



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

Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001558

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED]

On March 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 22, 2015 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 letter.

Legal Authority

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

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001558

[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 the enrollment start date for your daughter's health insurance plan?

Procedural History

On November 6, 2014, the Marketplace issued a notice that stated it was time to renew your daughter's health insurance coverage for 2015. The notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not your daughter qualified for continuing financial help in paying for her health coverage in 2015. You were directed to update the information in your NY State of Health account by December 15, 2014, or the financial help you were receiving might end.

No updates were made to your account before December 15, 2014.

On December 22, 2014, the Marketplace issued an eligibility determination notice that stated your daughter was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help for the cost of insurance; she also could not enroll in a qualified health plan at full cost through the Marketplace. This was because you did not respond to the renewal notice and did not complete your renewal within the required time frame.

On December 26, 2014, the Marketplace issued a disenrollment notice that stated your daughter's coverage with Excellus BCBS would end effective

December 31, 2014 because she was no longer eligible to enroll in health insurance through the Marketplace.

On January 21, 2015, information in your Marketplace account was updated.

On January 22, 2015, the Marketplace issued an eligibility determination notice that stated your daughter was eligible to enroll in health coverage through a full price Child Health Plus plan or a Child-Only qualified health plan. This eligibility was effective March 1, 2015.

On January 22, 2015, the Marketplace issued an enrollment confirmation notice that stated your child was enrolled in Excellus BCBS, and that her health insurance could start as early as March 1, 2015 if you paid the first month's premium.

Also on January 22, 2015, you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination insofar as it began your daughter's eligibility for health insurance on March 1, 2015, and not January 1, 2015.

On March 6, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was left open for 21 days to allow you time to submit proof of the premium payments you made to your daughter's health insurance plan. On March 27, 2015 you uploaded the requested evidence to your Marketplace account. The record is now closed.

Findings of Fact

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

- 1) You testified that your daughter originally enrolled in Excellus BCBS for coverage starting January 1, 2014.
- 2) The record reflects that the Excellus BCBS plan that your daughter enrolled in was a full pay, child-only, qualified health plan.
- 3) You testified, and the record reflects, that you elected to receive your notices from the Marketplace via electronic mail.
- 4) You testified that you did not receive any notices from the Marketplace regarding updating your Marketplace account.
- 5) You testified that you did not know your daughter had been disenrolled from her plan until the pharmacy told you in mid-January that she has no insurance.

- 6) You testified that you called the Marketplace on January 21, 2015 to update your information.
- 7) You testified that you paid the full amount of your premiums to Excellus BCBS for your daughter's coverage for January and February. You also testified that Excellus confirmed these payments.
- 8) You uploaded a [REDACTED] dated October 25, 2015 made out to Excellus Health Plan Direct [REDACTED], [REDACTED] dated November 26, 2014 made out to Excellus Health Plan Direct for the amount of \$201.75, and a [REDACTED] dated December 21, 2014 made out to Excellus Health Plan Direct for \$201.75.
- 9) You also provided a print out of your checking account showing that [REDACTED] was cashed October 28, 2014, [REDACTED] was cashed on December 2, 2014, and check number [REDACTED] was cashed on December 30, 2014.
- 10) You testified that you are billed for your daughter's health plan premiums monthly, one month in advance.
- 11) You testified that you are seeking to have your daughter's coverage effective January 1, 2015.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

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).

The Marketplace must send an annual renewal notice that contains the information 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 made (45 CFR §

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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)).

Enrollment Periods

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 on January 1, 2015, the Marketplace was required to ensure that coverage was effective on January 1, 2015 for QHP selections made on or before December 15, 2014 (45 CFR §155.410(f)(1)). The New York State of Health extended the December 15, 2014 deadline to December 20, 2014 for coverage beginning January 1, 2015 (NY State Department of Health Press Release, December 12, 2014).

The Marketplace was required to ensure coverage was effective on March 1, 2015, for QHP selections received by the Marketplace from January 16, 2014 through February 15, 2015 (45 CFR §155.410(f)(2)).

Legal Analysis

The only issue is whether the Marketplace properly determined that your daughter's coverage with Excellus BCBS was not effective until March 1, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually, and must timely issue a renewal notice providing the projected eligibility determination for the following year. 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.

On November 6, 2014, the Marketplace issued an annual eligibility redetermination notice in your case. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not your daughter qualified for financial help paying for her health coverage. You were asked to update the information in your NY State of Health account by December 15, 2014 or the financial help you were receiving might end.

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However, you credibly testified that you did not receive the November 6, 2014 notice asking you to update your information with the Marketplace. You also provided evidence that Excellus BCBS received and cashed your payments for your daughter's premiums for the months of January and February. It is reasonable to infer that you were not aware that updates to your account were needed to ensure your daughter's coverage continued uninterrupted into 2015.

Therefore, the January 22, 2015 eligibility determination notice is MODIFIED to state your daughter is eligible to enroll in health coverage through a full-price Child Health Plus plan or a Child-Only qualified health plan. This eligibility is effective January 1, 2015.

Decision

The January 22, 2015 eligibility determination notice is MODIFIED to state your daughter was eligible to enroll in health coverage through a full price Child Health Plus plan or a Child-Only qualified health plan. This eligibility is effective January 1, 2015.

Your case is RETURNED to the Marketplace to make your daughter's insurance coverage through Excellus BCBS effective January 1, 2015.

Effective Date of this Decision: June 12, 2015

How this Decision Affects Your Eligibility

Your daughter is enrolled in Excellus BCBS effective January 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 must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

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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
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Summary

The January 22, 2015 eligibility determination notice is MODIFIED to state your daughter was eligible to enroll in health coverage through a full price Child Health Plus plan or a Child-Only qualified health plan. This eligibility is effective January 1, 2015.

Your case is RETURNED to the Marketplace to make your daughter's insurance coverage through Excellus BCBS effective January 1, 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:

[REDACTED]
[REDACTED]
[REDACTED]