



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

## Notice of Decision

Decision Date: September 5, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000697

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On June 19, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 8, 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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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000697

[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 as of May 8, 2014 you were eligible for an advance premium tax credit of up to \$247.00 per month and, if enrolled in a silver-level qualified health plan, for cost-sharing reductions?

### Procedural History

The Marketplace initially received your application on December 22, 2013 and issued a preliminary eligibility determination in your case that you were eligible to enroll in a qualified health plan (QHP) and receive up to \$251.00 per month of advance premium tax credit (APTC), which is a tax credit to help pay for the cost of your health insurance. You were also found eligible for cost-sharing reductions (CSR). A notice was issued on December 25, 2013 reflecting these findings.

On April 25, 2014; May 1, 2014; and May 8, 2014; the Marketplace eligibility determination notices stated that you were eligible for up to \$247.00 of APTC and eligible for CSR while enrolled in a silver-level plan.

On June 2, 2014, you spoke with the Marketplace Customer Service and appealed the amount of APTC that had been authorized, most recently in the May 8, 2014 notice.

On June 19, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. At the hearing, you stated that you were only appealing the eligibility determination for yourself, [REDACTED]. The record was developed and it was closed at the end of the hearing.

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## Findings of Fact

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

- 1) You are single and have two children.
- 2) Only you and your daughter [REDACTED] need health insurance through the Marketplace.
- 3) You claim your two children as dependents on your tax return.
- 4) Your expected annual household income for the 2014 taxable year is \$31,512.
- 5) You have other bills in addition to health insurance premiums including oil, electric, food, and medical school fees.
- 6) You live in Nassau 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 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 Level (FPL);
- 2) expects to file a tax return and claim a personal exemption deduction for a person who is eligible to enroll in a QHP; and
- 3) is eligible for minimum essential health insurance coverage only through the individual Marketplace

(see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4), N.Y. Soc. Serv. Law § 366(4)(c)).

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 26 USC § 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 is set by Federal law at 2% to 9.5% of household income (26 USC § 36B(b)(3)(A)).

For household income that is at least 150% but less than 200% of the 2013 federal poverty level (FPL), the expected contribution is from 4.0% to 6.3% of the household income (see 26 CFR § 1.36B-3(g)(2), 45 CFR § 155.300(a)).

For a three-person household, the 2013 FPL is \$19,530.00 (78 Fed Reg 5182, 5183 (2013)).

Cost sharing reductions (CSR) are available to a person who is eligible to enroll in a qualified health plan (QHP) and:

- 1) is eligible for an advanced premium tax credit (APTC),
- 2) has a household income less than 250% of the FPL, and
- 3) enrolls in a silver level health plan

(45 CFR § 155.305(g)).

## **Legal Analysis**

The matters at issue are whether the Marketplace properly determined that the maximum amount of your APTC was \$247.00 per month and properly determined that you were eligible for CSR.

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

You reside in Nassau County, where the second lowest cost silver plan available through the Marketplace costs \$365.28 per month.

Your expected income for 2014 is \$31,512.00, which is 161.35% of the 2013 FPL for a three-person household. At 161.35% of the FPL, the expected contribution

to the cost of the health insurance premium is 4.52%, which equals \$118.70 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan in your county (\$365.28 per month) minus your expected contribution (\$118.70 per month), which equals \$246.58 per month.

Therefore, computing to the nearest dollar, the Marketplace correctly determined your APTC to be \$247.00 per month.

CSR is available to a person who has a household income no greater than 250% of the FPL. Since your household income is 161.35% of the FPL, you are eligible for CSR while you are enrolled in a silver-level qualified health plan through the Marketplace.

Since the May 8, 2014 determination correctly stated that the amount of advance premium tax credit that can be authorized is \$247.00 and correctly stated that you are eligible for cost-sharing reductions, it is AFFIRMED.

## **Decision**

The May 8, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** September 5, 2014

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

You are eligible for up to \$247.00 per month in advance premium tax credit and, while you are enrolled in silver-level plan through the Marketplace, eligible for cost-sharing reductions.

## **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:

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).

- 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 May 8, 2014 eligibility determination is **AFFIRMED**.

You are eligible for up to \$247.00 per month in advance premium tax credit and, while you are enrolled in silver-level plan through the Marketplace, eligible for cost-sharing reductions.

### **Legal Authority**

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

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

[REDACTED]  
[REDACTED]  
[REDACTED]