



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: AP000000001525

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 21, 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 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: AP000000001525

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [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 to receive up to \$14.00 monthly of advance premium tax credit as of January 21, 2015?

Did the Marketplace properly determine that you were not eligible for cost-sharing reductions as of January 21, 2015?

### Procedural History

The Marketplace received your application for health insurance on January 20, 2015.

On January 21, 2015, the Marketplace issued an eligibility determination notice stating: You are eligible to receive up to \$14.00 monthly of advance premium tax credit; not eligible to receive cost-sharing reductions; and not eligible to receive Medicaid because you are over the allowable income.

On that same day you spoke to the Marketplace's Account Review Unit and appealed that determination insofar as the monthly amount of advance premium tax credits and cost-sharing reductions.

On February 24, 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. You are applying for health insurance through the Marketplace for yourself only.
2. You testified that you plan on filing a 2015 federal income tax return with the tax status of single and will not claim any dependents on that return.
3. According to your January 20, 2015 Marketplace application, your 2015 expected annual household income is \$45,000.00. You expect to earn \$45,000.00 in 2015.
4. You currently reside in ██████████ County, NY.
5. You testified that your tax credit has decreased from approximately \$115.00 in 2014, to \$14.00 in 2015.

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 meets the eligibility requirements to enroll in a qualified health plan (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 the NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

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(see 26 USC § 36B, 26 CFR § 1.36B-3).

For annual household income in the range of at least 300% but less than 400% of the 2014 FPL, the expected contribution is between 9.56% and 9.56% 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 \$11,670 for a one-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 QHP through the Marketplace, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250 percent 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, you have a one-person tax household. You expect to file your 2015 federal income tax return with the tax status of single and claim no dependents on that return.

You reside in ██████████ County, where the second lowest cost silver plan that is available through the Marketplace for an individual costs \$372.40 per month.

The January 21, 2015 eligibility determination was based on an annual household income of \$45,000.00, which was the amount you entered as your total expected annual household income for 2015.

An annual household income of \$45,000.00 equals 385.60% of the 2014 federal poverty level (FPL) for a one-person household. At 385.60% of the FPL, the expected contribution to the cost of the health insurance premium is 9.56% of income, or \$358.50 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 (\$372.40 per month) minus your expected contribution (\$358.50 per month), which equals \$13.90 per month. Therefore, the Marketplace correctly computed your APTC to be \$14.00 per month.

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Cost-sharing reductions are available to a person who has an annual household income no greater than 250% of the FPL. Since your annual household income is 385.60% of the FPL for purposes for APTC and cost-sharing reductions, you were correctly found not eligible for cost-sharing reductions.

Since the January 21, 2015 eligibility determination properly stated that, based on the information you provided, you were eligible for an APTC of up to \$14.00 per month and not eligible for cost-sharing reductions, it is correct and is AFFIRMED.

## **Decision**

The January 21, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** June 12, 2015

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

This decision does not change your eligibility.

You remain eligible to receive an advance premium tax credit of up to \$14.00 per month and not eligible for cost-sharing reductions as of January 21, 2015.

## **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))

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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 January 21, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You remain eligible to receive an advance premium tax credit of up to \$14.00 per month and not eligible for cost-sharing reductions as of January 21, 2015.

### **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]