



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: AP000000002025

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED],

On April 27, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 13, 2015 notice of 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).

This page intentionally left blank.



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

Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002025

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Issues

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

Did the Marketplace properly determine that you are not eligible for advance premium tax credits because you are enrolled in, or have access to, employer sponsored insurance (ESI)?

Did the Marketplace properly determine that you are not eligible for cost-sharing reductions?

Procedural History

The Marketplace received your modified application for health insurance on March 12, 2015 and prepared a preliminary eligibility determination that stated you are not eligible for financial assistance.

Also on March 12, 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 March 13, 2015, the Marketplace issued a notice of eligibility determination based on the March 12, 2015 application for health insurance. The notice stated that you are eligible to purchase a qualified health plan at full cost through New York State of Health. The notice further stated that you are not eligible to receive advance premium tax credits because you are already enrolled in or eligible for minimum value employer sponsored insurance. The notice further stated that you

are not eligible for cost-sharing reductions because you are ineligible to receive an advance premium tax credit. This eligibility was effective April 1, 2015.

On April 27, 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 up to 15 days to provide you an opportunity to submit evidence supporting your position.

On May 12, 2015, evidence submitted on April 24, 2015 was uploaded to your Marketplace account. These documents included a copy of the [REDACTED] Covered Benefits statement, a copy of your EmblemHealth Summary of Benefits, a copy of your EmblemHealth insurance card, proof of your prescription cost, and a statement written by your employer's Human Resources Manager confirming that your employer offers two health insurance plans. These documents were collectively marked as Appellant's Exhibit 1 and incorporated into the record.

The record was closed on May 12, 2015.

Findings of Fact

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

- 1) You expect to file your 2015 federal income tax return as single and will claim no dependents.
- 2) You testified, and the record reflects, that you had employer sponsored insurance at the time of the March 12, 2015 application for health insurance.
- 3) The record reflects that you reside in Queens County, New York.
- 4) You testified that your employment was terminated on April 27, 2015, prior to the hearing. You further testified that you expect your health insurance through your employer to end at the end of your work week.

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

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).

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)).

Generally, an individual who may enroll in an eligible employer-sponsored plan is eligible for minimum essential coverage under the plan for any month only if the plan is affordable and provides minimum value (see 26 CFR § 1.36B-2(c)(3)(i)).

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

The first issue under review is whether the Marketplace properly determined that you are not eligible for an advance premium tax credit.

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

According to the March 12, 2015 application, and your supporting documentation, you were enrolled in employer sponsored insurance.

To be eligible for an advance premium tax credit, an individual must not be eligible for minimum essential coverage except through the Marketplace.

You provided a copy of the statement of benefits for both insurance plans offered by your employer. There is no evidence that the employer offered plans do not comply with the requirements of minimum essential coverage.

Since you testified, and provided evidence, that you were enrolled in employer sponsored insurance, and there is no evidence to support that the employer's plan is not affordable, the Marketplace correctly determined that you were not eligible to receive an advance premium tax credit.

The second issue is whether the Marketplace properly determined that you are not eligible for cost-sharing reductions. To be eligible for cost-sharing reductions, an individual must meet the requirements to receive advance premium tax credits. Since the Marketplace properly determined that you were not eligible to receive an advance premium tax credit, the Marketplace correctly determined that you were also not eligible for cost-sharing reductions.

Therefore, the Marketplace's March 13, 2015 notice of eligibility determination is **AFFIRMED**.

Decision

The March 13, 2015 notice of eligibility determination is **AFFIRMED**.

Effective Date of this Decision: July 15, 2015

How this Decision Affects Your Eligibility

The Marketplace's March 13, 2015 notice of eligibility determination was superseded by a notice of eligibility determination issued on May 13, 2015, which states that you are eligible to receive up to \$247.00 per month in advance premium tax credit and eligible for cost-sharing reductions effective June 1, 2015.

This decision has no effect on any eligibility determinations issued after March 13, 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.

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 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).

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 March 13, 2015 notice of eligibility determination is **AFFIRMED**.

The Marketplace's March 13, 2015 notice of eligibility determination was superseded by a notice of eligibility determination issued on May 13, 2015, which states that you are eligible to receive up to \$247.00 per month in advance premium tax credit and eligible for cost-sharing reductions effective June 1, 2015.

This decision has no effect on any eligibility determinations issued after March 13, 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:

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]