



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

Notice of Decision

Decision Date: October 14, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000774

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

Dear [REDACTED]

On September 8, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 1, 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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[REDACTED]
[REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly determine that [REDACTED] is eligible for \$50.00 per month in advance premium tax credit as of August 1, 2014?

Procedural History

The Marketplace received your initial application for health insurance on April 4, 2014. That application was modified several times between April and July.

On July 31, 2014, the Marketplace issued a preliminary redetermination in your case. It said that you were eligible for \$50.00 per month in advance premium tax credit (APTC).

Also on July 31, 2014, you spoke with the Marketplace's Customer Service Unit and appealed that preliminary determination insofar as it stated that you are eligible for only \$50.00 per month of APTC.

On August 1, 2014, the Marketplace issued a notice detailing the determination that had been made on July 31, 2014. That notice stated that, at an attested annual household income of \$20,670.00, you are eligible to enroll in a qualified health plan (QHP), entitled to up to \$50.00 per month in advance premium tax credit (APTC), and that you are eligible to for cost-sharing reductions provided you are enrolled in a silver-level QHP through the Marketplace. It also stated that you are not eligible for Medicaid because your income is over the allowable limit.

On September 8, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, you appointed your aunt [REDACTED]

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██████████ as your Authorized Representative; she also attended the hearing. The record was developed during the hearing and was closed at the end of the hearing.

Findings of Fact

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

- 1) You expect to file your 2014 U.S. income tax return as Single.
- 2) You do not expect to claim anyone as a tax dependent, and you do not expect anyone to claim you as a tax dependent.
- 3) You testified, and provided evidence that, you are currently employed with Target Corporation.
- 4) In your July 31, 2014 Marketplace application, you attested to an expected household income of \$20,670.00. At the hearing, you confirmed that the income listed in your Marketplace application was still accurate.
- 5) You are currently 19 years old.
- 6) You currently reside in Orange County, NY.
- 7) You designated your aunt, ██████████ as your Authorized Representative at the time of the hearing, and she appeared on your behalf during the hearing.

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 is available to a person who is eligible to enroll in a qualified health plan and

- 1) expects to have a household income between 138% and 400% of the 2013 federal poverty level (FPL) and
- 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 eligible for minimum essential 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 2013 FPL for a one-person household is \$11,490.00 (78 Fed Reg 5182, 5183 (2013)).

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 annual household income (26 USC § 36B(b)(3)(A)).

For annual household income in the range of at least 150% but less than 200% of the 2013 FPL, the expected contribution is between 4.00% and 6.30% of the household income (see 26 CFR § 1.36B-3(g)(2), 45 CFR 155.300(a)).

Legal Analysis

The only matter currently at issue is the amount of the advance premium tax credit (APTC) that you are eligible for.

According to the record, you are the only member of your tax household. You expect to file as single on your 2014 tax return and do not expect to claim anyone as a dependent. You also do not expect anyone to claim you as a dependent.

You reside in Orange County, where the second lowest cost silver plan for Child Only coverage available through the Marketplace costs \$142.11 per month.

In your July 31, 2014 application, your expected income for 2014 was \$20,670.00, which is 179.90% of the 2013 federal poverty level (FPL) for a one-person household. At 179.90% of the federal poverty level (FPL), the expected

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contribution to the cost of the health insurance premium is 5.38% of your income, or \$92.58 per month.

The maximum amount of advance premium tax credit (APTC) that can be awarded equals the cost of the second lowest cost silver plan in your county (\$142.11 per month) minus your expected contribution (\$92.58 per month), which equals \$49.52 per month. Therefore, calculated to the nearest dollar, the Marketplace correctly computed your advance premium tax credit (APTC) to be \$50.00 per month.

Since the August 1, 2014 eligibility determination correctly found that you are eligible for up to \$50.00 per month of APTC, it is AFFIRMED.

Decision

The August 1, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: October 14, 2014

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are entitled to an advance premium tax credit of up to \$50.00 per month and entitled to cost-sharing reductions provided you are enrolled in a silver-level qualified health 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

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- 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 August 1, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You are entitled to an advance premium tax credit of up to \$50.00 per month and entitled to cost-sharing reductions provided you are 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]
[REDACTED]

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