



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

Notice of Decision

Decision Date: August 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006994

[REDACTED]

Dear [REDACTED]

On July 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 13, 2015 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 and 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) § 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006994



Issue

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

Did New York State of Health (NYSOH) properly determine that you were eligible for the correct level of cost-sharing reductions effective January 1, 2016?

Procedural History

On December 13, 2015, NYSOH issued an eligibility determination based upon your application for financial assistance on December 12, 2015. That determination found you eligible to receive up to \$229.00 per month in advance premium tax credits and cost-sharing reductions effective January 1, 2016. The determination was based upon your reported household income of \$26,999.96.

Also on December 13, 2015, NYSOH issued an enrollment notice confirming you enrolled in Fidelis Care Silver ST INN Pediatric Dental Dep25 with a premium responsibility of \$148.65 with a plan enrollment start date of January 1, 2016.

On February 11, 2016, you contacted NYSOH's Account Review Unit and appealed the level of cost-sharing reductions you were deemed eligible to receive for 2016.

On July 15, 2016, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

- 1) According to your NYSOH account and testimony, you expect to file your 2016 federal income, with the tax filing status of single, and will not be claiming any dependents on that return.
- 2) According to your NYSOH account and testimony, you are issued \$519.23 in gross income per week.
- 3) The application that was submitted on December 12, 2016, listed an annual household income of (\$519.23 X 52) \$26,999.96.
- 4) According to your NYSOH account, you reside in Onondaga County, New York.
- 5) On December 13, 2015, NYSOH issued an enrollment notice confirming you enrolled in Fidelis Care Silver ST INN Pediatric Dental Dep25 with a plan enrollment start date of January 1, 2016.
- 6) You testified that your 2016 health plan has a deductible of \$1,500.00, and your 2015 health plan through NYSOH did not have a deductible.
- 7) You testified that having a \$1,500.00 deductible renders the health insurance useless because all your out-of-pocket expenses will not exceed that threshold.

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

Applicable Law and Regulations

Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through the NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the federal poverty level (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 qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

The FPL “for the benefit year for which coverage is requested” (45 CFR § 155.305(g)(1)(i)(C)) on the date of your applications was the 2015 FPL, which was \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Levels of Cost-Sharing Reductions

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).

NYSOH directs insurers to offer three variations of silver-level qualified health plans, in addition to a full-cost plan, which provide varying levels of financial assistance, called “cost-sharing reductions” (CSR) using the following categories:

- (1) Those individuals with an annual household income that is at least 100% but less than or equal to 150 % of the FPL,
- (2) Those individuals with an annual household income that is greater than 150% but less than or equal to 200% of the FPL, and
- (3) Those individuals with an annual household income that is greater than 200 but less than or equal to 250% of the FPL

(see 45 CFR § 155.305(g)(2)).

Each category listed above gives a different level of cost-sharing reductions, so that you will receive financial assistance based on the level of your income. These subsidies reduce the deductibles, copayments, coinsurance, and other out-of-pocket charges that people eligible for cost-sharing reductions pay when they use benefits covered by their health plan.

87% of expenses are covered for a person with an annual household income that is between 150 and 200 percent of the FPL, and 73% of expenses for a person with an annual household income that is between 200 and 250 percent of the FPL (see 45 CFR § 155.305(g)(2); 45 CFR § 156.420(a)).

Legal Analysis

The issue is whether NYSOH properly determined the level of cost-sharing reductions you were eligible for effective January 1, 2016.

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL.

In the application that was submitted on December 12, 2015, you expected to file a 2016 federal income tax return, with tax status of single, and did not expect to claim any dependents on that return. Therefore, you are in a one-person tax household. Furthermore, you attested to an annual household income of \$26,999.96.

An annual income of \$26,999.96 is 229.40% of the 2015 federal poverty level (FPL) for a one-person household. Since your household met the non-financial requirements and had a household modified adjusted gross income (MAGI) that was at or below 250% of the FPL for the applicable family size, you were correctly found eligible for CSR effective January 1, 2016.

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On December 13, 2015, NYSOH you enrolled in a Fidelis Care silver plan with an enrollment start date of January 1, 2016

NYSOH directs issuers to offer three variations of silver-level qualified health plans, which provide varying levels of coverage

87% of expenses are covered for a person with an annual household income that is between 150 and 200 percent of the FPL. 73% of expenses are covered for a person with an annual household income that is between 200 and 250% of the FPL.

Therefore, the Appeals Unit finds that for 2016 you are eligible for the third-level of CSR, as provided for by 45 CFR § 155.305(g)(2)(iii).

The particulars of the terms of coverage regarding covered medical services, treatment, prescriptions, and the amount of co-pays, deductibles, and out of pocket costs for which you are responsible for are set by the individual plans and, are not reviewable by NYSOH Appeals Unit. In other words, while the Appeals Unit can confirm the level of CSR to which you are entitled, it cannot determine whether your particular plan meets the requirements of that level.

Your case will be returned to NYSOH to confirm that your enrollment for 2016 was in a plan that reflects you are eligible for the third-level of cost-sharing reductions.

Decision

The December 13, 2015 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED TO NYSOH** to confirm that your enrollment for 2016 was in a plan that reflects that you are eligible for cost-sharing reductions with an actuarial value of 73%.

Effective Date of this Decision: August 17, 2016

How this Decision Affects Your Eligibility

You remain eligible for cost-sharing reductions.

Your case has been returned to NYSOH to determine that you are receiving the appropriate level of cost-sharing reductions.

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 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 December 13, 2015 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED TO NYSOH** to confirm that your enrollment for 2016 was in a plan that reflects that you are eligible for cost-sharing reductions with an actuarial value of 73%.

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 for cost-sharing reductions.

Your case has been returned to NYSOH to determine that you are receiving the appropriate level of cost-sharing reductions.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

