



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: AP000000001541

[REDACTED]

Dear [REDACTED],

On April 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 9, 2015 enrollment confirmation notice.

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).

This page intentionally left blank.



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

Decision

Decision Date: August 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001541

[REDACTED]

Issue

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

Did the Marketplace properly find that coverage with Fidelis Care Bronze ST INN Pediatric Dental DEP25 for you and your spouse was effective February 1, 2015?

Procedural History

In 2014, you and your spouse enrolled in health insurance coverage through the Marketplace with EssentialCare Bronze Plan – A Consumer Operated and Oriented Plan (CO-OP) Option, effective January 1, 2014.

On November 5, 2014, the Marketplace issued a notice that stated it was time to renew your health insurance coverage for 2015. The notice stated that you and your spouse qualified for a tax credit up to \$462.00 per month and cost-sharing reductions in out-of-pocket costs to help pay for your health coverage. The notice further stated that if you wanted to keep your present health plan for the next year and the information on your application was still accurate, the Marketplace would re-enroll you and your spouse in EssentialCare Bronze ST INN Dep25 for another year. The notice further stated if the Marketplace had made a mistake, or if you wished to make a change, you would need to make any such corrections to your account between November 15, 2014 and December 15, 2014 for any such changes to be effective January 1, 2015. This eligibility was 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).

On December 9, 2014, the Marketplace issued an enrollment confirmation notice, which stated that, as of November 19, 2014, you and your spouse were enrolled in EssentialCare Bronze ST INN Dep25 with a premium responsibility of \$250.29 per month. The notice further stated that your health insurance coverage could start as early as January 1, 2015 if you paid your first month's premium. If you did not pay this premium on time, you might lose your coverage.

No apparent changes were made to your account by December 20, 2014.

On December 25, 2014, the Marketplace issued a notice stating that your coverage with EssentialCare Bronze Plan - A Consumer Operated and Oriented Plan (CO-OP) Option would end effective December 31, 2014, but that you would automatically be renewed in the same plan for the next year.

On January 9, 2015, the Marketplace issued a disenrollment notice, which stated that your January 8, 2015 request to end your insurance with EssentialCare Bronze ST INN Dep25 had been processed. The notice further stated that your coverage with this plan would end effective January 31, 2015.

Also on January 9, 2015, the Marketplace issued a notice confirming your enrollment with Fidelis Care Bronze ST INN Pediatric Dental Dep25 as of January 8, 2015. The notice further stated that if you paid your first month's premium, your coverage could start as early as February 1, 2015.

On January 22, 2015, you spoke with the Marketplace's Account Review Unit and appealed the start date of your coverage with Fidelis Care Bronze ST INN Pediatric Dental Dep25 insofar as it was effective February 1, 2015, and not January 1, 2015.

On April 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, your spouse appeared on your behalf as your Authorized Representative. 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) You testified that you called the Marketplace on December 14, 2015 to change your enrollment from EssentialCare Bronze ST INN Dep25 (EssentialCare Bronze) to Fidelis Care Bronze ST INN Pediatric Dental Dep25 (Fidelis Care Bronze) for coverage effective January 1, 2015. You further testified that the Marketplace representative you spoke with confirmed that your enrollment was complete and your coverage

with Fidelis Care Bronze would be effective January 1, 2015. You testified that you relied upon this information.

- 2) There is no confirmation in your account that any call was made to the Marketplace on December 14, 2014 regarding your account.
- 3) You testified that you received a bill for January 2015 coverage with EssentialCare Bronze. You further testified that you first became aware that the Marketplace representative did not complete the change to your enrollment until you received this bill.
- 4) There is confirmation that you called the Marketplace on January 8, 2015 to update your account.
- 5) You testified that you and your spouse did not use the EssentialCare Bronze coverage during January 2015.

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

Applicable Law and Regulations

Termination of Coverage

The Marketplace may initiate termination of an enrollee's enrollment in a qualified health plan when the enrollee changes from one qualified health plan to another during an annual open enrollment period (45 CFR § 155.430(b)(2)(v)).

2015 Annual Open Enrollment Period

For qualified health plan selections received by the Marketplace before December 20, 2014, the enrollee's coverage would be effective January 1, 2015 (45 CFR § 155.410(f)(1)(i)), 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]).

For qualified health plan selections received by the Marketplace between December 21, 2014 and January 15, 2015, the enrollee's coverage would be effective February 1, 2015 (45 CFR § 155.410(f)(1)(ii)).

Legal Analysis

The issue under review is whether the Marketplace properly began your insurance coverage with Fidelis Care Bronze ST INN Pediatric Dental Dep25 (Fidelis Care Bronze) effective February 1, 2015.

The Marketplace may initiate termination of an enrollee's enrollment in a qualified health plan when the enrollee changes from one qualified health plan to another during an annual open enrollment period.

You testified that you called the Marketplace on December 14, 2014 to switch you and your spouse's enrollment from EssentialCare Bronze ST INN Dep25 (EssentialCare Bronze) to Fidelis Care Bronze for coverage effective January 1, 2015. You further testified that a Marketplace representative confirmed your enrollment with Fidelis Care Bronze, effective January 1, 2015.

However, there is no documentation in your account that any call was made to the Marketplace on December 14, 2015; the first documented call to the Marketplace was on January 8, 2015.

Therefore, your enrollment in your new plan was properly found to be effective on February 1, 2015, and the January 9, 2015 enrollment confirmation notice is AFFIRMED.

Decision

The January 9, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 12, 2015

How this Decision Affects Your Eligibility

Your coverage with Fidelis Care Bronze was effective February 1, 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

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).

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 9, 2015 enrollment confirmation notice is **AFFIRMED**.

Your coverage with Fidelis Care Bronze was effective February 1, 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]