



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

## Notice of Decision

Decision Date: May 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001324

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 3, 2014 and December 31, 2014 eligibility determinations.

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

Decision Date: May 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001324

[REDACTED]  
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## Issue

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

Did the Marketplace properly determine on November 3, 2014 that you were eligible to enroll in Medicaid effective January 1, 2015?

Did the Marketplace properly disenroll you from your qualified health plan effective December 31, 2014?

Did the Marketplace properly determine on December 29, 2014 and December 30, 2014 that you were eligible to receive an advance premium tax credit of up to \$194.00 per month and cost-sharing reductions, effective February 1, 2015?

## Procedural History

You were enrolled in a qualified health plan (QHP) through the Marketplace, effective January 1, 2014, with an advance premium tax credit.

On November 3, 2014, the Marketplace issued a notice advising you to renew your health insurance coverage for 2015. The notice stated that, according to information from state and federal data sources, you qualified for Medicaid effective January 1, 2015. It further stated that, because you were eligible for Medicaid, the Marketplace could not reenroll you in the health plan you had for 2014. The notice further stated that if you believed the Marketplace had made a mistake, you should log into your account and make changes between November 16, 2014 and December 15, 2014 for your change in coverage to be effective January 1, 2015.

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On December 21, 2014, the Marketplace issued a notice confirming that you would be eligible for Medicaid effective January 1, 2015, and that if you did not choose a Medicaid health plan one would be chosen for you.

On December 26, 2014, the Marketplace notified you that your enrollment in your 2014 qualified health plan was terminated effective December 31, 2014, because you were no longer eligible to remain enrolled in that plan.

On December 29, 2014 and December 30, 2014, the information in your Marketplace account was updated.

On December 30, 2014 and December 31, 2014, the Marketplace issued eligibility determination notices stating that you were newly eligible to enroll in a qualified health plan with an advance premium tax credit of up to \$194.00 per month. It also stated that you were newly eligible for cost-sharing reductions if you enrolled in a silver level plan. This eligibility was effective February 1, 2015.

On January 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it began your 2015 qualified health plan and financial assistance eligibility on February 1, 2015, not on January 1, 2015, and did not provide coverage under either Medicaid or a QHP for the month of January 2015.

On February 11, 2015, you were scheduled to have a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. On that date, the Hearing Officer was unable to reach you and dismissed your appeal.

On February 11, 2015, you asked that the dismissal be vacated, and that request was granted.

On March 6, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed and left open for up to 15 days to provide you an opportunity to submit supporting evidence as directed by the Hearing Officer.

On March 6, 2015, the Marketplace's Appeals Unit received your supporting evidence via fax, which included a copy of your Certificate of Health Coverage with your health plan, dated January 27, 2015, indicating a coverage start date of January 1, 2014 and no coverage end date. These documents were collectively marked as Appellant's Exhibit 1 and incorporated into the record. The record was closed on March 6, 2015.

## Findings of Fact

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

- 1) You currently live in a one-person tax household and expect to file your 2015 tax federal income taxes as single.
- 2) You were enrolled in a qualified health plan (QHP) from January 1, 2014 to December 31, 2014.
- 3) You testified that you do not remember if you received any renewal notices from the Marketplace.
- 4) You testified that you were out of the country and flew back to the United States on December 28, 2014. The record reflects that you updated your Marketplace account on December 29, 2014 and December 30, 2014. You testified that when you updated your application, you provided the correct expected household income of \$27,800.00 for the 2015 tax year.
- 5) You testified that when you returned from your trip, you were sent Medicaid cards.
- 6) You testified that you paid your January 2015 premium payment to your QHP in response to a letter you received from the plan confirming that you would continue the same coverage for 2015. You did not provide a copy of this letter to the Marketplace.
- 7) You testified that you were sick during January 2015 and incurred medical bills, which you paid out of pocket. You further testified that you were told by a Marketplace representative that you had Medicaid coverage during January 2015 and would be switched to your original QHP effective February 1, 2015.
- 8) You provided evidence that your QHP health insurance coverage was effective January 1, 2014 and that the insurance carrier purportedly did not cancel your plan (Appellant's Exhibit 1, March 6, 2015).
- 9) You testified that you would like your insurance coverage reinstated for January 2015 coverage.

