



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

Notice of Decision

Decision Date: July 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001839

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 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 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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Issues

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

Did the Marketplace properly determine that you are eligible for an advance premium tax credit of up to \$111.00 per month?

Did the Marketplace properly determine that you are eligible for cost-sharing reductions?

Procedural History

The Marketplace received your application for health insurance on February 20, 2015 and prepared a preliminary eligibility determination that stated you are temporarily eligible to enroll in a qualified health plan through the Marketplace and receive an advance premium tax credit of up to \$111.00 per month. It further stated that you are eligible to receive cost-sharing reductions if you pick a silver-level health insurance plan. This preliminary eligibility determination was based on an annual household income of \$39,000.00.

Also on February 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as it did not approve an advance premium tax credit of more than \$111.00 per month.

On February 21, 2015, the Marketplace issued an eligibility determination notice that reflected the February 20, 2015 preliminary eligibility determination. The notice stated that you are conditionally eligible to receive up to \$111.00 per month in advance premium tax credits and eligible to receive cost-sharing reductions if you pick a silver-level health plan but you must submit proof of your income. 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).

citizenship status before May 23, 2015 to confirm your eligibility. This eligibility was effective April 1, 2015.

On March 18, 2015, you were scheduled to have a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, you requested a hearing adjournment, which the Hearing Officer granted.

On March 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Under sworn testimony, you waived formal notice and proceeded with the hearing. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit evidence supporting your position.

The Marketplace's Appeals Unit did not receive your supporting evidence within 15 days and the record was closed.

Findings of Fact

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

- 1) You testified, and the record reflects, that you currently reside with your child.
- 2) You testified that you expect to file your 2015 federal income tax return as single and claim your child as a dependent.
- 3) The record reflects that you are the only individual in your household seeking health insurance through the Marketplace.
- 4) According to the February 20, 2015 application, you attested to an expected household income of \$39,000.00. You testified that this income is an accurate reflection of your expected income for the 2015 tax year. You further testified that your income can fluctuate from month to month.
- 5) The record reflects that you reside in Queens County, NY.
- 6) You testified that your child has special needs and you must budget in order to accommodate his needs. You further testified that you cannot afford a monthly health insurance premium after paying for your family's necessary expenses.

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 2015 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 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 \$15,730.00 for a two-person household (79 Fed. Reg. 3593, 3593).

For annual household income in the range of at least 200% but less than 250% of the 2014 FPL, the expected contribution is between 6.34% and 8.10% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37).

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).

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% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Legal Analysis

The first issue under review is whether the Marketplace properly determined that you are eligible for an advance premium tax credit (APTC) of up to \$111.00 per month.

According to the February 20, 2015 application, you expect to file your 2015 federal income tax as single and claim your son as a dependent; therefore, you are a two-person tax household.

According to the same application, you attested to an expected household income of \$39,000.00. The eligibility determination relied upon that information.

You reside in Queens County, where the second lowest cost silver plan available in 2015 for an individual through the Marketplace costs \$371.75 per month.

An annual income of \$39,000.00 is 247.93% of the 2014 federal poverty level (FPL) for a two-person household. At 247.93% of the FPL, the expected contribution to the cost of the health insurance premium is 8.03% of income, or \$260.97 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 (\$260.97 per month), which equals \$110.78 per month. Therefore, rounding to the nearest dollar, the Marketplace correctly found you to be eligible for an APTC of up to \$111.00 per month.

The second issue is whether the Marketplace properly determined that you were eligible for cost-sharing reductions.

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 \$39,000.00 is 247.93% of the 2014 FPL, the Marketplace correctly found you to be eligible for cost-sharing reductions.

Therefore, the February 21, 2015 eligibility determination is **AFFIRMED**.

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).

Decision

The February 21, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 10, 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 \$111.00 and 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.

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 February 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 \$111.00 and cost-sharing reductions.

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]