



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

## Notice of Decision

Decision Date: November 18, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008584

[REDACTED]

Dear [REDACTED],

On October 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 2, 2016 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 and the NY State of Health Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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 Account ID: [REDACTED]  
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## Issues

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

Did NY State of Health properly determine that you were eligible to receive up to \$193.00 per month in advance premium tax credit as of April 2, 2016?

Did NY State of Health properly determine that you were eligible for cost-sharing reductions as of April 2, 2016?

## Procedural History

On April 1, 2016, NY State of Health (NYSOH) received your application for health insurance. The NYSOH rendered a preliminary eligibility determination that you are eligible for up to \$193.00 of advance premium tax credits and cost-sharing reductions, effective May 1, 2016.

Also on April 1, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible to receive.

On April 2, 2016, NYSOH issued an eligibility determination notice based on the information contained in the April 1, 2016 application, you were eligible to receive up to \$193.00 per month in advance premium tax credit and eligible for cost-sharing reductions, effective May 1, 2016.

On October 25, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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) According to your NYSOH account and testimony, you are applying for health insurance through NYSOH for yourself.
- 2) According to your NYSOH and testimony, you expect to file your 2016 federal income tax return with a tax filing status of single and expect to claim no dependents on that tax return.
- 3) According to your NYSOH account, the application that was submitted on April 1, 2016 listed an expected annual household income of \$27,585.00.
- 4) You reside in Kings County, NY.
- 5) You testified that you have living expenses that you would like NYSOH to consider when determining your eligibility for assistance. Due to these living expenses, you are unable to afford health insurance through NYSOH.
- 6) You testified that you are issued approximately \$560.00 in gross income on a weekly basis.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term "modified adjusted gross income" means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

"Adjusted gross income" means, in the case of an individual taxpayer, gross income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature

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withdrawal of funds from time savings accounts, and deductions attributable to royalties (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income.

### Advance Premium Tax Credit

Advance premium tax credit (APTC) is generally 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 2016 is set by federal law at 2.03% to 9.66% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc. 2014-37, IRS Rev. Proc. 2014-62).

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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

For annual household income in the range of at least 200% but less than 250% of the 2015 FPL, the expected contribution is between 8.18% and 6.41% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2014-37, IRS Rev. Proc. 2014-62).

### Cost-Sharing Reductions

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Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (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)).

### Hardship Exemption

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing a qualified health plan 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 qualified health plan (45 CFR § 155.605 (a), (g)).

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 NYSOH properly determined that you were eligible for APTC of up to \$193.00 per month.

The application that was submitted on April 1, 2016 listed an annual household income of \$27,585.00, and the eligibility determination relied upon that information.

You expect to file your 2016 federal income tax return with the tax status of single and expect to claim no dependents on that tax return. Therefore, you are in a one-person household.

You reside in Kings County, where the second lowest cost silver plan available for an individual through NYSOH costs \$368.26 per month.

An annual income of \$27,585.00 is 234.37% of the 2015 FPL for a one-person household. At 234.37% of the FPL, the expected contribution to the cost of the health insurance premium is 7.63% of income, or \$175.39 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county (\$368.26 per month) minus your expected contribution (\$175.39 per

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month), which equals \$192.87 month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you to be eligible for up to \$193.00 per month in APTC.

You testified at the hearing that you have expenses such as rent and living expenses. However, an individual's eligibility for financial assistance through NYSOH is based on their modified adjusted gross income, as defined by federal tax code. The determination of an individual's adjusted gross income is based on gross income minus certain specific deductions. Since the Internal Revenue Service rules do not allow living expenses such as rent, utilities, cable and phone to be deducted from the calculation of your adjusted gross income, they cannot be deducted when NYSOH computes your modified adjusted gross income for APTC purposes.

The second issue is whether you were properly found 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 \$27,585.00 is 234.37% of the applicable FPL, NYSOH correctly found you to be eligible for cost-sharing reductions, based on the information contained in your April 1, 2016 application.

Since the April 2, 2016 eligibility determination properly stated that, based on the information you provided, you were eligible for up to \$193.00 per month in APTC and eligible for cost-sharing reductions, it is correct and is AFFIRMED.

The record reflects that you are issued approximately \$560.00 in gross income on a weekly basis. Based on your weekly gross income, your expected 2016 income is (\$560.00 X 52) \$29,120.00. Since updating your household income will not materially change your eligibility, your case will not be returned to NYSOH to recalculate your eligibility for financial assistance.

## **Decision**

The April 2, 2016 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** November 18, 2016

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

You remain eligible for up to \$193.00 in advance premium tax credit and cost-sharing reductions.

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If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance, consult the Federal Marketplace website ([www.healthcare.gov](http://www.healthcare.gov)) for additional information and an application.

### **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 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 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 April 2, 2016 eligibility determination notice is **AFFIRMED**.

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You remain eligible for up to \$193.00 in advance premium tax credit and cost-sharing reductions.

If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance, consult the Federal Marketplace website ([www.healthcare.gov](http://www.healthcare.gov)) for additional information and an application.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