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

## **Applicable Law and Regulations**

### Annual Redetermination of Eligibility

Generally, if a person has been determined eligible to enroll in a qualified health plan (QHP) through the Marketplace, the Marketplace “must redetermine” the eligibility of that person “on an annual basis” (45 CFR §§ 155.335(a), 155.20). There are two exceptions to this rule. First, the Marketplace does not redetermine eligibility to enroll in a QHP if the person’s eligibility was redetermined during the prior year, the person was not enrolled in a QHP through the Marketplace when the redetermination was made, and the person has not enrolled in a QHP through the Marketplace since the redetermination was made (45 CFR §§ 155.335(m)). Second, if the Marketplace is not authorized to obtain tax data as part of the redetermination process, the Marketplace must redetermine eligibility for QHP enrollment but cannot redetermine eligibility for insurance affordability programs until that authorization is obtained or the person requests an eligibility determination for the insurance affordability programs (45 CFR §§ 155.335(l), 155.310(b)).

The Marketplace must provide an annual redetermination notice with the person’s projected eligibility determination for the following year, “including, if applicable, the amount of any advance payments of the premium tax credit and the level of any cost-sharing reductions or eligibility for Medicaid, [Child Health Plus], or the [Basic Health Plan]” (45 CFR §§ 155.335(c)(3)).

### Open Enrollment Period

The Marketplace must provide an initial open enrollment period and annual open enrollment periods during which qualified individuals may enroll in a 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]). Plans selected from December 21, 2014 through January 15, 2015, inclusive, take effect on February 1, 2015 (45 CFR § 155.410(f)).

## Legal Analysis

The first issue is whether the Marketplace properly determined on November 3, 2014 that you were eligible to enroll in Medicaid effective January 1, 2015.

Since you were determined eligible to enroll in a QHP during 2014 and authorized the Marketplace to obtain tax data as part of the redetermination process, the Marketplace was required to redetermine your 2015 eligibility to enroll in a QHP and to receive financial assistance.

On November 3, 2014, the Marketplace issued a notice of annual eligibility redetermination notice in your case. This notice stated that, according to information from federal and state sources, you qualified for Medicaid because your income was between \$0.00 and \$16,105.00. The notice indicated that if you believed the Marketplace had made a mistake, you should log into your account and make changes between November 16, 2014 and December 15, 2014 for your new plan to be effective January 1, 2015. The Marketplace extended the December 15, 2014 deadline to December 20, 2014.

Since you did not correct your account by December 20, 2014, the Marketplace properly relied upon the information in the November 3, 2014 notice to make an annual redetermination of your eligibility. Therefore, the November 3, 2014 eligibility determination was correct when made and is AFFIRMED.

The second issue is whether the Marketplace properly determined that your 2015 QHP enrollment, advance premium tax credit (APTC), and cost-sharing reductions would begin effective February 1, 2015.

In the November 3, 2014 notice of eligibility redetermination, the Marketplace advised you that you would be eligible for Medicaid effective January 1, 2015 and that corrections or plan enrollments should be submitted by December 15, 2014. Although the Marketplace extended the plan enrollment deadline to December 20, 2014, you did not update your account and select your 2015 plan until December 29 and 30, 2014. Since you made these changes and selected your plan between December 16, 2014 and January 15, 2015, the effective date for your 2015 QHP, APTC, and cost-sharing reductions is February 1, 2015, as set by the relevant federal regulations.

Although you contended during your hearing that the QHP provider advised you that your coverage would continue with on action on your part and that you paid your insurance premium for January 2015, you did not submit any evidence to support these contentions.

Therefore, the Marketplace's December 31, 2014 eligibility determination is AFFIRMED.

## **Decision**

The November 6, 2014 eligibility determination is AFFIRMED.

The December 31, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** May 19, 2015

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

This decision does not change your eligibility.

Effective February 1, 2015, you are eligible to enroll in a qualified health plan with an advance premium tax credit of up to \$194.00 per month and, while you are enrolled in a silver level plan, cost-sharing reductions.

## **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 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).



## **If You Have Questions about this Decision (Customer Service Resources):**

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- By fax: 1-855-900-5557

## **Summary**

The November 6, 2014 eligibility determination is AFFIRMED.

The December 31, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

Effective February 1, 2015, you are eligible to enroll in a qualified health plan with an advance premium tax credit of up to \$194.00 per month and, while you are enrolled in a silver level plan, cost-sharing reductions.

## **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]