



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

## Notice of Decision

Decision Date: February 12, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005368

[REDACTED]

Dear [REDACTED],

On January 28, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 22, 2015 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 the 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

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005368



## Issues

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

Did the Marketplace properly determine you eligible to enroll in a Basic Health Plan (Essential Health Plan) effective January 1, 2016?

Did the Marketplace improperly determine that you are no longer eligible to receive advance premium tax credits as of December 31, 2015?

## Procedural History

On November 16, 2015 the Marketplace received your application for health insurance.

On November 22, 2015 the Marketplace issued an eligibility determination notice that you are eligible to enroll in the Essential Plan effective January 1, 2016. The notice also stated that you no longer qualify for Advance Premium Tax Credit as of December 31, 2015.

On November 30, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible to receive.

On January 28, 2016 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 hearing of the hearing. The record is now complete and closed.

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## Findings of Fact

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

1. You are applying for health insurance through the Marketplace for yourself.
2. According to your November 16, 2015 application, you plan on filing a 2016 federal income tax return with the tax status of single and will not be claiming any dependents on that tax return.
3. According to your November 16, 2015 application, your 2016 expected annual household income is \$20,022.60.
4. You currently reside in Erie County, NY.
5. You testified that you have an occupation which requires travel and do not want to enroll in the Essential Health Plan through the Marketplace for 2016.
6. You testified that your 2016 household income may be higher than the amount listed in your Marketplace account.

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

## Applicable Law and Regulations

### Essential Health Plan

An individual is eligible to receive coverage for health care services through an Essential Health Plan if they:

1. reside in New York state and are under sixty-five years of age,
2. are not eligible for Medicaid or Child Health Plus,
3. are not eligible for minimum essential coverage or is eligible for employer-sponsored insurance that is not affordable, and
4. have a household income at or below 200% of the Federal Poverty Line (FPL)

(N.Y. Soc. Serv. Law § 369-gg(3)).

### Advance Premium Tax Credit:

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).

The advance premium tax credit is available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the 2014 federal poverty level; (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 qualified health plan; 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)).

An individual who is eligible to enroll in an Essential Health Plan is prohibited from enrolling in a qualified health plan through the Marketplace (42 CFR § 600.300(a)).

## **Legal Analysis**

The first issue is whether the Marketplace properly determined you eligible for an Essential Health Plan effective January 1, 2016.

According to the record, you are the only member of your tax household. You expect to file as single on your 2016 federal income tax return and claim no dependents on that return. Therefore, you are household of one.

A one-person household may qualify for coverage in an Essential Health Plan if their annual household income is below \$23,540.00 (200% 2015 FPL).

According to your November 16, 2015 Marketplace application, your 2016 expected income is \$20,022.60. Therefore, because your 2016 expected yearly income is below the income threshold and are eligible for coverage in an Essential Health Plan.

Based on the information in your account, the Marketplace properly determined you eligible for coverage in an Essential Health Plan, effective January 1, 2016.

The second issue is whether the Marketplace properly determined that you are no longer eligible to receive APTC.

An individual who is eligible to enroll in an Essential Health Plan is prohibited from enrolling in a qualified health plan through the Marketplace. An advance premium tax credit is only available to a person who is eligible to enroll in a qualified health plan. Therefore, the Marketplace properly determined you not eligible for APTC.

The November 22, 2015 eligibility determination is AFFIRMED.

You testified that your 2016 household income may be higher than the amount listed in your Marketplace account. At this time the record does not contain sufficient testimony or documentation to return your case to the Marketplace to recalculate your benefits on a yearly or monthly basis. However, please contact the Marketplace when you have sufficient documentation to demonstrate your 2016 income.

## **Decision**

The November 22, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** February 12, 2016

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

This decision does not change your eligibility.

You remain not eligible to receive an advance premium tax credit as of December 31, 2015.

You remain eligible for coverage in an Essential Health Plan effective January 1, 2016.

## **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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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- 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 22, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You remain not eligible to receive an advance premium tax credit as of December 31, 2015.

You remain eligible for coverage in an Essential Health Plan effective January 1, 2016.

## **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:**

