



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: AP000000000580

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

Dear [REDACTED],

On May 21, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 31, 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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### Decision

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[REDACTED]  
[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 [REDACTED] was eligible for an advance premium tax credit (APTC) in the amount of \$156.00 as of March 31, 2014?

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 March 30, 2014, the Appellant filed an application for health insurance through the Marketplace.

On March 31, 2014, the Marketplace issued an eligibility determination notice stating that, based on household income of \$27,421.90, the Appellant was eligible to for an advance premium tax credit of up \$156.00 per month and eligible for cost-sharing reductions.

On April 15, 2014, the Appellant appealed the March 31, 2014, eligibility determination.

On May 21, 2014, the Appellant appeared for a telephone hearing. Testimony was taken at the hearing. The record is now complete and closed.

## Findings of Fact

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

1. The Appellant applied for health insurance through the NY State of Health Marketplace on March 30, 2014.
2. The Appellant plans to file a 2014 federal income tax return.
3. The Appellant plans to file with the tax status of single and claim no dependents on his 2014 federal income tax return.
4. The Appellant had 2013 income of \$27,421.90 and expects his 2014 income to be the same.
5. The Appellant resides in Orange County, New York.

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

## Applicable Law and Regulations

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 (26 CFR § 1.36B-3(g)).

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 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)).

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## **Legal Analysis**

The matters at issue are whether the Marketplace properly determined that the maximum amount of your advance premium tax credit (APTC) is \$156.00 per month and properly determined that you are eligible for cost sharing reductions (CSR).

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

You reside in Orange County, where the second lowest cost silver plan available through the Marketplace costs \$330.41 per month.

Your expected income for 2014 is \$27,421.90, which is 238.66% of the 2013 FPL for a one-person household. At 238.66% of the FPL, the expected contribution to the cost of the health insurance premium is 7.65% of your household income, or \$174.81 per month.

The maximum amount of APTC 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 (\$174.81 per month), which equals \$155.60 per month.

Therefore the Marketplace correctly computed your APTC to be \$156.00 per month.

## **Decision**

The March 31, 2014 eligibility determination is AFFIRMED

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

## **How this Decision Affects Eligibility**

The Appellant is eligible to receive up to \$156.00 monthly in advance premium tax credit for health insurance purchased through the Marketplace.

The Appellant is eligible to for cost sharing reductions as long as he is enrolled in a silver-level qualified health 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:

- Submit 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 New York 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. 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:  
NY State of Health Appeals  
P.O. Box 11729  
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## **Summary**

The Marketplace's March 31, 2014 eligibility determination is AFFIRMED.

The Appellant was eligible to receive an advance premium tax credit of up to \$156.00 per month as of March 31, 2014.

The Appellant was eligible to receive CSR as long as he is enrolled in a silver-level qualified health plan through the Marketplace.

## **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]