



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

Notice of Decision

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000556

Decision Date: July 3, 2014

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 7, 2014, you appeared at a hearing on your appeal of NY State of Health Marketplace's March 28, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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[REDACTED]
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Issue

The Issue presented for review by the Appeals Unit of the NY State of Health is:

Did the Marketplace correctly determine that, as of March 28, 2014, the appellant was eligible for an advance premium tax credit (APTC) of up to \$209.00 per month?

Procedural History

The Marketplace received appellant's application on March 27, 2014.

On March 28, 2014, the Marketplace issued an eligibility determination notice on the appellant's application. It said that the appellant was eligible to enroll in a qualified health plan (QHP) through the Marketplace. It also stated that, based on a household income of \$26,400.00, appellant was eligible for APTC of up to \$209.00 per month and eligible for cost sharing reductions (CSR).

On April 2, 2014, the appellant called the Marketplace's Customer Service Unit and entered an appeal request.

On May 7, 2014, the appellant had a telephone hearing with a Hearing Officer from the Marketplace Appeals Unit and provided sworn testimony. The record was developed and it was closed at the end of the hearing.

Findings of Fact

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

- 1) The appellant is the only member of his household, and lives in Kings County.
- 2) The appellant will be filing a U.S. Income Tax return for the 2014 tax year.
- 3) The appellant expects his filing status to be Single for the 2014 tax year.
- 4) As of March 27, 2014, the appellant's Marketplace application indicated that his expected yearly income for 2014 would be \$26,400.00.
- 5) At the hearing, the appellant testified that the income provided to the Marketplace was based on his 2013 income tax return. The appellant testified that as of the date of the hearing the \$26,400.00 is what he will be making for 2014 if his work schedule does not decrease.
- 6) At the hearing, the appellant testified that he pays all of his own bills and that his current income is not enough to pay for the health insurance premium even with APTC.
- 7) At the hearing, the appellant testified that he selected PlatinumPlus-P2 plan and has already paid the first month's premium. Appellant is aware that with a Platinum plan he is not eligible to use Cost Sharing Reductions.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

A person may qualify for APTC if his household income is between 138% and 400% of the Federal Poverty Level (FPL) (45 CFR § 155.305(f)). The FPL for a household of one is \$11,490, so a person in that household may qualify for APTC if the household income is between \$15,857 (138% FPL) and \$45,960 (400% FPL).

The amount of the APTC equals:

1. the cost of the insurance premiums for the second lowest cost silver plan offered through the NY State of Health in the county where you reside

minus

2. your expected contribution amount (see IRC § 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. For household income in the range of at least 200% of the 2013 federal poverty level (FPL) but less than 250% of the 2013 FPL, the expected contribution is from 6.3% to 8.05% of the household income (26 CFR § 1.36B-3(g)(2)).

Legal Analysis

The eligibility determination made on March 28, 2014, was based on an expected income of \$26,400.00. At this income level, your household meets the income qualification for APTC.

You reside in Kings County, where the second lowest cost silver plan available through the Marketplace for an individual costs \$358.40 per month.

Your expected income for 2014 is \$26,400 which is 229.77% of the 2013 FPL for a one-person household. At 229.77% of the FPL, the expected contribution to the cost of the health insurance premium is 7.34% of the household income, or \$161.48 per month.

The maximum APTC that can be authorized equals the cost of the second lowest cost silver plan (\$358.40 per month) minus your expected contribution (\$161.48 per month), or \$209.05 per month. Therefore the Marketplace correctly computed your APTC to be \$209.00 per month.

Decision

The March 28, 2014 eligibility determination is **AFFIRMED**.

Effective Date of this Decision: July 3, 2014

How this Decision Affects Your Eligibility

The March 28, 2014 eligibility determination remains in effect.

Since March 28, 2014, you have been eligible for an advance premium tax credit (APTC) of up to \$209.00 per month.

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 Decision Date, which is stated on the first page of this Decision (45 CFR § 155.520 (c))

AND/OR

Bring a lawsuit in New York State Supreme Court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the Decision Date, which is stated on the first page of this 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
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Summary

The March 28, 2014 eligibility determination is AFFIRMED.

Since March 28, 2014, you have been eligible for an advance premium tax credit (APTC) of up to \$209.00 per month

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]