



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

Notice of Decision

Decision Date: November 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000792

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

Dear [REDACTED]

On September 9, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s July 19, 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 notice.

Legal Authority

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

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Issue

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

Did the Marketplace properly determine that [REDACTED] was eligible for up to \$0.00 per month of advance premium tax credit as of July 19, 2014 and not eligible for cost-sharing reductions?

Procedural History

The Marketplace received your initial application on December 11, 2013.

On December 15, 2013, the Marketplace issued a notice of eligibility determination. It said that with a household income of \$62,400.00, you were eligible to enroll in a qualified health plan (QHP) through the Marketplace and eligible to receive up to \$0.00 per month of APTC, but ineligible for cost-sharing reductions (CSR).

On July 18, 2014, you submitted a revised application, in which you updated your household income to \$67,600.00.

That same day, the Marketplace prepared a preliminary redetermination that was based on a household income of \$67,600.00. You were found eligible to enroll in a qualified health plan (QHP) through the Marketplace and eligible to receive up to \$0.00 per month of APTC, but ineligible for cost-sharing reductions (CSR). A letter formalizing this eligibility redetermination was issued on July 19, 2014.

On August 6, 2014, you spoke with the Marketplace's Customer Service unit and appealed that redetermination.

On September 9, 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) You are married and have two dependent children in your household. You and your spouse plan on filing your 2014 taxes as married filing jointly [REDACTED]
- 2) Your family resides in Queens County [REDACTED].
- 3) You are the only member of your household who is seeking health insurance through the Marketplace [REDACTED]
- 4) You and your spouse reported on your revised July 18, 2014 online application that your household income is \$67,600.00, which is based on your spouse's expected weekly income of \$1,300.00. These weekly earnings estimates are consistent with your spouse's pay stubs ([REDACTED] [REDACTED]) provided to the Marketplace (Appellant testimony).
- 5) You testified that your husband's expected income of \$67,600.00 for 2014 remains accurate since he still works for his current employer at the same pay rate (Appellant's testimony).
- 6) You further testified that you cannot afford the health insurance plans available to you through your husband's employer or through the Marketplace without financial assistance (Appellant testimony).

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 advance premium tax credit (APTC) that can be authorized equals:

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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 250% but less than 300% of the 2013 federal poverty level (FPL), the expected contribution is from 8.05% to 9.5% of the household income (see 26 CFR § 1.36B-3(g)(2), 45 CFR § 155.300(a)).

For a four-person household, the 2013 FPL is \$23,550.00 (78 Fed Reg 5182, 5183 (2013)).

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through the Marketplace, (2) meets the requirements to receive an APTC, (3) is expected to have a household income that does not exceed 250% 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

According to the record, there are four people in your household (you, your spouse, and your two children), and you expect to file taxes for 2014, file as "married filing jointly," and claim two children as dependents.

You credibly testified, and the record supports, that you are the only member of your household seeking health insurance through the Marketplace. You reside in Queens County, where the second lowest cost silver plan available through the Marketplace for an individual costs \$370.53 per month.

Your expected household income for 2014 is \$67,600.00, which is 287.05% of the 2013 FPL for a four-person household. At 287.05% of the FPL, the expected contribution to the cost of the health insurance premium is 9.12% of your household income, which equals \$514.00 per month.

The maximum amount of advance premium tax credit (APTC) that can be approved equals the cost of the second lowest cost silver plan in your county (\$370.53 per month) minus your expected contribution (\$514.00 per month), which equals -\$143.47 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 is \$0.00.

Therefore, the Marketplace correctly determined your APTC to be \$0.00 per month.

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 287.05% of the 2013 FPL, you are not eligible for cost-sharing reductions with an expected income of \$67,600.00.

Since the July 19, 2014 notice of eligibility redetermination was correct when it said you are eligible for APTC of up to \$0.00 and ineligible for cost-sharing reductions, it is AFFIRMED.

Decision

The July 19, 2014 eligibility redetermination is AFFIRMED.

Effective Date of this Decision: November 5, 2014

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You continue to be eligible to enroll in a qualified health plan through the Marketplace, and receive up to \$0.00 monthly of advance premium tax credit.

You are not 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.

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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 July 19, 2014 eligibility redetermination is AFFIRMED.

This decision does not change your eligibility.

You continue to be eligible to enroll in a qualified health plan through the Marketplace and receive up to \$0.00 monthly of advance premium tax credit.

You are not eligible for cost-sharing reductions.

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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]
[REDACTED]