



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: AP000000000597

Decision Date: July 28, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On May 22, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 30, 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: 1-877-622-4886).

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## Decision

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000597

Decision Date: July 28, 2014

[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 Cost Sharing Reductions (CSR) as of March 30, 2014?

## Procedural History

The Marketplace received your household's application for health insurance on March 29, 2014.

On March 30, 2014, the Marketplace issued an eligibility determination for [REDACTED], your eldest daughter. It said that you were eligible for up to \$0 in advance premium tax credit (APTC) a month to offset the cost of her health insurance premiums. The notice also stated that [REDACTED] is eligible to receive cost-sharing reductions if she enrolls in a silver-level plan.

On April 22, 2014, you spoke to the Marketplace's Customer Service Unit and appealed that determination.

On May 22, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, you stated that your household was now satisfied with your daughter's March 30, 2014 eligibility determination.

## **Findings of Fact**

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

- 1) According to the Marketplace application, the appellant plans on filing her taxes as married filing jointly.
- 2) According to appellant's application, the household consists of the appellant, her spouse, her two daughters, and one grandchild.
- 3) According to appellant's application, the appellant's household income is \$62,746.00.
- 4) According to appellant's application, appellant and her household reside in Monroe County.

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

## **Applicable Law and Regulations**

The advance premium tax credit (APTC) is available to a taxpayer for a household member who is eligible to enroll in a Qualified Health Plan (QHP) and

- 1) expects to have a household income between 138% and 400% of the Federal Poverty Line (FPL),
- 2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and
- 3) is not otherwise eligible for minimum essential coverage except through the individual market

(45 CFR § 155.305(f)).

NY State of Health uses Internal Revenue Service rules to determine who is in a taxpayer's family for purposes of calculating APTC. Generally, a taxpayer's family includes the people for whom the taxpayer claims a tax deduction. A

taxpayer may claim a deduction for himself or herself, his or her spouse, and his or her tax dependents (26 CFR § 1.36B-1).

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 county where the taxpayer resides

minus

2) the taxpayer's 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)).

The 2013 FPL for a five-person household is \$27,570.

The APTC amount cannot be more than the cost of the premiums for the Qualified Health Plan that the taxpayer and the taxpayer's family members obtain through the Marketplace (IRC § 36B, 26 CFR § 1.36B-3).

## Legal Analysis

The only matter currently at issue is the amount of the advance premium tax credit that can be authorized to help cover the cost of [REDACTED] health insurance premiums.

According to the record there are five people in your household: you, your spouse, your two daughters, and one grandchild.

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

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Your expected income for 2014 is \$62,746.00, which is 227.59% of the 2013 FPL for a five-person household. At 227.59% of the FPL, the expected contribution to the cost of the health insurance premium is 7.3% of income, or \$381.70 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 (\$381.70 per month).

Since your expected contribution is higher than the cost of the second lowest cost silver plan, the amount of APTC that can be approved by the Marketplace must be \$0.00, and the preliminary eligibility determination is correct.

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 227.59% of the 2013 FPL, [REDACTED] is eligible for cost sharing reductions while she is enrolled in a silver-level qualified health plan through the Marketplace.

Since the credible evidence in the record shows the March 30, 2014 to be correct, it is AFFIRMED.

## **Decision**

The March 30, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** July 28, 2014

## **How this Decision Affects Eligibility**

The March 30, 2014 eligibility determination remains in effect.

You are eligible for an advance premium tax credit of \$0.00 per month for [REDACTED] health insurance premiums.

[REDACTED] is eligible for cost sharing reductions while she is enrolled in a silver-level qualified health plan through the Marketplace.

## **If You Disagree with this Decision (Appeal Rights)**

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: 1-877-622-4886).

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  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The March 30, 2014 eligibility determination is **AFFIRMED**.

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██████████ is eligible for an advance premium tax credit of \$0.00 per month for ██████████ health insurance premiums.

██████████ is eligible for cost sharing reductions while she 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]

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