



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

Notice of Decision

Decision Date: August 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001474

[REDACTED]

Dear [REDACTED],

On February 17, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001474

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Issue

Were you enrolled in Empire HMO 2000 Silver ST INT Pediatric Dental Dep 25 during the month of January 2015?

Procedural History

In a notice dated April 16, 2014, the Marketplace stated that you were temporarily eligible to enroll in a qualified health plan with tax credits to help pay for insurance and, if you enrolled in a silver level plan, cost-sharing reductions. The notice confirmed that you had selected Empire Silver Guided Access – cbnw and Dentcare Adult and that and you had elected to apply your entire advance premium tax credit of \$314.00 per month to the cost of your premiums.

In a renewal notice dated November 6, 2014, the Marketplace advised you that it could not make a decision on your eligibility from federal and state sources and asked you to update your account by December 15, 2014. The notice further stated, "We will send you a notice with your new coverage information and any financial assistance you will receive."

A Notice of Eligibility Determination dated December 22, 2014 stated that, effective January 1, 2015, you qualified to purchase a qualified health plan at full cost and would continue to receive services through your current health plan.

A December 23, 2014, notice confirmed your enrollment as of December 22, 2014 in Empire HMO 2000 Silver ST INT Pediatric Dental Dep 25 at a cost of \$471.19 per month. The notice further stated: "If you have a premium responsibility, you will receive an invoice for your first month's premium. You

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must pay the monthly premium for this coverage before your coverage can begin.”

A December 25, 2014, Disenrollment Notice stated that your coverage under Empire Silver Guided Access – cbnw and Dentcare Adult would end effective December 31, 2014.

On January 15, 2015, you spoke with the Marketplace’s Account Review Unit to appeal the December 23, 2014 notice.

A January 16, 2015, Disenrollment Notice stated that your coverage under Empire HMO 2000 Silver ST INT Pediatric Dental Dep 25 would end effective January 31, 2015.

On February 17, 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

- 1) During 2014, you obtained through the Marketplace an individual health insurance policy and used an advance premium tax credit to offset a portion of the cost.
- 2) In a renewal notice, the Marketplace advised you that it could not make a decision on your future eligibility from federal and state sources and asked you to update your account by December 15, 2014 (11/6/14 Marketplace notice).
- 3) You did not update your account or select a health insurance plan during November or December 2014 (2/17/15 testimony).
- 4) The Marketplace issued a Notice of Eligibility Determination stating that, effective January 1, 2015, you qualified to purchase a qualified health plan at full cost and would continue to receive services through your current health plan (12/22/14 notice).
- 5) Your coverage under your 2014 Empire plan and 2014 Dentcare Adult plan ended effective December 31, 2014 (12/25/14 notice).
- 6) You were enrolled in an Empire HMO 2000 Silver ST INT Pediatric Dental Dep 25 at a cost of \$471.19 per month, effective January 1, 2015. The enrollment notice stated: “If you have a premium responsibility, you will receive an invoice for your first month’s

premium. You must pay the monthly premium for this coverage before your coverage can begin.”

- 7) You did not want to be enrolled in the full-cost silver plan with Empire and contacted the Marketplace on January 16, 2015 to advise of this.

Applicable Law and Regulations

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

Legal Analysis

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

During November 2014, the Marketplace attempted to make an annual eligibility redetermination for you, as required by federal regulation. Federal and state data sources did not provide enough information for the Marketplace to confirm that you remained entitled to financial assistance during 2015, so you were sent a notice asking you to update your account by December 15, 2014. When you did not update your account, the Marketplace was required to make a determination

using the information that was available, which confirmed that you were entitled to re-enroll in your qualified health plan during 2015.

You were enrolled in an Empire HMO 2000 Silver ST INT Pediatric Dental Dep 25 at a cost of \$471.19 per month, effective January 1, 2015. The enrollment notice stated: "If you have a premium responsibility, you will receive an invoice for your first month's premium. You must pay the monthly premium for this coverage before your coverage can begin."

You did have a premium responsibility for the 2015 Empire plan. According to the December 23, 2014 notice, coverage could not begin under that plan until you paid the first month's premium. Since there is no indication that you paid the first premium, or even wanted coverage under that plan, the record indicates that the 2015 Empire plan did not take effect and that you are not responsible for the cost of the January 2015 premium.

Decision

The January 16, 2015 Disenrollment Notice is MODIFIED to state that your coverage under Empire HMO 2000 Silver ST INT Pediatric Dental Dep 25 did not take effect and ended effective January 1, 2015.

Effective Date of this Decision: August 12, 2015

How this Decision Affects Your Eligibility

The 2015 Empire plan did not take effect and you are not responsible for the cost of the January 2015 premium.

This decision does not change any eligibility determination or plan selection made after January 16, 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

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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 January 16, 2015 Disenrollment Notice is MODIFIED to state that your coverage under Empire HMO 2000 Silver ST INT Pediatric Dental Dep 25 did not take effect and ended effective January 1, 2015.

The 2015 Empire plan did not take effect and you are not responsible for the cost of the January 2015 premium.

This decision does not change any eligibility determination or plan selection made after January 16, 2015.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

