



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: AP000000000574

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

Dear [REDACTED],

On May 19, 2014, you appeared at a hearing on your appeal of NY State of Health Marketplace's April 6, 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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## Decision

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

## Issue

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

Did the Marketplace properly determine that as of April 6, 2014 appellant was eligible for advance premium tax credit (APTC) of up to \$271.00 per month?

## Procedural History

The Marketplace received appellant's application for health insurance on April 5, 2014.

On April 6, 2014, the Marketplace issued a notice of eligibility determination notice stating that the appellant was eligible to enroll in a qualified health plan (QHP) and, at an attested household income of \$20,800.00, entitled to up to \$271.00 per month in APTC and entitled to cost sharing reductions (CSR).

On April 12, 2014, the appellant spoke to the Marketplace Customer Service unit and appealed her determination.

On May 19, 2014, the appellant had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. 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:

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- 1) The appellant resides by herself.
- 2) The appellant testified that she receives \$400 before taxes, every week. This equals a gross yearly income of \$20,800.00. She receives no other forms of income.
- 3) The appellant's April 5, 2014 Marketplace application indicates that her expected yearling income for 2014 will also be \$20,800.00.
- 4) The appellant has a tax filing status of single.
- 5) The appellant currently resides in Bronx County.

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

## **Applicable Law and Regulations**

The maximum amount of the advance premium tax credit (APTC) that can be approved equals

1. the cost of a health insurance premium for the second lowest cost silver plan offered through NY State of Health in your county

minus

2. your expected contribution, which is the amount the family is expected to spend on premiums taking into account the family's household income as it bears to the Federal poverty line (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 150% of the 2013 federal poverty level (FPL) but less than 200% of the 2013 FPL, the expected contribution is from 4.0% to 6.3% of the household income (26 CFR § 1.36B-3(g)(2)).

The 2013 FPL for a one-person household is \$11,490.

## **Legal Analysis**

The only matter at issue is whether the Marketplace properly determined that the maximum amount of the appellant's APTC was \$271.00 per month.

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

You reside in Bronx County, where the second lowest cost silver plan available through the Marketplace for an individual costs \$365.28 per month.

Your expected income for 2014 is \$20,800.00, which is 181.03% of the FPL for a one-person household. At 181.03% of the FPL, the expected contribution to the cost of the health insurance premium is 5.43% of income, or \$94.12 per month.

The maximum amount of APTC that can be awarded equals the cost of the second lowest cost silver plan in your county (\$365.28 per month) minus your expected contribution (\$94.12 per month), which equals \$271.16 per month.

Therefore the Marketplace correctly computed your APTC to be \$271.00 per month.

## **Decision**

The April 6, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** July 3, 2014

## **How this Decision Affects Your Eligibility**

You are eligible to receive advance premium tax credits (APTC) at \$271.00 per month, and you are eligible for cost-sharing reductions if you are enrolled in a silver level health insurance plan through the Marketplace.

## **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)).

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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 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. For example, you may contact your 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 April 6, 2014 eligibility determination is AFFIRMED.

You are eligible to receive advance premium tax credits (APTC) at \$271.00 per month, and you are eligible for cost-sharing reductions if you are enrolled in a silver level health insurance plan through the Marketplace.

### **Legal Authority**

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

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**A Copy of this Decision Has Been Provided To:**

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