



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

Notice of Decision

Decision Date: July 3, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000568

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 15, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 7, 2014, eligibility determination.

The attached 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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Appeal Identification Number: AP000000000568

[REDACTED]
[REDACTED]
[REDACTED]

Issue

The issues presented for review by the Appeals Unit of the NY State of Health are:

Did the Marketplace properly determine that as of April 7, 2014 [REDACTED] was eligible for an advance premium tax credit (APTC) in the amount of \$296.00?

Did the Marketplace properly determine that [REDACTED] was eligible for Cost Sharing Reductions (CSR) as long as he was enrolled in a silver-level qualified health plan (QHP)?

Procedural History

On April 7, 2014, [REDACTED], the Appellant, filed an application for health insurance through the Marketplace for himself only.

On April 7, 2014, the Marketplace issued a preliminary determination.

On April 8, 2014, the Appellant appealed the Marketplace's April 7, 2014, preliminary determination.

On May 15, 2014, the Appellant had a telephone hearing. Testimony was taken at the hearing. The record was developed during the hearing and held open until May 27, 2014, for the purpose of providing the Appellant an opportunity to submit additional income documentation.

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No additional income documentation was received from the Appellant by May 27, 2014. The record is now complete and closed.

Findings of Fact

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

1. The Appellant, [REDACTED], applied for health insurance through the NY State of Health Marketplace on April 7, 2014, for himself only.
2. The Appellant plans to file a 2014 federal income tax return.
3. The Appellant plans to file with the tax status single and claim no dependents on his 2014 federal income taxes.
4. The Appellant testified that as of April 7, 2014, his expected gross income for 2014 was \$19,019.00.
5. The Appellant testified that since May 14, 2014, he has been unemployed and earning \$0.00.
6. According to the Marketplace application, the Appellant resides in Kings County, New York.

Conflicting evidence, if any, was considered and rejected in favor of the evidence noted above.

Applicable Law and Regulations

An advance premium tax credit (APTC) is available to a tax filer whose household income is not expected to be more than 400% of the Federal Poverty Level (FPL) for the benefit year in which coverage is requested (45 CFR § 155.305(f)(1)(i)).

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 the NY State of Health in the geographic area where the taxpayer resides

minus

2) the taxpayer's expected contribution amount (IRC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the family is expected to spend on health insurance premiums. A family's expected contribution towards the cost of health insurance premiums is set by Federal regulation at 2% to 9.5% of income, depending on the household's income. For household income in the range of at least 150 % of the 2013 federal poverty level (FPL) but less than 200% of the 2013 FPL, the expected contribution is from 4.00% to 6.30% of the household income (26 CFR § 1.36B-3(g)).

Cost-sharing reductions (CSR) are available only to a person who (1) is eligible to enroll in a QHP through the Marketplace, (2) meets the requirements to receive advanced premium tax credits, (3) is expected to have a 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)).

Cost sharing reductions are available to a person who has a household income no greater than \$28,725.00, which is 250% of the 2013 FPL.

Legal Analysis

The only matters at issue are whether the Marketplace properly determined that the maximum amount of your advance premium tax credit (APTC) was \$296.00 per month and properly determined that you were eligible for cost sharing reductions (CSR).

According to the record you are the only person in your household.

You reside in Kings County, where the second lowest cost silver plan available through the Marketplace for an individual costs \$370.53 per month.

On April 7, 2014, your expected income for 2014 was \$19,019.00, which is 165.53% of the 2013 FPL for a one-person household. At 165.53% of the FPL, the expected contribution to the cost of the health insurance premium is 4.71% of household income, or \$74.71 per month.

The maximum amount of APTC that can be awarded equals the cost of the second lowest cost silver plan in your county (\$370.53 per month) minus your expected contribution (\$74.71 per month), which equals \$295.82 per month.

Therefore the Marketplace correctly computed your APTC to be \$296.00 per month.

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the 2013 FPL. Since your household income is 165.53% of the FPL, you are eligible for cost sharing reductions as long as you are enrolled in a silver-level qualified health plan through the Marketplace.

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Although the preliminary determination was correct as of April 7, 2014, you testified on May 15, 2014 that you were then unemployed. This raises a question as to whether your entitlement to benefits has changed since April 7, 2014. That question cannot be reached in this Decision. However, the case will be returned to the Marketplace so that a new eligibility determination can be made as of May 15, 2014.

Decision

The April 7, 2014, preliminary determination is AFFIRMED.

Effective Date of this Decision: May 15, 2014

How this Decision Affects Eligibility

The Appellant is eligible to receive APTC in the amount of \$296.00.

The Appellant is eligible to receive Cost Sharing Reductions as long as the Appellant is enrolled in a silver-level QHP.

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 this 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 this decision.

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).

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 Marketplace's April 7, 2014, eligibility determination is AFFIRMED.

As of April 7, 2014, the Appellant is eligible to receive up to \$296.00 per month in advance premium tax credit if he is enrolled in an insurance plan through the Marketplace.

As of April 7, 2014, the Appellant is eligible for cost sharing reductions as long as he is enrolled in a silver-level qualified health plan.

The case is returned to the Marketplace to redetermine eligibility as of May 15, 2014, the date on which the Appellant testified that he was unemployed.

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]