



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

Notice of Decision

Decision Date: March 4, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001120

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 19, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s November 27, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of 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 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).

THIS PAGE INTENTIONALLY LEFT BLANK



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

Decision

Decision Date: March 4, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001120

[REDACTED]
[REDACTED]
[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that you were eligible for an advance premium tax credit of up to \$733.00 per month as of November 24, 2014?

Did the Marketplace properly determine that you were eligible for cost-sharing reductions as of November 24, 2014?

Procedural History

On November 14, 2014, the Marketplace sent you a notice to update the information on your NY State of Health account by December 15, 2014 to renew your health coverage for 2015.

On November 18, November 20, and November 24, 2014, you updated your Marketplace account. On November 24, 2014, the Marketplace prepared a preliminary eligibility determination stating that based on an annual household income of \$35,592.00, you are eligible for an advance premium tax credit of up to \$733.00 per month.

On November 27, 2014, the Marketplace issued an eligibility determination stating that based on an annual household income of \$35,592.00, you are eligible for an advance premium tax credit of up to \$733.00 per month and eligible for cost-sharing reductions.

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).

On December 1, 2014, you spoke with the Marketplace's Account Review Unit and appealed that determination.

On December 19, 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 renewed your health insurance through NY State of Health for yourself, your spouse, and one dependent on November 24, 2014 (Marketplace Application; 12/19/2014 Testimony).
- 2) You plan on filing a 2015 federal income tax return (Marketplace Application; 12/19/2014 Testimony).
- 3) You plan on filing your 2015 federal income tax return with the tax status of married filing jointly with your spouse, [REDACTED] (Marketplace Application; 12/19/2014 Testimony).
- 4) You plan on claiming one dependent on your 2015 federal income tax return (Marketplace Application; 12/19/2014 Testimony).
- 5) You expect to earn \$17,784.00 and [REDACTED] expects \$17,808.00 in income in 2015 (Marketplace Application; 12/19/2014 testimony).
- 6) Your dependent has an expected income of \$0.00 (Marketplace Application; 12/19/2014 testimony).
- 7) You currently reside in Oswego County, NY.

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

Applicable Law and Regulations

Advance Premium Tax Credit:

The advance premium tax credit (APTC) 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 2014 federal poverty level (FPL); (2) expects to file a tax return and claim a personal exemption deduction for a person who

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).

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 (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

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).

For annual household income in the range of at least 150% but less than 200% of the 2015 FPL, the expected contribution is between 4.02% and 6.34% of the household income (see 26 CFR § 1.36B-3T(g)(1); IRS Rev. Proc. 2014-37).

In an analysis of APTC eligibility, the determination is based on the FPL "for the benefit year for which coverage is requested (45 CFR § 155.305(f)(1)(i)). On the date of your application, that was the 2014 FPL, which is \$19,790.00 for a three-person household (79 Fed. Reg. 3593, 3593).

Cost-Sharing Reductions:

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a qualified health plan (QHP) through the Marketplace, (2) meets the requirements to receive advanced premium tax credits, (3) is expected to have an annual 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 your November 24, 2014 Marketplace application and testimony, you are a member of a three-person tax household in 2015. You expect to file as married filing jointly and claim one dependent on that federal income tax return.

A three-person household may qualify for an advance premium tax credit (APTC) if the annual household income is between \$27,311.00 (138% 2014 FPL) and \$79,160.00 (400% 2014 FPL).

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).

According to your November 24, 2014 Marketplace application and testimony, your 2015 expected household income is \$35,592.00. You expect \$17,784.00 and your spouse expects \$17,808.00 in earned income. Your dependent has an expected income of \$0.00 for 2015.

This supports a finding that your expected 2015 income is \$35,592.00, which is the household income used for the November 27, 2014 determination.

An annual household income of \$35,592 equals 179.85% of the 2014 FPL for a three-person household. At 179.85% of the FPL, the expected contribution to the cost of the health insurance premium is 5.40% of income, or \$160.28 per month.

The maximum amount of APTC that can be authorized equals the cost of the second lowest cost silver plan in your county for a couple and a dependent (\$893.27) minus your expected contribution (\$160.28 per month), which equals \$722.99 per month.

Therefore, as of November 24, 2014, the Marketplace correctly computed your APTC, rounded to the nearest dollar, to be approximately \$733.00 per month.

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$35,592.00 is 179.85% of the 2014 FPL, the Marketplace correctly found you to be eligible for cost-sharing reductions as of November 24, 2014.

Decision

The November 27, 2014 eligibility determination is **AFFIRMED**.

Effective Date of this Decision: March 4, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

This decision does not affect any determinations made after November 27, 2014.

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.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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.

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 November 27, 2014 eligibility determination is **AFFIRMED**.

This decision does not change your eligibility.

This decision does not affect any determinations made after November 27, 2014.

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).

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]