



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

Notice of Decision

Decision Date: April 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001302

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 27, 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).

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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001302

[REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly determine that the effective date for your enrollment in a qualified health plan was February 1, 2015?

Procedural History

On November 6, 2014, the Marketplace issued a notice stating that it was time to renew your health coverage for 2015 and that, based on information from federal and state sources, a determination could not be made about whether you qualified for financial help paying for your health coverage. The notice further stated that you must update the information in your NY State of Health account by December 15, 2014 so an appropriate decision could be made.

On November 18, 2014, the Marketplace issued a notice stating that more income information was needed to make an eligibility determination.

On November 19, 2014, the Marketplace received your income information, which included your paystubs from October 15, 2014, October 29, 2014, November 5, 2014, and November 12, 2014.

On December 9, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible to receive an advance premium tax credit of up to \$191.00 per month and eligible for cost-sharing reductions, effective January 1, 2015, based on an expected household income of \$27,144.62. Under "Next Steps," the notice advised you to "[p]ick a health plan" and stated, "You will receive written confirmation from us once you have selected a health plan."

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On December 25, 2014, the Marketplace sent you a disenrollment notice, which stated that coverage under your 2014 qualified health plan (QHP) would end effective December 31, 2014.

On December 26, 2014, your application was modified, including your income.

On December 27, 2014, the Marketplace issued an eligibility redetermination notice that you were eligible for an advance premium tax credit of up to \$192.00 per month and cost sharing reductions, effective February 1, 2015, based on an expected household income of \$27,000.00.

On December 27, 2014, the Marketplace also sent a notice confirming your 2015 QHP enrollment. It stated that coverage would begin after you had paid your first premium and “could start as early as February 1, 2015.”

On or about December 30, 2014, you spoke with the Marketplace’s Account Review Unit and appealed that notice insofar as your effective date of coverage began on February 1, 2015 rather than January 1, 2015.

On February 5, 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 called the Marketplace to renew your application around November 17, 2014, and you were told that your application was complete. You further testified that you were aware that you needed to provide proof of your income and the record reflects that you submitted this supporting documentation on November 19, 2014. You testified that you relied on that information and did not realize that there was an issue until you received the disenrollment notice sent on December 25, 2014.
- 2) You testified that you called the Marketplace after receiving the disenrollment notice and you were told that your application had not been completed.
- 3) You testified that you did not pay attention to the notices issued by the Marketplace until you were disenrolled from your coverage.
- 4) You testified that you picked a plan around December 26, 2014.

- 5) You testified that you do not want to have to be penalized for not having health insurance during January 2015.

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 qualified health plan (QHP) and enrollees may change QHPs (45 CFR §155.410(a)).

The 2015 annual open enrollment period began November 15, 2014 and extended through February 15, 2015 (45 CFR §155.410(e)).

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]).

The Marketplace must ensure coverage is effective on February 1, 2015, for QHP selections received by the Marketplace by January 15, 2015 (45 CFR §155.410(f)(2)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that the effective date for your enrollment in a 2015 qualified health plan (QHP) was February 1, 2015.

You testified that you called the Marketplace around November 17, 2014 to renew your health insurance for 2015. You further testified that you received notices from NY State of Health but did not pay much attention to them because you were told that your application was complete. This changed when you received the December 25, 2014, disenrollment notice, which stated that your coverage would end on December 31, 2014.

On December 26, 2014, the income information in your Marketplace account was modified and you were determined eligible for an advance premium tax credit of up to \$192.00 per month with an eligibility effective date of February 1, 2015.

You testified and the record reflects that you enrolled in a QHP for 2015 on December 26, 2014.

For the 2015 plan year, an enrollee in a QHP in the Marketplace between the beginning of open enrollment and December 20, 2014 is guaranteed a coverage effective date of January 1, 2015. An enrollee who selected a plan between December 21, 2014 and January 15, 2015, is guaranteed a coverage effective date of February 1, 2015.

Since you enrolled in a qualified health plan on December 26, 2014, the Marketplace properly determined that the effective date for your 2015 QHP coverage is February 1, 2015.

Decision

The December 27, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: April 22, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Coverage under your 2014 qualified health plan ended on December 31, 2014.

Coverage under your 2015 qualified health plan began on 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

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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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 27, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

Coverage under your 2014 qualified health plan ended on December 31, 2014.

Coverage under your 2015 qualified health plan began on 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]