



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

Notice of Decision

Decision Date: June 26, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001857

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 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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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 \$111.00 per month in advance premium tax credit, effective March 1, 2015?

Did the Marketplace properly determine that you were not eligible for cost-sharing reductions, effective March 1, 2015?

Procedural History

On January 22, 2015, the Marketplace issued an eligibility determination notice. That notice stated that you were newly eligible to receive up to \$111.00 per month in advance premium tax credit (APTC), but that you were not eligible for cost sharing reductions because your income was over the allowable limit for that program.

On February 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed that eligibility determination as it relates to your eligibility for cost-sharing reductions (CSR) and the amount of APTC you were found eligible for.

On March 19, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for 15 days for you to submit evidence of your income as directed by the Hearing Officer. On April 1, 2015, you uploaded copies of paystubs to your Marketplace account.

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Findings of Fact

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

- 1) You testified that you plan on filing your 2015 tax return as single and will claim no dependents on that tax return.
- 2) At the time of the January 22, 2015 eligibility determination, your application listed an annual household income of \$33,800.00. You testified that this amount is correct.
- 3) You testified that you are paid bi-weekly and that you make \$650.00 (before taxes) every week.
- 4) You provided copies of your paystubs. The paystubs were dated 2/04/2015, 2/18/2015, 3/04/2015, and 3/18/2015; each for the gross amount of \$1,300.00.
- 5) You testified that you plan on taking a student loan interest deduction on your 2015 income tax return but it is for an amount that will not make any difference on your tax return.
- 6) You testified that you reside in ██████ County, NY.
- 7) You testified that the health plans through the Marketplace are unaffordable to you without greater financial assistance.

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:

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- 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), 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 250% but less than 300% of the 2014 FPL, the expected contribution is between 8.10% and 9.56% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37).

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% 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)).

Affordability Exemption

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing a QHP. Such an exemption may be granted if that person can show that she experienced a financial hardship or has domestic circumstances that (1) caused an unexpected increase in essential expenses that prevented that person from obtaining health coverage under a QHP; (2) would have caused the person to experience serious deprivation of food, shelter, clothing, or other necessities, as a result of the expense of purchasing health coverage under a QHP; or (3) prevented that person from obtaining coverage under a QHP (45 CFR § 155.605(a), (g)).

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NY State of Health has deferred to the U.S. Department of Health and Human Services (HHS) on the matter of hardship exemptions (see 45 CFR § 155.505(c)).

Legal Analysis

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

In the application that was submitted on January 21, 2015, you attested to an expected yearly income of \$33,800.00, and the eligibility determination relied upon that information. You confirmed through your testimony and the paystubs that you submitted as evidence that your annual expected income for 2015 is \$33,800.00.

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

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

An annual income of \$33,800.00 is 289.63% of the 2014 federal poverty level (FPL) for a one-person household. At 289.63% of the FPL, the expected contribution to the cost of the health insurance premium is 9.26% of income, or \$260.82 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 (\$260.82 per month), which equals \$110.93 per month. Therefore, computing to the nearest dollar, the Marketplace correctly determined your APTC to be \$111.00 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 \$33,800.00 is 289.63% of the 2014 FPL, the Marketplace correctly found you to be ineligible for cost-sharing reductions.

Since the January 22, 2015 eligibility determination properly stated that you were eligible for an APTC of up to \$111.00 per month and not eligible for cost-sharing reductions, it is correct and is **AFFIRMED**.

You testified that you cannot afford to pay the monthly insurance premium. If you wish to be considered for a hardship exemption, which would exempt you from

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paying a penalty for not having health insurance during 2015, you can check the Federal marketplace website (www.healthcare.gov) for an application.

Decision

The January 22, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: June 26, 2015

How this Decision Affects Your Eligibility

You remain eligible for \$111.00 per month in advance premium tax credit.

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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 22, 2015 eligibility determination is AFFIRMED.

You remain eligible for \$111.00 per month in advance premium tax credit.

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]