



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

Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001484

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On February 23, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 16, 2015 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).

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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001484

[REDACTED]
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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 as of January 16, 2015, you were eligible to receive up to \$279.00 per month in advance premium tax credit?

Procedural History

On January 15, 2015, the Marketplace received your modified application for health insurance. Your eligibility was redetermined three times that day. The last preliminary eligibility determination that was prepared stated that you were eligible for \$279.00 in advance premium tax credit and, if you enrolled in a silver level health plan, cost-sharing reductions.

Also on January 15, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary eligibility determination insofar as you were found eligible for only up to \$279.00 per month in advance premium tax credit.

On January 16, 2015, the Marketplace issued an eligibility determination notice. That notice stated that you were eligible for an advance premium tax credit amount of up to \$279.00 per month and, if you enrolled in a silver level health plan, cost-sharing reductions.

On February 23, 2015, 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.

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Findings of Fact

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

- 1) In your application you attested that you are single.
- 2) You testified that you plan on filing your 2015 tax return as single and will claim no dependents on that tax return.
- 3) At the time of the January 16, 2015 eligibility determination your application listed a household income of \$20,800.00.
- 4) You testified that since the time of your application, you received a pay raise. You are now making \$12.00 an hour and this will increase your expected annual income to approximately \$25,000.00.
- 5) You testified that you may get another raise before the year is over.
- 6) You testified that you do not plan on taking any deductions on your 2015 tax return.
- 7) You testified that you reside in Bronx County, New York.
- 8) You testified that you are appealing because you are unhappy with your health plan. In particular, the premium amount you have to pay for your MetroPlus plan is too high. You testified that the plan had a child dental component to it and that you do not have any children so you should not have to pay for the child dental that you will not use. You further testified that the plan only allows one check-up with your doctor before you must pay the full deductible amount to see him.

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 (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (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 QHP, 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 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 for the 2015 tax year is set by federal law at 2.01% to 9.56% of annual household income (26 USC § 36B(b)(3)(A), 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 first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

For annual household income in the range of at least 150% but less than 200% of the 2014 FPL, the expected contribution for the 2015 tax year is between 4.02% and 6.34% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37).

Legal Analysis

The issue is whether the Marketplace properly determined that you were eligible for an advance premium tax credit (APTC) of up to \$279.00 per month.

In the application that was submitted on January 15, 2015, you attested to an expected yearly income of \$20,800.00 and the eligibility determination relied upon that information.

According to the record you are the only person in your tax household. You plan on filing your 2015 tax return as single, and will claim no dependents on that tax return.

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You reside in Bronx County, where the second lowest cost silver plan available for an individual through the Marketplace costs \$371.75 per month.

An annual income of \$20,800.00 is 178.23% of the 2014 federal poverty level (FPL) for a one-person household. At 178.23% of the FPL, the expected contribution to the cost of the health insurance premium is 5.33% of income, or \$92.39 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through the Marketplace for an individual in your county (\$371.75 per month) minus your expected contribution (\$92.39 per month), which equals \$279.36 per month. Therefore, rounding to the nearest dollar, the Marketplace correctly determined your APTC to be \$279.00 per month.

Since the January 16, 2014 eligibility determination properly stated that, based on the information you provided, you were eligible for APTC of up to \$279.00 per month, it is correct and is AFFIRMED.

However, at the hearing you testified to a greater income than what is currently listed on your application. Therefore, the Appeals Unit must RETURN your case to the Marketplace for a redetermination of your eligibility based on your updated household income of \$25,000.00, a household of one-person, and a county of residence of Bronx County.

You also testified that you are appealing because you are unhappy with your health plan. Any issues you have with your plan regarding the services offered under the plan or the amount of deductible or premium you must pay, less any financial assistance, are not appealable to the Marketplace's Appeals Unit. Such issues should be taken up with your plan provider or you may call the Marketplace's customer service number, listed below, for assistance.

Decision

The January 16, 2015 eligibility determination is AFFIRMED.

Your case is RETURNED to the Marketplace for a redetermination of your eligibility based on your updated household income of \$25,000.00, a household of one-person, and a county of residence of Bronx County.

Effective Date of this Decision: June 12, 2015

How this Decision Affects Your Eligibility

This is not a final determination of your eligibility for health insurance.

At the hearing you testified to a greater income than what is currently listed on your application. Therefore, the Appeals Unit must RETURN your case to the Marketplace for a redetermination of your eligibility based on your updated household income of \$25,000.00, a household of one-person, and a county of residence of Bronx County.

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:

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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The January 16, 2015 eligibility determination is AFFIRMED.

At the hearing you testified to a greater income than what is currently listed on your application. Therefore, the Appeals Unit must RETURN your case to the Marketplace for a redetermination of your eligibility based on your updated household income of \$25,000.00, a household of one-person, and a county of residence of Bronx County.

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]