



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

Notice of Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001843

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 23, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 22, 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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Issue

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

Did the Marketplace properly determine that you are not eligible for an advance premium tax credit?

Procedural History

The Marketplace received your application for health insurance on February 21, 2015 and prepared a preliminary eligibility determination that stated you are not eligible for financial assistance. This preliminary eligibility determination was based on an annual household income of \$47,110.44.

Also on February 21, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as it did not approve any financial assistance toward the cost of your health insurance premiums.

On February 22, 2015, the Marketplace issued an eligibility determination notice that reflected the February 21, 2015 preliminary eligibility determination. The notice stated that you are newly eligible to purchase a qualified health plan at full cost through New York State of Health. The notice further stated that you do not qualify for Medicaid, or to receive a tax credit to help pay for the cost of coverage, because the income you provided is above the allowable income limit for these programs. This eligibility was effective April 1, 2015.

On March 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

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left open for up to 15 days to provide you an opportunity to submit evidence supporting your position.

On March 23, 2015, the Marketplace's Appeals Unit received your supporting evidence via fax, which included a copy of your 2014 1099-R Form for your pension income, and a copy of your 2014 1099-R Form for your IRA Distributions. These documents were collectively marked as Appellant's Exhibit 1 and incorporated into the record.

The record was closed on March 23, 2015.

Findings of Fact

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

- 1) You testified that you currently reside with one other person.
- 2) You testified, and the record reflects, that you expect to file your 2015 federal income tax return as single and claim no dependents.
- 3) According to the February 21, 2015 application, you attested to an expected household income of \$47,110.44. You testified that this income is an accurate reflection of your expected income for the 2015 tax year. You testified and provided evidence that this income is comprised of \$22,500.00 in IRA distributions and \$19,479.72 from your pension (Appellant's Exhibit 1, March 23, 2015).
- 4) The record reflects that you reside in Broome County, NY.
- 5) You testified that you expect to take the standard deduction on your 2015 federal income tax return.

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

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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)).

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).

Legal Analysis

The only issue under review is whether the Marketplace properly determined that you are not eligible to receive advance premium tax credit (APTC) to help pay for the cost of your coverage.

According to the February 21, 2015 application, you expect to file your 2015 federal income tax as single and claim no dependents; therefore, you are a one-person tax household.

The record reflects that you expect to have a household income of \$47,110.44 for the 2015 tax year, which includes income from your pension and IRA distributions. The eligibility determination relied upon that information.

APTC is available to a person who expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL).

An annual income of \$47,110.44 is 403.69% of the 2014 FPL for a one-person household. Therefore, because your 2015 expected income exceeds 400% of the 2014 FPL, the Marketplace correctly determined you not eligible for APTC.

The February 22, 2015 eligibility determination is AFFIRMED.

Decision

The February 22, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 15, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility. You remain eligible to purchase a qualified health plan at full cost through New York State of Health.

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
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Summary

The February 22, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility. You remain eligible to purchase a qualified health plan at full cost through New York State of Health.

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]