



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

## Notice of Decision

Decision Date: April 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001258

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 27, 2015, you appeared by telephone at a hearing on your appeal of the 2015 enrollment start date for dental coverage for you and your son.

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 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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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001258

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine that dental plan coverage for you and your son would take effect February 1, 2015, pending timely payment of your initial premium?

## Procedural History

The Marketplace received your renewal application on December 5, 2014. You updated the application on December 7, 2014.

On December 8, 2014, the Marketplace issued a notice of eligibility redetermination on your December 7, 2014 updated application. It said that, effective January 1, 2015, you and your son were eligible to remain enrolled in qualified health plans (QHP) at full cost.

On December 16, 2014, the Marketplace issued a letter confirming your enrollment in health plans as of December 15, 2014. It confirmed that you are enrolled in Total Independence Gold and that your son is enrolled in Total Independence Bronze.

On December 23, 2015, the Marketplace issued a letter confirming your enrollment as of December 16, 2014. It confirmed the QHP enrollments and added your enrollments in a dental plan, Family Dental.

On December 22, 2014, you spoke with a representative of the Marketplace's Account Review Unit and appealed the February 1, 2015 enrollment start date of dental coverage for you and your son.

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On January 27, 2015, 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**

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

- 1) You testified that you were assisted by a broker on December 15, 2014, in updating your online Marketplace application for 2015.
- 2) On December 16, 2014, the Marketplace issued a letter confirming health plan enrollment for you and your son as of December 15, 2014.
- 3) On December 23, 2015, the Marketplace issued a letter confirming health plan and dental plan enrollment for you and your son as of December 16, 2014.
- 4) You testified and provided a written statement that you personally accessed your online Marketplace account on December 19, 2014, and selected dental plans for both you and your son (Appellant's Exhibit A, p.4).
- 5) You testified that on December 19, 2014, you confirmed your plan selection in your Marketplace account and that that your "Managed Plans" tab showed that your and your son's dental plans had been submitted for coverage beginning January 1, 2015.
- 6) When you reviewed your Marketplace account on December 22, 2014, you noticed that the start date for your dental plans was February 1, 2015. You took a screen shot of your Marketplace account Plans tab on December 23, 2014, which displays the effective dates of coverage (Appellant's Exhibit A, pp. 2-3).
- 7) You testified that you purchased dental coverage for you and your son outside the Marketplace at a similar cost and are satisfied with your purchase and are not seeking to have your dental coverage through the Marketplace backdated to January 1, 2015.

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

## **Applicable Law and Regulations**

Federal regulations and contractual agreements govern the dates on which coverage begins and ends for qualified health plans (QHP) and stand-alone dental plans.

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Enrollments based on eligibility determinations for the 2015 benefit year are governed by 45 CFR § 155.410(f) in the Code of Federal Regulations. If the QHP selection is received on or before December 15, 2014, the plan can take effect on January 1, 2015, provided the first premium payment is timely made. If the QHP selection is received between December 16, 2014 and January 15, 2015, the plan takes effect on February 1, 2015, provided the first premium payment is timely made.

There is a federal regulation specifically on stand-alone dental plans (45 CFR § 155.1065), but it does not identify the start date for plans. This is clarified by the contract between the dental plan and the Marketplace.

Each QHP and stand-alone dental plan that offers coverage through the Individual Marketplace enters a standard contract, and the same contract is used for both types of plans. In Appendix C of the contract, the term “QHP” is defined to include dental plans: “Qualified Health Plan’ or ‘QHP’ shall mean a health benefit plan that has received the Exchange’s certification to be offered through the Exchange, including a Stand-Alone Dental Plan except where otherwise noted.”

## **Legal Analysis**

The coverage start date for a qualified health plan (QHP) or stand-alone dental plan purchased through the Marketplace is governed by federal regulation and by contract between the Marketplace and the plans. Plans selected from December 16, 2014 to January 15, 2015, inclusive, properly began on February 15, 2015.

The earliest reference to dental plan enrollment in your account is the Marketplace notice confirming your enrollments as of December 16, 2014. The earliest date you testified to confirming dental plan enrollment is December 19, 2014. Coverage requested on either date would take effect on February 15, 2015. Therefore, the information provided in the Plans tab in your Marketplace account on December 23, 2014 was correct.

However, you testified that you purchased dental coverage outside the Marketplace and are not interested in having your Marketplace dental coverage backdated to January 1, 2015. Thus, the issue of the 2015 start date of dental coverage for you and your son is moot.

## **Decision**

The Marketplace properly determined that dental plan coverage requested for you and your son during December 2014 would take effect February 1, 2015, pending timely payment of your initial premium and that determination is **AFFIRMED**.

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).

**Effective Date of this Decision:** April 16, 2015

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

## **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:

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- By fax: 1-855-900-5557

## **Summary**

The Marketplace properly determined that dental plan coverage requested for you and your son during December 2014 would take effect February 1, 2015, pending timely payment of your initial premium and that determination is AFFIRMED.

This decision does not change your eligibility.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]