



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

## Notice of Decision

Decision Date: September 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002709

[REDACTED]

Dear [REDACTED],

On June 26, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 3, 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

Decision Date: September 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002709

[REDACTED]

## Issue

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

Did the Marketplace properly determine that, effective June 1, 2015, you were eligible for up to \$228.00 per month of advance premium tax credit and, if you selected a silver-level qualified health plan, for cost-sharing reductions as of June 1, 2015?

## Procedural History

On May 1, 2015, the Marketplace received your initial 2015 application for health insurance.

On May 3, 2015, the Marketplace issued a notice of eligibility determination that you are eligible to received up to \$228.00 per month of advance premium tax credits (APTC) and, if you selected a silver-level qualified health plan, for cost-sharing reductions (CSR) effective June 1, 2015. The notice also stated that you were not eligible for Medicaid because your reported income of \$25,781.60 was over the maximum allowable income limit of \$16,243.00 for that program.

On May 4, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the eligibility determination insofar as you need more financial assistance.

On June 26, 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.

## **Findings of Fact**

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

- 1) You testified that you expect to file your 2015 tax return as single and you do not expect to claim anyone as a dependent for the 2015 tax year.
- 2) According to your Marketplace application, you attested to earnings in 2015 of \$25,781.60.00, before taxes are deducted.
- 3) You testified at hearing that your adjusted gross income for 2014 was \$23,741.00 but that you got a raise mid-year in 2014 and will make that amount throughout 2015, which accounts for the increase of income you reported.
- 4) You testified that you cannot afford to pay \$384.90 monthly premium based on your net earnings and co-pay and deductible responsibilities but you had to select a platinum level plan so that your prescription medications would be covered.
- 5) You testified that you would like more financial assistance, if possible.
- 6) You currently reside in Suffolk County, New York.

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 2013 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 the 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).

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)).

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).

### 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 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**

At issue is whether the Marketplace properly determined that you were eligible for an advance premium tax credit (APTC) of up to \$228.00 per month and for cost-sharing reductions (CSR).

In the application dated May 1, 2015, you attested to an expected yearly gross income of \$25,781.60 and the eligibility determination relied upon that information.

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).

According to the record, you are the only person in your tax household.

You reside in Suffolk County, where the second lowest cost silver plan available for an individual through the Marketplace costs \$379.93 per month.

An annual income of \$25,781.60 is 220.92% of the 2014 federal poverty level (FPL) for a one-person household. At 220.92% of the FPL, the expected contribution to the cost of the health insurance premium is 7.08% of income, or \$152.03 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 (\$379.93 per month) minus your expected contribution (\$152.03 per month), which equals \$227.90 per month. Therefore, computing to the nearest dollar, the Marketplace correctly determined your APTC to be \$228.00 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 \$25,781.60 is 220.92% of the 2014 FPL, the Marketplace correctly found you to be eligible for CSR.

## **Decision**

The May 3, 2015 eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** September 14, 2015

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

This decision does not change your eligibility. You remain eligible for an advance premium tax credit of up to \$228.00 per month and for cost sharing reductions beginning June 1, 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.

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).

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 May 3, 2015 eligibility determination is **AFFIRMED**.

This decision does not change your eligibility. You remain eligible for an advance premium tax credit of up to \$228.00 per month and for cost sharing reductions beginning June 1, 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:**

