



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

## Notice of Decision

Decision Date: April 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001196

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Ms. [REDACTED]

On January 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 27, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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).

This page intentionally left blank.



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

## Decision

Decision Date: April 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001196

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine that [REDACTED] is not eligible for financial assistance through the Marketplace as of November 27, 2014?

## Procedural History

The Marketplace received your 2015 application for health insurance on November 21, 2014.

On November 27, 2014, the Marketplace issued an eligibility determination in your case. It said that you were eligible to purchase a qualified health plan at full cost through New York State of Health. It also said that you are not eligible to receive an advance premium tax credit to help pay for the cost of your insurance because you are currently receiving Medicare.

On December 12, 2014, the Marketplace received your written appeal request regarding the November 27, 2014 eligibility determination.

On January 8, 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, and the record reflects, that you are the only person in your tax household.
- 2) You testified that your expected income for the 2015 tax year is \$16,800.00, which is the annual amount you receive from Title II Social Security Benefits.
- 3) You testified that around March 2014, you were determined eligible for Medicare Part A and B. You received your Medicare card and are currently receiving Medicare Part A coverage. You further testified that you opted out of Medicare Part B coverage in March 2014 because you wanted to purchase a health plan through the Marketplace with tax credit.
- 4) You testified that you need health insurance that will cover your medical costs. You further testified that you would like to purchase health insurance coverage through the Marketplace with 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)).

### Minimum Essential Coverage

Minimum essential coverage includes, but is not limited to, coverage under:

- Government sponsored programs, such as Medicare, Medicaid, CHIP, and TRICARE;
- Employer-sponsored plans; and

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).

- Plans in the individual market

(26 USC § 5000A(f)).

## **Legal Analysis**

The matter at issue is whether you the Marketplace properly determined that you were not eligible for financial assistance, including advance premium tax credit (APTC), to help pay for the cost of your health insurance premiums.

According to your testimony, you were found eligible for Medicare Part A and B in March 2014. You testified that you have Medicare Part A coverage but declined Medicare Part B coverage.

Since your Medicare Part A coverage started in March 2014 and is currently in effect, you have minimum essential coverage through a government-sponsored program outside of the individual market for purposes of advance premium tax credit eligibility. Therefore, the Marketplace properly determined that you were not eligible for an advance premium tax credit in the individual market.

## **Decision**

The November 27, 2014 eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** April 8, 2015

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

You do not qualify for advance premium tax credit through the New York State of Health Marketplace.

You remain eligible to purchase a qualified health plan at full cost through the Marketplace.

## **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 November 27, 2014 eligibility determination is **AFFIRMED**.

You do not qualify for an advance premium tax credit through the New York State of Health Marketplace.

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).

You remain eligible to purchase a qualified health plan at full cost through the Marketplace.

## **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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).

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

[REDACTED]  
[REDACTED]  
[REDACTED]