



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

Notice of Decision

Decision Date: December 12, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000517

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On October 15, 2014, you appeared by telephone at a hearing on your appeal of the NY State of Health Marketplace's December 24, 2013 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 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 the NY State of Health are:

Did the Marketplace properly determine that [REDACTED] is eligible for \$121.00 per month of advance premium tax credit, as of December 24, 2013?

Did the Marketplace properly determine that [REDACTED] is not eligible for cost-sharing reductions, as of December 24, 2013?

Procedural History

The Marketplace received your application for health insurance on December 21, 2013.

On December 24, 2013, the Marketplace issued an eligibility determination based on your December 21, 2014 application. It found you eligible to enroll in a qualified health plan, eligible to receive up to \$121.00 per month of advance premium tax credit and, if you selected a silver-level plan, eligible for cost-sharing reductions. This determination was based, in part, on your expected annual household income of \$30,000.00.

On March 28, 2014, you contacted the Marketplace's Customer Service Unit and appealed that determination insofar as it set your advance premium tax credit at \$121.00 per month and denied you cost-sharing reductions.

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 Marketplace sent you a Notice of Telephone Hearing on April 8, 2014 for a scheduled telephone hearing on April 24, 2014 at 1:00 pm. On April 24, 2014, a Hearing Officer from the Marketplace's Appeals Unit called you at the designated time for your hearing. However, the Hearing Officer could not reach you by telephone for your scheduled hearing. Accordingly, on June 20, 2014, the Appeals Unit sent you a notice dismissing your appeal.

On July 17, 2014, the Marketplace received your letter requesting that the Appeals Unit vacate the dismissal. This request was accepted by the Appeals Unit. The Marketplace sent you a new Notice of Telephone Hearing on September 29, 2014 for a scheduled telephone hearing on October 15, 2014 at 10:30 am.

On October 15, 2014, 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 supports the following findings of fact:

- 1) You live alone and have no children.
- 2) You expect to file a U.S. Income Tax return for 2014, file as "single" and claim no dependents.
- 3) You are seeking health insurance only for yourself through the Marketplace.
- 4) You reside in Ulster County, New York.
- 5) You testified that your only expected income during 2014 is \$30,000.00 in pension benefits, which is based on your monthly payments of \$2,500.00.
- 6) You further testified that even after applying the maximum APTC of \$121.00 per month, purchasing coverage for even a bronze-level plan through the Marketplace is unaffordable.

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 maximum amount of APTC that can be approved equals:

- 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

- the taxpayer's expected contribution amount

(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 towards the cost of health insurance premiums is set by Federal regulation at 2% to 9.5% of income, depending on household's income (26 USC § 36B(b)(3)(A)).

For household income in the range of at least 250% of the relevant Federal Poverty Level (FPL) but less than 300% FPL, the expected contribution is from 8.05% to 9.50% of the household income (26 CFR § 1.36B-3(g)(2)).

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 2013 FPL, which is \$11,490.00 for a one-person household (78 Fed. Reg. 5182, 5183).

Cost-Sharing Reductions

CSRs are available to a person who (1) is eligible to enroll in a qualified health plan (QHP) through the Marketplace, (2) meets the requirements to receive advanced premium tax credits, (3) is expected to have an annual household income that does not exceed 250 percent of the FPL for the plan year coverage is requested and (4) is enrolled in a silver-level QHP (45 CFR § 155.305(g)(1)).

Legal Analysis

The only matters at issue are whether (1) you were eligible for greater APTC than the \$121.00 per month already approved, and (2) you were ineligible to receive cost-sharing reductions.

Since you live on your own and have no tax dependents, you are in a one-person household for purposes of this decision.

You reside in Ulster County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$330.41 per month.

Your expected income for 2014 is \$30,000.00, which equals 261.10% of the 2013 FPL for a one-person household. At 261.10% of the FPL, your expected contribution to the cost of the health insurance premium is 8.37% of income, or \$209.25 per month.

The maximum amount of advance premium tax credit that can be awarded equals the cost of the second lowest cost silver plan in your county (\$330.41 per month) minus your expected contribution (\$209.25 per month), which equals \$121.16 per month.

Therefore, the Marketplace correctly computed your advance premium tax credit, to the nearest dollar, to be \$121.00 per month.

Cost-sharing reductions are available to a person who has an annual household income no greater than 250% of the federal poverty. Since your annual household income is 261.10% of the 2013 federal poverty level, you were correctly found ineligible for cost-sharing reductions.

Decision

The December 24, 2013 eligibility determination is AFFIRMED.

Effective Date of this Decision: December 12, 2014

How this Decision Affects Your Eligibility

You eligibility has not changed.

You are eligible for a maximum advance premium tax credit of \$121.00 per month.

You are not eligible for cost-sharing reductions.

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.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of the Decision (45 CFR § 155.520(c)).

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of the Decision.

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 for assistance.

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 December 24, 2013 eligibility determination is **AFFIRMED**.

Your eligibility has not changed.

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 are eligible for a maximum advance premium tax credit of \$121.00 per month.

You are not eligible for cost-sharing reductions.

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:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]