



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

Notice of Decision

Decision Date: July 3, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000561

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On May 20, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 27, 2014 eligibility redetermination.

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 notice.

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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[REDACTED]
[REDACTED]
[REDACTED]

Issue(s)

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

Did the Marketplace properly determine that the effective date of [REDACTED] enrollment in a qualified health plan (QHP) was May 1, 2014?

Procedural History

You applied for health insurance through the Marketplace on October 30, 2013, and updated your application on January 25, 2014 and March 24, 2014.

On March 27, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you were eligible to enroll in a qualified health plan (QHP) and were eligible to receive up to \$305 monthly of advance premium tax credits (APTC) and also cost-sharing reductions (CSR) provided you selected a silver level QHP. You chose a silver level QHP that day.

On April 7, 2014, you spoke with the Marketplace Customer Service Unit and appealed the May 1, 2014 effective date of health insurance coverage.

On May 20, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and held open for 15 days, until June 3, 2014, for the sole purpose of providing you an opportunity to submit additional evidence relating to the cancellation of your Medicaid coverage.

The Marketplace received one document from you on May 21, 2014, which is a Notice of Decision on Your Medical Assistance from New York Health Options

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indicating that your Medicaid would be discontinued effective March 29, 2014. This document was received into the record as Appellant's Exhibit A.

There being no further evidence to be submitted, the record was closed.

Findings of Fact

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

- 1) Appellant testified and provided documentary proof that his Medicaid coverage was discontinued effective March 29, 2014 (Appellant Testimony, 5/19/2014; Appellant's Exhibit A).
- 2) Appellant testified that he does not need retroactive health insurance coverage to April 1, 2014, because he did not have any medical or prescription expenses during that month (Appellant Testimony, 5/19/2014).
- 3) Appellant testified that he is happy with his QHP and dental plan and has used his insurance card without any problem during May 2014 for a doctor's visit and to fill a prescription (Appellant Testimony, 5/19/2014).

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

Applicable Law and Regulations

If a qualified health plan (QHP) selection is made on or before December 23, 2013, the Exchange must ensure a coverage effective date of January 1, 2014 (45 CFR § 155.410(c)(1)(i)).

If the individual enrolls in a plan between the first and fifteenth day of any subsequent month during the initial open enrollment period, the Exchange must ensure a coverage effective date of the first day of the following month (45 CFR § 155.410(c)(1)(ii)).

If an individual enrolls between the sixteenth and last day of the month for any month between December 2013 and March 31, 2014, the Exchange must ensure a coverage effective date of the first day of the second following month (45 CFR § 155.410(c)(1)(iii)).

Legal Analysis

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An individual must enroll in a QHP between the first and fifteenth day of a month during the open enrollment period in order to have a coverage effective date of the first day of the next month. If an individual enrolls between the sixteenth and the last day of the month, coverage is effective the first day of the second following month.

Here, the credible evidence shows that Appellant chose a QHP on the 27th of March 2014, and the Marketplace properly enrolled him in a QHP the second following month, that is, on May 1, 2014.

Since Appellant credibly testified that he incurred no medical expenses during April 2014 and subsequently accepted the May 1, 2014 effective date of QHP coverage, the issue of retroactive coverage is moot.

Therefore, the March 27, 2014 eligibility determination is AFFIRMED and the May 1, 2014 effective date of coverage in a QHP and dental plan remain in effect.

Decision

The Marketplace's March 27, 2014 eligibility determination is AFFIRMED.

The May 1, 2014 effective date of Appellant's coverage in a QHP and dental plan remain in effect.

Effective Date of this Decision: July 3, 2014

How this Decision Affects Your Eligibility

The Decision is a final determination by the NY State of Health Marketplace (Marketplace) regarding your enrollment in a QHP and dental plan.

You remain eligible to receive APTC and CSR and have health and dental insurance coverage through Fidelis Care Silver and Adult Smiles, respectively, beginning on May 1, 2014.

If You Disagree with this Decision (Appeal Rights)

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the

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Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of this Decision.

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 for assistance.

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:
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- By fax: 1-855-900-5557

Summary

The March 27, 2014 eligibility determination is AFFIRMED.

██████████ remains eligible to receive APTC and CSR and has health and dental insurance coverage through Fidelis Care Silver and Adult Smiles, respectively, beginning on May 1, 2014.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]