



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

Notice of Decision

Decision Date: April 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005476

[REDACTED]

Dear [REDACTED]

On February 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 8, 2015 preliminary 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 Code of Federal Regulation 45 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).

This page intentionally left blank.



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

Decision

Decision Date: April 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005476



Issue

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

Did the Marketplace properly determine that you were not eligible to receive financial assistance through the Marketplace?

Procedural History

The Marketplace received your applications for health insurance on December 8, 2015, and made a preliminary determination that although you were eligible to enroll in a plan through the Marketplace, you were not eligible for financial assistance.

That same day, you contacted the Marketplace's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as you were found ineligible to receive financial assistance to help paying for your health insurance coverage.

On December 9, 2015, the Marketplace issued an eligibility determination notice in response to your December 8, 2015 application. The notice stated that you were conditionally eligible to purchase a qualified health plan (QHP) at full cost through NY State of Health, effective January 1, 2016. This was because, based on the information from federal and state data sources, you were determined to be already enrolled in or eligible for a public insurance program such as Medicare. Your eligibility conditional pending receipt of documentation to confirm your Termination of Medicare Part A or Part B before January 22, 2016.

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).

On February 18, 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 end of the hearing.

Findings of Fact

- 1) You testified, and the record reflects, that you turned age 65 on July 22, 2015.
- 2) You testified that you expected to file your 2015 taxes with a tax filing status of single. You will not be claiming any dependents on that tax return.
- 3) The application that was submitted on December 8, 2015 listed annual household income of \$24,888.00, consisting \$752.00 per month in annuity payments from the [REDACTED] \$1,626.00 per month in Social Security benefits, and an anticipated deduction of \$304.00 per month relating to your Self-employment health insurance tax deduction.
- 4) You testified that you were found eligible for Medicare coverage on July 1, 2015. You further testified that you elected not to enroll in Medicare since the combined cost of enrolling in Medicare and a supplemental plan exceeded the cost of your plan that you are currently enrolled through the Marketplace. Furthermore, the Medicare plans available to you would not provide you either vision or dental coverage.
- 5) You testified that you were seeking to receive a tax credit to lower the cost of coverage through the Marketplace.

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

Applicable Law and Regulations

Advance Payments of the Premium Tax Credit

Advance payments of the premium tax credit (APTC) are 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 most government-sponsored insurance plans such as Medicaid, Medicare, CHIP, Tricare, Veterans' Health Coverage, and eligible employer-sponsored insurance (26 USC §§ 36B(c)(2)(B) and 5000A(f)).

According to 26 USC § 5000A, which is part of the Internal Revenue Code, various government-sponsored plans provide minimum essential coverage, including the Medicare program under part A of title XVIII of the Social Security Act (26 USC § 5000A(f)(1)(A)(i), 42 USCS §§ 1395c et seq.).

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 issue is whether the Marketplace properly determined that you were not eligible to receive financial assistance to help pay for the cost of health insurance coverage through the Marketplace.

To be eligible for an advance premium tax credit (APTC), a person must not be eligible for minimum essential coverage outside of the Marketplace. Minimum essential coverage includes most government-sponsored insurance plans including Medicare Part A. You testified that you elected not to enroll in Medicare Part A; however you were found eligible for that program as of July 1, 2015. Therefore, you are not eligible for APTC.

Cost-sharing reductions are available to a person who is eligible to receive APTC and has an annual household income that does not exceed 250% of the federal poverty level (FPL). Since you are not eligible for APTC, you are also not eligible for cost-sharing reductions.

Since the Marketplace properly found you to be ineligible for financial assistance, the December 9, 2015 eligibility determination is **AFFIRMED**.

Decision

The December 9, 2015 eligibility determination is AFFIRMED

Effective Date of this Decision: April 11, 2016

How this Decision Affects Your Eligibility

Your eligibility has not changed.

You do not qualify for advance payments of the premium tax credit or cost-sharing reductions 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 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 December 9, 2015 eligibility determination is **AFFIRMED**

You eligibility has not changed.

You do not qualify for advance payments of the premium tax credit or cost-sharing reductions through the Marketplace.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

