



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: AP000000000608

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

Dear [REDACTED],

On May 30, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 6, 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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[REDACTED]
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Issue

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

Did the Marketplace properly determine that [REDACTED] is eligible for up to \$299.00 per month in advance premium tax credit (APTC) as of April 6, 2014?

Procedural History

The Marketplace received your application on February 27, 2014.

On April 5, 2014, you uploaded to the Marketplace portal a letter from the Social Security Administration confirming your monthly Social Security benefits.

On April 6, 2014, the Marketplace issued you an eligibility determination stating that you were eligible for an advance premium tax credit of up to \$299.00 and cost-sharing reductions if you were enrolled in a silver level health insurance plan through the Marketplace.

On April 28, 2014, you called the Marketplace's Customer Service unit and appealed the determination.

On May 30, 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 widowed (NYSOH Exhibit A, pg. 1).
- 2) Appellant has two children who do not reside with the Appellant and who are not seeking health insurance coverage through the Appellant's Marketplace account (Appellant's Testimony 5/30/14).
- 3) Appellant expects to file a U.S. Income Tax return for the 2014 tax year, to file as "single," and to claim no dependents (NYSOH Exhibit A, pg. 1).
- 4) Appellant expects her sole source of income during 2014 to be \$1,559.00 per month of Social Security benefits, or \$18,708.00 per year (NYSOH Exhibit A, pg. 1; Appellant's Testimony 5/30/14).
- 5) According to her Marketplace application, the Appellant resides in Kings 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 APTC that can be approved 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

- the taxpayer's expected contribution amount (IRC § 36B; IRC § 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 4.00% to 6.3% of the household income (26 CFR § 1.36B-3(g)(2)).

Legal Analysis

The only matter at issue is whether the Marketplace properly determined that the maximum amount of the Appellant's advance premium tax credit (APTC) was \$299.00 per month.

According to the record you are the only person in your household and plan to file as "single" on your income tax return for 2014.

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

Your expected income for 2014 is \$18,708, which is 162.82% of the 2013 FPL for a one-person household. At 162.82% of the FPL, the expected contribution to the cost of the health insurance premium is 4.59% of income, or \$71.56 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 (\$71.56 per month), which equals \$298.97 per month.

Therefore, the Marketplace correctly computed your APTC to be \$299.00 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 continue to be eligible to receive up to \$299.00 monthly of advance premium tax credit (APTC) and, provided you remain enrolled in a silver-level qualified health plan through the Marketplace, cost-sharing reductions (CSR).

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 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 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 6, 2014 eligibility determination is AFFIRMED.

You continue to be eligible to receive up to \$299.00 monthly of advance premium tax credit (APTC) and, provided you remain enrolled in a silver-level qualified health plan through the Marketplace, cost-sharing reductions (CSR).

Legal Authority

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

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).

A Copy of this Decision Has Been Provided To:

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