



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

## Notice of Decision

Decision Date: May 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001363

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

Dear [REDACTED],

On February 10, 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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## Decision

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[REDACTED]  
[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 the effective date for your 2015 enrollment in a qualified health plan was February 1, 2015?

## Procedural History

On November 6, 2014, the Marketplace issued a notice advising you to renew your health coverage for 2015. It stated that, according to information from federal and state data sources, you were eligible for Medicaid effective January 1, 2015. 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 be effective January 1, 2015.

On December 14, 2014, you accessed your Marketplace account and selected a health plan for 2015.

On December 27, 2014, the Marketplace issued a notice stating that your 2014 health plan coverage would end effective December 31, 2014.

On December 29, 2014, income information in your application was modified.

On December 30, 2014, an eligibility determination notice was issued based on the modified income information. The notice stated, "your current coverage will end on January 31, 2014." It also stated that you were newly eligible for \$241.00 per month in advance premium tax credit (APTC) as well as eligible for cost-sharing reductions

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(CSR) if you enrolled in a silver level health plan. This eligibility was effective as of February 1, 2015.

On December 31, 2014, the Marketplace issued a letter confirming your qualified health plan and dental plan selections. The letter also informed you of your monthly premium responsibility after the advance premium tax credit was applied. It stated that your coverage could start as early as February 1, 2015, after you paid your first month's premium.

On January 7, 2015, you called the Marketplace's Account Review Unit and appealed the enrollment start date of your plan.

On February 10, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and held open for up to 15 days to give you an opportunity to submit correspondence from your health plan.

As of February 25, 2015, the Appeals Unit had not received any documents from you, so the record was closed at the end of the day.

## **Findings of Fact**

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

- 1) Your Marketplace account indicates that on December 23, 2013, you chose to receive all information from the Marketplace electronically.
- 2) As of November 5, 2014, your annual income on your application was \$19,200.00. You testified that your expected 2015 income is \$24,000.00 and that you updated your income on your Marketplace account on December 29, 2014.
- 3) You testified that you did not access your Marketplace inbox to look at the November 6, 2014 notice that said it was time to renew because you did not receive an e-mail notification that it was there.
- 4) You testified that on December 3, 2014, you spoke with your 2014 health plan and attempted to re-enroll but were told by a plan representative that you should reenroll through the Marketplace.
- 5) You testified that on December 14, 2014 you selected a silver level qualified health plan in the Marketplace and that the system acknowledged your selection before you exited the website.
- 6) Your Marketplace account reflects that you accessed your account and selected a plan on December 14, 2014.

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- 7) You testified, and your Marketplace account reflects, that you again modified your account on December 29, 2014.
- 8) You testified that on December 29, 2014 you realized that the health plan had selected on December 14, 2014 was not listed in your Marketplace account.
- 9) You testified and your Marketplace account reflects that on December 29, 2014, you selected a silver qualified health plan.
- 10) You testified that you thought you had coverage through Medicaid for January 2015, because you had an identification number to use for that month.
- 11) You testified that during January 2015, when you had prescriptions refilled and provided your Medicaid identification number, the pharmacist said you were not covered under Medicaid. You paid for the prescriptions yourself.
- 12) You testified that you were seen by your doctor in January 2015 and paid for that visit.

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]).

“Upon making an eligibility determination, the Exchange must implement the eligibility determination under this section for enrollment in a QHP through the [Marketplace], advance payments of the premium tax credit, and cost-sharing reductions as follows— (1) For an initial eligibility determination, in accordance with the dates specified in § 155.410(c) and (f) and § 155.420(b), as applicable, (2) For a redetermination, in accordance with the dates specified in § 155.330(f) and § 155.335(i), as applicable” (45 CFR § 155.310(f)).

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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 qualified health plan was February 1, 2015.

You testified that you did not receive e-mail notification that the November 6, 2014 renewal notice was in your Marketplace account, but that your insurance carrier's representative advised you to reenroll through the Marketplace for 2015 coverage. You testified that you renewed your silver level qualified health plan in the Marketplace on December 14, 2014. This testimony is supported by information available in the Marketplace, which indicates that you accessed your account and selected a plan or plans on December 14, 2014.

On December 29, 2014, you updated the income information in your Marketplace account and 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 realized then that your December 14, 2014 health plan selection had not registered in your account so you reentered your silver plan.

On December 29, 2014, the Marketplace deleted your Medicaid coverage, which would have taken effect January 1, 2015, and submitted your enrollment in the health and dental plans you had selected. The effective date for both plans was February 1, 2015.

Qualified health plan (QHP) coverage takes effect January 1, 2015 for plans selected in the Marketplace, during the open enrollment period, by December 20, 2014. You credibly testified that you entered your Marketplace account on December 14, 2014 and selected your silver QHP and dental plans for 2015. Your testimony is supported by information preserved in your Marketplace account.

Although the Marketplace recorded your effort to enroll on December 14, 2014, your plan selections were not preserved in the system until you revisited your account on December 29, 2014.

Since the credible evidence of record shows that you updated your account and selected your QHP and dental plans on December 14, 2014, your QHP, dental plan, APTC, and cost-sharing reductions should have taken effect on January 1, 2015.

Accordingly, the December 30, 2014 eligibility determination is MODIFIED to state that the effective date for the plans you selected on December 14, 2014, your APTC, and your cost-sharing reductions is January 1, 2015.

## **Decision**

The December 30, 2014 eligibility determination is MODIFIED to state that the effective date for the plans you selected on December 14, 2014, your APTC, and your cost-sharing reductions is January 1, 2015.

**Effective Date of this Decision:** May 13, 2015

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

The effective date of your 2015 qualified health plan and dental plan, as well as for your advance premium tax credit and cost-sharing reductions, is changed from February 1, 2015 to January 1, 2015.

Coverage for January 2015 will take effect when you pay your qualified health plan and dental plan carriers the premiums you owe for that month.

## **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.

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

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## **Summary**

The December 30, 2014 eligibility determination is MODIFIED to state that the effective date for the plans you selected on December 14, 2014, your APTC, and your cost-sharing reductions is January 1, 2015.

The effective date of your 2015 qualified health plan and dental plan, as well as for your advance premium tax credit and cost-sharing reductions, is changed from February 1, 2015 to January 1, 2015.

Coverage for January 2015 will take effect when you pay your qualified health plan and dental plan carriers the premiums you owe for that month.

## **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]  
[REDACTED]