



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: AP000000000582

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On May 28, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 29, 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 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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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000582

[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 [REDACTED] was eligible for \$48.00 monthly of Advance Premium Tax Credit (APTC) as of March 29, 2014?

## Procedural History

The Marketplace received your application on January 16, 2014.

On January 25, 2014, the Marketplace issued an eligibility determination in your case. It said that you were eligible for up to \$21.00 monthly in APTC based upon your stated household income of \$38,000.00.

On March 29, 2014, you revised your expected income for the 2014 tax year from \$38,000.00 to \$36,000.00.

That same day, the Marketplace issued a preliminary eligibility determination in your case. It said that you were eligible to receive up to \$48.00 monthly in APTC based on your stated household income of \$36,000.00.

On April 15, 2014, you called the Marketplace's Customer Service unit and appealed that determination.

The Marketplace sent you a Notice of Telephone Hearing on May 7, 2014 for a scheduled telephone hearing on May 28, 2014.

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).

On May 28, 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) Appellant is married, resides with her husband, and plans to file her 2014 U.S. income tax return jointly with him (NYSOH Exhibit A, pg. 12; Appellant Testimony 5/28/14).
- 2) Appellant testified that she and her husband expect to earn a total of \$36,000.00 during the 2014 tax year, which consists of (i) \$13,000.00 in Appellant's earnings from part-time employment with [REDACTED] and (ii) \$23,000.00 in income received from the her husband's Social Security benefits and [REDACTED] pension benefits (NYSOH Exhibit A, pgs. 11-12; Appellant Testimony 5/28/14).
- 3) According to the Marketplace application, the Appellant resides in Monroe County.
- 4) According to the Marketplace application, the Appellant is seeking health insurance through the Marketplace, but her husband is not.

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 the household income is between 138% and 400% of the federal poverty level (FPL) (45 CFR § 155.305(f)). The 2013 FPL for a household of two is \$15,510.00, so a person in that household may qualify for APTC if the household income is between \$21,403.80 (138% FPL) and \$62,040.00 (400% FPL).

The amount of APTC awarded 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*

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- the taxpayer's expected contribution (IRC § 36B; IRC § 1.36B-3).

The taxpayer's expected contribution 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 a household with income in the range of at least 200% of FPL but less than 250% of FPL, the expected contribution is from 6.30% to 8.05% of the household income (IRC § 6B(b)(3)(A)).

## **Legal Analysis**

The only matter at issue is the amount of advance premium tax credit (APTC) that was approved by the Marketplace.

According to the record there are two people in your household, you and your husband.

You reside in Monroe County, where the second lowest cost silver plan available through the Marketplace for an individual costs \$270.68 per month.

Your expected income for 2014 is \$36,000.00, which is 232.11% of the 2013 FPL for a two-person household. At 232.11 % of the FPL, the expected contribution to the cost of the health insurance premium is 7.42% of income, or \$222.60 per month.

The maximum amount of APTC that can be awarded equals the cost of the second lowest cost silver plan in your county (\$270.68 per month) minus your expected contribution (\$222.60 per month), which equals \$48.08 per month.

Therefore the Marketplace correctly computed your APTC to be \$48.00 per month.

## **Decision**

The March 29, 2014 eligibility determination is **AFFIRMED**.

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

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

You continue to be eligible to enroll in a qualified health plan (QHP), to receive \$48.00 monthly of advance premium tax credit (APTC), and to receive cost-sharing reductions (CSR) provided 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 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  
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Albany, NY 12211

- By fax: 1-855-900-5557

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## **Summary**

The March 29, 2014 eligibility determination is AFFIRMED.

You continue to be eligible to enroll in a qualified health plan (QHP), to receive \$48.00 monthly of advance premium tax credit (APTC), and to receive cost-sharing reductions (CSR) provided 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).

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

[REDACTED]  
[REDACTED]  
[REDACTED]