot have a household income greater than 400.00% of the FPL. Since your annual household income of \$88,695.00 is greater than 400.00% of the FPL, the Marketplace correctly found you not eligible for advance premium tax credits.

The second issue is whether the Marketplace properly determined that you were not eligible for cost-sharing reductions as of October 19, 2015. Cost-sharing reductions are available to a person who is eligible for advance premium tax credits and has a household income no greater than 250.00% of the FPL. Since you are not eligible for advance premium tax credits and you have a household income that is greater than the applicable FPL, the Marketplace correctly found you to be not eligible for cost-sharing reductions.

The third issue is whether the Marketplace properly determined that you were not eligible for Medicaid as of October 19, 2015.

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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 (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 \$88,695.00 is 754.21% of the 2015 FPL, the Marketplace properly found you to be not eligible for Medicaid on an expected annual income basis, using the information provided in your application and confirmed by your testimony.

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

To be eligible for Medicaid on a monthly basis, you would need to meet the nonfinancial criteria and have an income no greater than 138% of the FPL, which is \$1,354.00 per month for a one-person household. Your application states that you were receiving \$420.00 per week in UIB and you testified that you received UIB payments up until December 27, 2015. You testified you were not able to utilize a fax machine or your Marketplace account to send proof of your UIB payments as directed by the Hearing Officer. For the purposes of determining your monthly income for October 2015, we will assume you received four weeks of UIB payments. Therefore, your household's monthly income for October was \$1,680.00 (\$420.00 per week x 4 weeks). Since your monthly income of \$1,680.00 is over the Medicaid limit of \$1,354.00, you were also not eligible for Medicaid on a monthly basis as of the date of your October 19, 2015 application.

Since the October 20, 2015 eligibility determination notice properly stated that, based on the information you provided, you were not eligible for an advance premium tax credit, not eligible for cost-sharing reductions, and not eligible for Medicaid, it is correct and is AFFIRMED.

This decision only applies to your eligibility for the year 2015. At the hearing, you testified that since your UIB ended as of December 27, 2015 your annual household income for 2016 is \$0.00. Therefore, we will RETURN your case to the Marketplace to evaluate your eligibility for financial assistance for the year 2016 based on an expected household income of \$0.00, for a one-person household residing in Broome County. Please note that the Marketplace may require you to submit supporting documentation of your current financial situation.

Decision

The October 20, 2015 eligibility determination notice is AFFIRMED.

Your case is RETURNED to the Marketplace for a redetermination of your eligibility for financial assistance for 2016 based on an expected household income of \$0.00, for a one-person household residing in Broome County. The Marketplace may request additional documentation to confirm your household's financial situation.

Effective Date of this Decision: January 08, 2016

How this Decision Affects Your Eligibility

You were eligible to purchase a qualified health plan at full cost as of October 19, 2015.

You were not eligible for advance premium tax credits, cost-sharing reductions, or Medicaid.

Your eligibility for financial assistance for 2016 will be determined by the Marketplace. Be advised you may be required to provide additional documentation in order for the Marketplace to issue a determination on your 2016 eligibility.

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:
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- By fax: 1-855-900-5557

Summary

The October 20, 2015 eligibility determination notice is AFFIRMED.

You were eligible to purchase a qualified health plan at full cost as of October 19, 2015.

You were not eligible for advance premium tax credits, cost-sharing reductions, or Medicaid.

Your eligibility for financial assistance for 2016 will be determined by the Marketplace. Be advised you may be required to provide additional documentation in order for the Marketplace to issue a determination on your 2016 eligibility.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

