



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

Notice of Decision

Decision Date: January 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012331

[REDACTED]

Dear [REDACTED],

On January 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 8, 2016 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 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) § 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: January 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012331



Issue

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

Did NY State of Health properly determine that you were eligible to purchase a qualified health plan at full cost, effective November 1, 2016?

Procedural History

On March 31, 2016, NY State of Health (NYSOH) received your application for health insurance.

On April 1, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan, effective May 1, 2016.

Also, on April 1, 2016 NYSOH issued an enrollment confirmation notice, based on your plan selection on March 31, 2016, stating that your plan enrollment start date was May 1, 2016.

On September 30, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared, stating that you were eligible to enroll in a qualified health plan at full cost.

Also, on September 30, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as you were not eligible for financial assistance.

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 October 8, 2016, NYSOH issued an eligibility determination notice based on the information contained in the September 30, 2016 application, stating you were eligible to purchase a qualified health plan at full cost effective November 1, 2016. The notice further stated that you and were not eligible to enroll in the Essential Plan because you were already enrolled in or eligible for minimum value employer sponsored insurance.

On January 20, 2017, 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 filed an application with NYSOH for financial assistance on March 31, 2016.
- 2) You testified that your application counselor incorrectly did not note that you had employer-sponsored health insurance coverage on your March 31, 2016 NYSOH application.
- 3) On September 30, 2016 you filed an application with NYSOH stating that you had health coverage through an employer sponsored plan.
- 4) The application that was filed on September 30, 2016 listed an annual household income of \$22,600.00 You testified that this amount was correct at the time you filed your application.
- 5) You testified that your household income of \$22,600.00 consists of income from a pension.
- 6) You testified that you were enrolled in employer sponsored health insurance for all of 2016.
- 7) You testified that the annual cost of the health insurance through your employer is \$0.00.
- 8) The October 8, 2016 determination found you ineligible for the Essential Plan because you were already enrolled in minimum value employer sponsored insurance or have access to coverage that costs less than 9.66% of your income.

- 9) You testified that you were seeking a redetermination of your eligibility insofar as you would like to be deemed eligible for the Essential Plan in order to help cover prescription costs.

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

Applicable Law and Regulations

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), N.Y. Soc. Serv. Law § 369-gg(3), 42 USC § 18051).

Employer-Sponsored Insurance

An employee who may enroll in an employer-sponsored health insurance plan and an individual who may enroll in the plan because of a relationship to the employee are considered eligible for minimum essential coverage as long as the plan “is affordable and provides minimum value” (26 CFR § 1.36B-2(c)(3)(i)).

An eligible employer-sponsored plan is “affordable” if the portion of the annual premium that the employee or related individual must pay for self-only coverage does not exceed the required contribution. The required contribution percentage is 9.66% of the employee’s household income for 2016 (26 CFR §1.36B-2(c)(3)(v), 26 CFR §1.36B-2T, IRS Rev. Proc. 2014-62).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible to purchase a qualified health plan at full cost.

On September 30, 2016 you filed an application with NYSOH stating that you had health coverage through an employer sponsored plan for 2016. In the eligibility determination notice issued on October 8, 2016, NYSOH denied the

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).

Essential Plan to you because you were eligible for or enrolled in health insurance coverage through your employer.

An employee or a related individual to the employee, who is eligible to enroll in an employer-sponsored health insurance plan that is affordable and provides minimum value, is not eligible to enroll in an Essential Health Plan through NYSOH.

During the hearing, you testified that you are enrolled in employer-sponsored insurance and it is provided to you without cost. Employer-sponsored health insurance coverage is considered to be affordable if it costs no more than 9.66% of the household income. NYSOH uses the amount you would pay for self-only coverage through your employer to calculate whether or not a plan is affordable.

The application that was filed on September 30, 2016 listed an annual household income of \$22,600.00. You testified that this amount was correct at the time you filed your application.

Therefore, your employer sponsored health insurance coverage would be unaffordable to you if the premium cost associated with the self-only plan cost more than \$2,183.16 per year ($\$22,600.00 \times 9.66\%$).

You provided testimony that you are enrolled in a self only plan through your employer at no cost to you. Since your annual cost for a self-only plan through your employer is less than \$2,183.16, it is considered affordable by NYSOH and therefore you are not eligible for the Essential Plan.

Since you have health insurance coverage through your employer that costs less than 9.66% of your household income and there is no indication in the record that the coverage does not provide minimum value to you, the October 8, 2016 eligibility determination is correct and is AFFIRMED.

Decision

The October 8, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 31, 2017

How this Decision Affects Your Eligibility

You are not eligible for financial assistance through NYSOH.

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 are not eligible for the Essential 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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 8, 2016 eligibility determination is **AFFIRMED**.

You are not eligible for financial assistance through NYSOH.

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 are not eligible for the Essential Plan.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

