



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: AP000000001290

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 30, 2014, eligibility determination.

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 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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Issue

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace issue your notice of eligibility determination within the time required?

Is February 1, 2015 the correct effective date for your Silver Standard Silver ST INN Dep25 health plan?

Procedural History

On November 6, 2014, the Marketplace issued a notice to remind you to renew your NY State of Health coverage. The notice states that based on the information from federal and state sources, a decision cannot be made on whether you qualify for financial help paying for health coverage. The notice directs you to, "please update your NY State of Health account by December 15, 2014."

On December 3, 2014, you modified your Marketplace account. On December 4, 2014, the Marketplace issued a notice stating that more information was needed to make an eligibility determination and directing you to submit income documentation by December 21, 2014.

On December 29, 2014, you modified your Marketplace account. On December 30, 2014, the Marketplace issued two notices. The first is an eligibility determination notice stating: You are conditionally eligible to receive advance premium tax credits up to \$211.00 per month, conditionally eligible for cost-sharing reductions, and not eligible for Medicaid. The notice also states that further income documentation is needed to verify your eligibility. The effective

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date of the eligibility determination is February 1, 2015. The second notice confirms your enrollment as of December 29, 2014, in the Silver Standard Silver ST INN Dep25 health plan. The notice states that if you pay your first month's premium, your coverage could start as early as February 1, 2015.

On December 30, 2014, you spoke to the Marketplace Account Review Unit and appealed the December 30, 2014 notices insofar as your insurance plan and financial assistance would not begin until February 1, 2015.

On January 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing. The record was held open until February 5, 2015, to allow you to submit additional documentation. No additional evidence was received within the allotted time. The record is now closed.

Findings of Fact

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

- 1) The Marketplace notified you in a November 6, 2014, notice that a decision could not be made on whether you qualify for financial help paying for health coverage for 2015 through New York State of Health. The notice directs you to, "please update your NY State of Health account by December 15, 2014."
- 2) You submitted your initial application to the Marketplace for 2015 health insurance coverage on December 3, 2014.
- 3) The Marketplace notified you in a December 4, 2014 notice that more information was needed by December 21, 2014 for an eligibility determination to be made.
- 4) On December 30, 2014, the Marketplace issued a notice stating you are conditionally eligible to receive advance premium tax credits up to \$211.00 per month, conditionally eligible for cost-sharing reductions, and not eligible for Medicaid.
- 5) On December 30, 2015, the Marketplace issued a notice confirming that on December 29, 2014, you enrolled in the Silver Standard Silver ST INN Dep25 health plan through New York State of Health. The notice states that if you pay your first month's premium, your coverage could start as soon as February 1, 2015.
- 6) At the January 29, 2015, hearing you stated that you would submit additional documentation showing that you had enrolled prior to

December 29, 2014. No additional evidence was received before the record was closed.

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

Applicable Law and Regulations

Timely Notice of Eligibility Determination

The Marketplace must determine an applicant's eligibility promptly and without undue delay. The Marketplace must then provide a timely written notice to an applicant of any eligibility determination made (45 CFR § 155.310(e), (g); 45 CFR § 155.330(e)).

The Marketplace must also provide notice to the applicant if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace (45 CFR § 155.310(k)(1)).

The Marketplace must not proceed with the applicant's eligibility determination, or provide advance payments of the premium tax credit or cost-sharing reductions, unless the applicant provides sufficient information for the Marketplace to make an eligibility determination (45 CFR § 155.310(k)(3)).

QHP Effective Coverage Date

For the benefit year beginning January 1, 2015, QHP coverage may take 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]). Plans selected through January 15, 2015 may take effect on February 1, 2015 (*id.*).

Legal Analysis

The first issue raised on appeal is whether the Marketplace made its eligibility determination in a timely manner.

The Marketplace must determine an applicant's eligibility promptly and without undue delay. The Marketplace must then provide a timely written notice to an

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applicant of any eligibility determination made. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace.

On November 6, 2014, the Marketplace issued a notice to advise you that it was time to renew your health insurance and that more information was needed. The notice directs you to, “please update your NY State of Health account by December 15, 2014.”

You submitted an application on December 3, 2014, but it did not contain all of the information that the Marketplace needed to make an eligibility determination. On December 4, 2014, the Marketplace issued a notice advising you that more information was needed to make a determination and directing you to submit income documentation by December 21, 2014.

On December 29, 2014, you modified your Marketplace account. On December 30, 2014, the Marketplace issued an eligibility determination on that application and confirmed your enrollment, in the Silver Standard Silver ST INN Dep25 health plan. The notice states that if you pay your first month’s premium, your coverage could start February 1, 2015.

Since the Marketplace issued its notice of eligibility determination the day after you provided the information needed to make that determination, that notice was timely.

The second issue raised on appeal is whether February 1, 2015 is the appropriate effective date for your Silver Standard Silver ST INN Dep25 health plan. You enrolled in that plan on December 29, 2014. If you had enrolled on or before December 20, 2014, coverage could have begun on January 1, 2015. Since you enrolled between December 21, 2014 and December 31, 2014, the Marketplace properly determined the effective date of coverage to be February 1, 2015.

Since the Marketplace properly determined that your qualified health plan coverage took effect on February 1, 2015, that determination is AFFIRMED.

Decision

The December 30, 2014 notices of eligibility determination and enrollment confirmation are AFFIRMED.

Effective Date of this Decision: April 16, 2015

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How this Decision Affects Your Eligibility

This Decision does not change your eligibility.

You remain conditionally eligible to receive an advance premium tax credit up to \$211.00 per month, conditionally eligible for cost-sharing reductions, and not eligible for Medicaid.

Your coverage under the Silver Standard Silver ST INN Dep25 health plan is effective February 1, 2015.

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 December 30, 2014 notices of eligibility determination and enrollment confirmation are AFFIRMED.

This Decision does not change your eligibility.

You remain conditionally eligible to receive an advance premium tax credit up to \$211.00 per month, conditionally eligible for cost-sharing reductions, and not eligible for Medicaid.

Your coverage under the Silver Standard Silver ST INN Dep25 health plan is effective February 1, 2015.

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]