



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

Notice of Decision

Decision Date: June 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006369

[REDACTED]

Dear [REDACTED],

On May 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 14, 2015 enrollment confirmation notice.

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) 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).

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Issue

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

Did NY State of Health (NYSOH) properly determine that you were not eligible to apply your advance premium tax credit and cost-sharing reductions to your catastrophic level health plan?

Procedural History

On November 23, 2015, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$203.00 in advance premium tax credits that you could apply to your enrollment in a qualified health plan. The notice also stated that you were eligible for cost-sharing reductions if you enrolled in a silver level qualified health plan.

On December 14, 2015, an enrollment confirmation notice was issued confirming your enrollment in a catastrophic level health plan with a premium responsibility of \$125.47 per month and a plan start date of January 1, 2016. The notice further stated that \$0.00 of your tax credit was applied to your premium amount.

On January 21, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the NYSOH's determination not to apply the advance premium tax credit towards the premium responsibility for your catastrophic level health plan.

On May 23, 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) You testified that the premium responsibility for other health plans through NYSOH seemed too high for your personal use of health insurance, so you decided on December 13, 2015 to enroll in a catastrophic level health plan starting January 1, 2016.
- 2) You are seeking to apply the \$203.00 advance premium tax credit to your catastrophic level health plan.

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

Applicable Law and Regulations

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally 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 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 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 is only allowed a tax credit in the months in which they were enrolled in a qualified health plan and were not eligible for other minimum essential coverage (26 CFR 1.36B-2(a)). The term qualified health plan does not include a catastrophic plan described in section 1302(e) of the Affordable Care Act (42 U.S.C. 18022(e)) (26 CFR 1.36B-1(c)).

Cost-Sharing Reductions

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

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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 only issue is whether NYSOH properly determined that you were not eligible to apply your advance premium tax credit and cost-sharing reductions to your catastrophic level health plan.

On November 23, 2015, an eligibility determination notice was issued stating that you were eligible to receive up to \$203.00 in advance premium tax and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan.

On December 14, 2015, an enrollment confirmation notice was issued confirming your enrollment in a catastrophic level health plan and that \$0.00 of your tax credit was applied to your premium amount.

The application of the advance premium tax credit towards an individual's health insurance depends on the applicant selecting and enrolling in a qualified health plan through NYSOH. The term qualified health plan does not include a catastrophic plan as described in the federal regulations.

The application of cost-sharing reductions is dependent on an individual enrolling into a silver level qualified health plan, and therefore cannot be applied to a catastrophic health plan.

You testified that you decided on December 13, 2015 to enroll in a Catastrophic level health plan starting January 1, 2016 because the premium responsibility for other plans were too high for your personal use.

Therefore, the December 14, 2015 enrollment confirmation notice confirming your enrollment in a catastrophic level health plan with a premium responsibility of \$125.47 per month, and with not application of an advance premium tax credit or cost sharing reductions is correct and is AFFIRMED.

Decision

The December 14, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 21, 2016

How this Decision Affects Your Eligibility

You remain eligible for up to \$203.00 in advance premium tax credits.

You remain eligible for cost-sharing reductions.

You are ineligible to apply the advance premium tax credits and cost-sharing reductions towards your catastrophic health plan.

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
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Summary

The December 14, 2015 enrollment confirmation notice is AFFIRMED.

You remain eligible for up to \$203.00 in advance premium tax credits.

You remain eligible for cost-sharing reductions.

You are ineligible to apply the advance premium tax credits and cost-sharing reductions towards your catastrophic health plan.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

