



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

## Notice of Decision

Decision Date: April 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001289

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 13, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 31, 2014 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 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).

This page intentionally left blank.



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

## Decision

Decision Date: April 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001289

[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 your 2015 stand-alone dental coverage took effect on February 1, 2015?

## Procedural History

During 2014, you and your spouse were enrolled in a qualified health plan (QHP) and in a stand-alone dental plan.

On November 6, 2014, the Marketplace notified you that it was time to renew your NY State of Health coverage. The notice stated that based on the information available from federal and state sources, the Marketplace was unable to make a decision on whether you qualified for financial assistance. It requested that you update your Marketplace account by December 15, 2014, so that a determination could be made.

On December 10, 2014, the Marketplace received your updated application.

On December 11, 2014, the Marketplace issued a notice of eligibility determination. It stated that you and your spouse were eligible to enroll in a QHP; eligible to receive an advance premium tax credit (APTC) of up to \$250.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective January 1, 2015.

Also on December 11, 2014, the Marketplace issued a notice confirming that, as of December 10, 2014, you and your spouse had selected your 2015 QHP, with coverage to begin on January 1, 2015.

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 December 25, 2014, the Marketplace issued a notice stating your existing stand-alone dental plan would end effective December 31, 2014.

On December 30, 2014, you updated your application and selected a stand-alone dental plan for yourself and your spouse, with the same carrier you used for 2014 coverage. The Marketplace made a preliminary determination that, among other things, indicated your dental plan coverage would begin on February 1, 2015.

On December 30, 2014, you spoke with the Marketplace's Account Review Unit to appeal the February 1, 2015 enrollment start date for your dental plan.

On December 31, 2014, the Marketplace issued a notice of eligibility determination based on your December 30, 2014 application. It stated that you and your spouse remained eligible to enroll in a QHP; eligible to receive an APTC of up to \$248.00 per month; and, if you selected a silver-level plan, eligible for CSR, effective February 1, 2015.

Also on December 31, 2014, the Marketplace issued a notice confirming your enrollment in the QHP and in the stand-alone dental plan that you had selected. The notice stated that your coverage could start as early as January 1, 2015, provided your first month's premium was received.

On February 13, 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 are seeking insurance coverage for both yourself and your spouse.
- 2) You and your spouse were enrolled in a qualified health plan (QHP) and a stand-alone dental plan during 2014.
- 3) On December 10, 2014, you submitted an application and selected a 2015 QHP for yourself and your spouse.
- 4) On December 11, 2014, the Marketplace issued a notice confirming your 2015 QHP enrollment, with coverage beginning January 1, 2015.

- 5) You testified that on December 10, 2014, you selected both your QHP and your stand-alone dental plan for 2015. You further testified that your dental plan selection seemed to be in “pending status” in your account.
- 6) You testified you called the Marketplace twice between December 10, 2014 and December 21, 2014 to confirm that your 2015 stand-alone dental plan would take effect on January 1, 2015, but did not reach a Customer Service representative.
- 7) You further testified that you spoke with a Marketplace representative on December 30, 2014, and enrolled in your dental plan. In the same conversation, you requested an appeal of the dental plan’s February 1, 2015 start date.
- 8) On December 31, 2014, the Marketplace issued a notice confirming your selection of and enrollment in a QHP and a stand-alone dental plan as of December 30, 2014

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

## **Applicable Law and Regulations**

The Marketplace must provide an initial open enrollment period and annual open enrollment periods during which qualified individuals may enroll in a QHP (qualified health plan) and enrollees may change QHPs (45 CFR § 155.410(a)).

For the benefit year beginning on January 1, 2015, the annual open enrollment period began on November 15, 2014, and extended through February 15, 2015 (45 CFR § 155.410(e)).

For the benefit year beginning on January 1, 2015, the Marketplace was required to ensure coverage became effective:

- (1) January 1, 2015 for QHP selections received by the Marketplace on or before December 15, 2014;
- (2) February 1, 2015 for QHP selections received by the Marketplace from December 16, 2014 through January 15, 2015; and
- (3) March 1, 2015 for QHP selections received by the Marketplace from January 16, 2015 through February 15, 2015.

(45 CFR § 155.410(f))

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).

For the benefit year beginning January 1, 2015, QHP coverage takes effect on January 1, 2015 for plans selected in the Marketplace on or before December 20, 2014 (45 CFR §155.410(f)(1); NY State of Health Extends December 15 Enrollment Deadline, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-extends-december-15-enrollment-deadline> [last updated December 12, 2014]).

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 point 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 issue under review is the effective date for your 2015 stand-alone dental plan.

In order to have your coverage under the dental plan begin January 1, 2015, you would have had to select this plan for enrollment by December 20, 2014.

You credibly testified that on December 10, 2014, you selected both your qualified health plan (QHP) and your stand-alone dental plan for 2015. You also testified credibly that the Marketplace gave you a “pending” message on your dental plan enrollment, so you attempted to contact the Marketplace to confirm that enrollment.

You credibly testified that you were unable to speak to a Marketplace representative until December 30, 2014, when you completed your dental plan enrollment. Because the dental-plan enrollment was completed after December 20, 2014, it was automatically given a February 1, 2015 start date by the system.

Your testimony and the available record provide sufficient evidence to support your contention that you selected your stand-alone dental plan in the Marketplace on December 10, 2014, which gives you a plan effective date of January 1, 2015.

Since you selected your dental-plan on December 10, 2014, it should have been included in the December 11, 2014 notice confirming your 2015 plan enrollment.

Therefore, the December 11, 2014 notice confirming that your 2015 QHP coverage would begin on January 1, 2015 is MODIFIED to include your 2015 stand-alone dental plan.

Since dental plan coverage for yourself and your spouse began on January 1, 2015, you owe the carrier the premium for January 2015 coverage if you have not already paid it.

## **Decision**

The December 11, 2014 notice confirming that your 2015 qualified health plan coverage would begin on January 1, 2015 is MODIFIED to include your 2015 stand-alone dental plan.

**Effective Date of this Decision:** April 21, 2015

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

Qualified health plan and stand-alone dental plan coverage for 2015 took effect for you and your spouse on January 1, 2015.

Since dental plan coverage for yourself and your spouse began on January 1, 2015, you owe the carrier the premium for January 2015 coverage if you have not already paid it.

## **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

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).

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 11, 2014 notice confirming that your 2015 qualified health plan coverage would begin on January 1, 2015 is MODIFIED to include your 2015 stand-alone dental plan.

Qualified health plan and stand-alone dental plan coverage for 2015 took effect for you and your spouse on January 1, 2015.

Since dental plan coverage for yourself and your spouse began on January 1, 2015, you owe the carrier the premium for January 2015 coverage if you have not already paid it.

### **Legal Authority**

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

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).



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

[REDACTED]  
[REDACTED]  
[REDACTED]