



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

**Notice of Decision**

Decision Date: April 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001312

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 16, 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 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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[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 of your enrollment in a qualified health plan was February 1, 2015?

**Procedural History**

On November 5, 2014, the Marketplace sent you a notice that stated it was time to renew your health coverage for 2015 and that effective January 1, 2015, you qualified for Medicaid. The notice further stated that if the Marketplace had made a mistake, you should make changes to your account between November 16, 2014 and December 15, 2014 for your new plan to take effect on January 1, 2015.

On December 21, 2014, the Marketplace issued a notice stating that you had not yet chosen a health plan. It further stated, "Your insurance coverage through Medicaid will begin January 1, 2015, but you must choose a health plan soon or one will be chosen for you."

On December 26, 2014, the Marketplace sent you a disenrollment notice that coverage under your 2014 qualified health plan would end effective December 31, 2014.

On December 29, 2014, the income information in your application was modified, and the Marketplace made a preliminary determination that, effective February 1,

2015, you were eligible for up to \$288.00 per month of advance premium tax credit and eligible for cost-sharing reductions.

On December 30, 2014 an eligibility determination notice was issued based on the modified income information. The notice stated that you were newly eligible for up to \$288.00 per month in advance premium tax credit and, if you enrolled in a silver level health plan, eligible for cost-sharing reductions. This eligibility was effective as of February 1, 2015.

On December 31, 2014, you called the Marketplace's Account Review Unit and requested an appeal regarding the effective date of the determination.

On January 16, 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) On November 27, 2013, the Marketplace issued a notice stating that you had chosen to receive all information from the Marketplace electronically.
- 2) You testified that on November 5, 2014, you received an email from the Marketplace stating there was a new document waiting for you in your inbox.
- 3) You testified that you did not go into your Marketplace inbox at that time because you were working long hours and did not have time to check your inbox. You did not expect to be disenrolled from your plan.
- 4) On December 26, 2014, the Marketplace sent you a disenrollment notice stating that coverage under your 2014 qualified health plan would end effective December 31, 2014.
- 5) You testified that you were not aware that you had been disenrolled from your coverage until December 26, 2014, when you tried to pay your health insurance premium for January 2015. The payment was not accepted, and you received a message that the "contract was not valid."
- 6) You testified that your 2014 health insurance carrier sent you letters and emails indicating that if you paid your monthly premiums that your coverage and benefits would continue.

- 7) You provided an undated letter from Empire with the heading “Pay your premium on time each month to ensure continuous coverage in 2015.” The letter told you to simply pay your premiums on time and the Empire coverage and benefits you rely on would continue.
- 8) You provided an email from Empire with the heading “Follow these next steps to begin your 2015 Empire coverage.” The email told you to “[s]imply pay your premium by January 1, 2015” and you would have uninterrupted access to see your provider or fill prescriptions.
- 9) You testified that you thought that as long as you paid your premium on time, your coverage with Empire would continue because you relied on the letter and emails that were sent by Empire.
- 10) You testified that you reenrolled with the same insurance carrier on December 29, 2014, and that the enrollment was not effective until February 1, 2015.
- 11) You testified that as a result of the one-month gap in your coverage you were considered to be a new enrollee and needed new referrals from your primary care provider for your physical therapy.

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 on January 1, 2015, the Marketplace must ensure coverage is effective on January 1, 2015 for QHP selections made on or before December 15, 2014 (45 CFR §155.410(f)(1)). The New York State of Health extended the December 15, 2014 deadline to December 20, 2014, for coverage beginning January 1, 2015 (NY State Department of Health Press Release, December 12, 2014).

The Marketplace must ensure coverage is effective on February 1, 2015, for QHP selections received by the Marketplace from December 16, 2014 through January 15, 2015 (45 CFR §155.410(f)(2)).

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## **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.

The Marketplace posted a November 5, 2014 notice advising you to renew your health coverage for 2015 and advising you that changes must be made to your account between November 16, 2014 and December 15, 2014 for your new plan to take effect on January 1, 2015.

You received an email alerting you that the November 5, 2014 notice was in your Marketplace mailbox, but you did not access your account to view the notice.

On December 26, 2014, the Marketplace issued a notice advising you that your coverage under your 2014 QHP would end effective December 31, 2014.

On December 29, 2014, you updated the income information in your Marketplace account; you were found newly eligible for an advance premium tax credit (APTC) with an eligibility effective date of February 1, 2015. You testified that you reenrolled in same plan you had during 2014.

For the 2015 plan year, a QHP selected between the beginning of open enrollment and December 20, 2014 takes effect on January 1, 2015. Plans selected between December 21, 2014 and January 15, 2015 take effect on February 1, 2015.

However, you provided evidence that your health plan sent you information that stated you did not need to do anything but pay your January premium in order for your insurance coverage to continue uninterrupted for January 2015. You credibly testified that you relied on the information from your health plan and only when you attempted to pay your January premium were you aware that you had been disenrolled from the plan by the Marketplace. You did not check with the Marketplace to see if there were any issues regarding your enrollment prior to the December 20, 2015 deadline because you reasonably thought your coverage would continue based on the statements from your health plan.

Therefore, the December 30, 2014 eligibility determination is MODIFIED to state that your eligibility for 2015 coverage year is effective January 1, 2015.

## **Decision**

The December 30, 2014 eligibility determination is MODIFIED to state that your eligibility for 2015 coverage year is effective 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).

**Effective Date of this Decision:** April 27, 2015

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

Coverage under the qualified health plan (QHP) that you selected on December 29, 2014 is effective January 1, 2015. You are responsible for any outstanding premiums from January 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 eligibility determination is MODIFIED to state that your eligibility for 2015 coverage year is effective January 1, 2015.

Coverage under the qualified health plan (QHP) that you selected on December 29, 2014 is effective January 1, 2015. You are responsible for any outstanding premiums from January 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]  
[REDACTED]