



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

Notice of Decision

Decision Date: August 7, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001382

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 13, 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]
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Issue

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

Did the Marketplace properly determine on December 30, 2014, that your health insurance plan with EssentialCare Platinum ST INN Dep25, should start on February 1, 2015?

Procedural History

On November 16, 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 or not 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 6, 2014, you modified your Marketplace account. On December 7, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through New York State of Health.

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 \$506.00 per month and not eligible for Medicaid. The notice also states that further income documentation is needed to verify your eligibility. The second notice confirms your enrollment as of December 29, 2014, in the EssentialCare Platinum ST INN Dep25 health plan. The notice states that if you pay your first month's premium, your coverage will start February 1, 2015.

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On January 7, 2015, you spoke to the Marketplace's Account Review Unit and appealed the December 30, 2014 eligibility determination insofar as the coverage effective date of February 1, 2015.

On February 13, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing. The record is now complete and closed.

Findings of Fact

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

- 1) The Marketplace notified you in a November 16, 2014 notice that a decision cannot be made on whether or not 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 testified that you spoke with the Marketplace Customer Service Unit on December 6, 2014. You stated that you were advised to call New York State of Health back when you were certain what your son's 2015 anticipated income was to accurately calculate your household income.
- 3) You testified that you contacted your accountant to get financial information for your son to accurately project his 2015 income.
- 4) An initial application for 2015 health insurance through the Marketplace was submitted on December 6, 2014.
- 5) On December 7, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through New York State of Health.
- 6) On December 29, 2014, you contacted the Marketplace Customer Service Unit to provide the information from your accountant regarding your son's finances to accurately project his 2015 income.
- 7) On December 30, 2014, the Marketplace issued a notice which confirms your enrollment as of December 29, 2014, in the EssentialCare Platinum ST INN Dep25 health plan. The notice states that if you pay your first month's premium, your coverage will start February 1, 2015.

- 8) You testified that you paid \$1,200.00 to Health Republic for your January 2015 health insurance premium.
- 9) You testified that you paid two \$35.00 co-payments in January 2015.

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

Applicable Law and Regulations

Qualified Health Plan (QHP) Effective Coverage Date:

For the benefit year beginning on January 1, 2015, when an applicant selects a QHP through the Marketplace from December 16, 2014 through January 15, 2015, the Marketplace must ensure that the effective date of the coverage be February 1, 2015 (45 CFR § 155.410(f)(2)).

Legal Analysis

Currently at issue is whether or not the Marketplace properly began your health insurance plan on February 1, 2015

You first contacted the Marketplace on December 6, 2014, to apply for health insurance coverage for 2015. You testified that you spoke with Marketplace Customer Service Unit. You stated that you were advised to call New York State of Health back when you were certain what your son's 2015 anticipated income would be to accurately calculate your 2015 household income.

The Marketplace processed an initial application for 2015 health insurance through the Marketplace on December 6, 2014. On December 7, 2014, the Marketplace issued an eligibility determination notice that stated you were eligible to purchase a qualified health plan at full cost through New York State of Health.

On December 29, 2014, you contacted the Marketplace to provide your son's anticipated income for 2015 and chose a health plan through the Marketplace. On December 30, 2014, the Marketplace issued a notice confirming your enrollment as of December 29, 2014, in the EssentialCare Platinum ST INN Dep25 health plan. The notice states that if you pay your first month's premium, your coverage will start February 1, 2015.

Since the date you enrolled in the qualified health plan falls between December 16, 2014 and January 15, 2015, the Marketplace properly determined the effective date of coverage to be February 1, 2015. Therefore, the February 1, 2015 effective date is AFFIRMED.

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Decision

The December 30, 2014, notice of eligibility determination is AFFIRMED.

Effective Date of this Decision: August 7, 2015

How this Decision Affects Your Eligibility

This Decision does not change your eligibility.

You remain conditionally eligible to receive advance premium tax credits up to \$506.00 per month.

Your qualified health plan coverage through EssentialCare Platinum ST INN Dep25 health plan through New York State of Health is effective February 1, 2014.

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

Summary

The December 30, 2014, notice of eligibility determination is AFFIRMED.

This Decision does not change your eligibility.

You remain conditionally eligible to receive advance premium tax credits up to \$506.00 per month.

Your qualified health plan coverage through EssentialCare Platinum ST INN Dep25 health plan through New York State of Health is effective February 1, 2014.

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]