



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

NY State of Health Numbers: [REDACTED]
[REDACTED]

Appeal Identification Number: AP000000000615

Decision Date: August 22, 2014

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 9, 2014, you appeared at a hearing on your appeal of NY State of Health Marketplace's April 20, 2014 eligibility redetermination.

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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Appeal Identification Number: AP000000000615

Decision Date: August 22, 2014

[REDACTED]
[REDACTED]
[REDACTED]

Issue

The Issue presented for review by the Appeals Unit of the NY State of Heath is:

Did the Marketplace properly determine that, as of April 29, 2014, you were eligible for an advance premium tax credit (APTC) of up to \$71.00 per month?

Procedural History

You and your spouse created multiple accounts in the Marketplace.

In account [REDACTED], you are the account holder, and your spouse is listed as a member of your household. In account [REDACTED], your spouse is the account holder, and you are listed as a member of her household.

The decisions that have been appealed are in your account [REDACTED].

On April 29, 2014, the Marketplace prepared a preliminary redetermination in [REDACTED]. It said that, with your attested household income of \$40,560.00, you were eligible to enroll in a qualified health plan (QHP) and entitled to up to \$71.00 per month in APTC. This same information appears in the notice of eligibility determination issued on April 30, 2014.

On April 29, 2014, your spouse spoke to the Marketplace Customer Service unit and appealed this determination. Although your objection was to the determination made in [REDACTED], Customer Service filed an appeal in [REDACTED], where your spouse is the account holder.

The Marketplace sent a hearing notice to your spouse and told her that a hearing would be held in [REDACTED].

On June 9, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. During the hearing, you waived notice for a hearing in [REDACTED] and appointed your spouse to act as your authorized representative.

The hearing proceeded, with your spouse acting as your authorized representative. 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:

- 1) There are two people in your household, you and your spouse.
- 2) You are the only person seeking insurance because your spouse, who is pregnant, receives Medicaid.
- 3) Your spouse testified that in 2014 you expect your household income to be \$40,560.00. This is the same amount that appears on your application in [REDACTED].
- 4) Your spouse testified that your household has a lot of expenses, but that none of them are related to deductions or exemptions that you can take on your federal tax return.
- 5) You plan to file a 2014 federal tax return with a tax filing status of married filing jointly.
- 6) You reside in Oneida County.

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

Applicable Law and Regulations

An advance premium tax credit (APTC) is available to a person 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)).

The maximum amount of APTC that can be authorized 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 (26 USC § 36B, 26 CFR § 1.36B-3).

Cost-sharing reductions (CSR) are available only 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)).

Legal Analysis

For purposes of determining APTC eligibility, you are in a two-person household. The FPL for a household of two is \$15,510.

You reside in Oneida County, where the second lowest cost silver plan available through the Marketplace for an individual costs \$354.26 per month.

Your expected income for 2014 is \$40,560.00, which is 261.51% of the 2013 FPL for a two-person household. At 265.51% of the FPL, the expected contribution to the cost of the health insurance premium is 8.38% of income, or \$283.24 per month.

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The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan in your county (\$354.26 per month) minus your expected contribution (\$283.24 per month), which equals \$71.02 per month. Therefore, computing to the nearest dollar, the Marketplace correctly determined your APTC to be \$71.00 per month.

Cost sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since your household income is 265.51% of the FPL for purposes for APTC and cost-sharing reductions, you are not eligible for cost sharing reductions.

Decision

The Marketplace's eligibility determination made on April 30, 2014 is **AFFIRMED**.

Since the appellant and his wife currently have two accounts in the Marketplace, copies of this decision will be filed in both accounts for reference purposes.

Effective Date of this Decision: August 22, 2014

How this Decision Affects Your Eligibility

The April 30, 2014 eligibility determination is correct, so it remains in effect.

You are eligible for advance premium tax credits (APTC) of up to \$71.00 per month, and the April 30, 2014 eligibility determination remains in effect.

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))

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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 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 Marketplace's eligibility determination made on April 30, 2014, is **AFFIRMED**.

The April 30, 2014 eligibility determination is correct, so it remains in effect.

You are eligible for advance premium tax credits (APTC) of up to \$71.00 per month.

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]

[REDACTED]

[REDACTED]