



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

Notice of Decision

Decision Date: June 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001751

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 eligibility redetermination.

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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Issue

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

Did the Marketplace properly determine that, effective January 1, 2015, you were eligible for a qualified health plan (QHP) at full cost as of December 22, 2015?

Procedural History

You were enrolled in a silver-level qualified health plan (QHP) through the Marketplace as of March 1, 2014, received advance premium tax credits of \$248.00 per month and were eligible for cost-sharing reductions as of that date through December 2014.

On November 6, 2014, the Marketplace issued a notice that it was time to renew your New York State of Health coverage for 2015. That notice stated you needed to update your application by December 15, 2014, so the Marketplace could make a decision about whether or not you qualify for financial help paying for your health coverage.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination that, as of December 21, 2014, you were newly eligible to purchase a QHP at full cost through New York State of Health effective January 1, 2015. It also stated you are not eligible: (1) for Medicaid because the income you provided of \$25,000.00 is over the allowable income limit of \$21,707.00; (2) to receive advance premium tax credits because the renewal period and income data is not available; and (3) for cost-sharing reductions because you are ineligible to receive advance premium tax credits.

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On December 24, 2014, the Marketplace issued a letter confirming you had enrolled in the same or a similar silver-level QHP with Health Republic Insurance of New York that you had been in enrolled in during 2014. That letter also confirmed that you had a monthly premium responsibility of the full cost of the health plan, which is \$428.36, and that your coverage could begin as early as January 1, 2015, if you paid your first month's premium.

On January 8, 2015, the Marketplace issued a notice of eligibility redetermination that, effective February 1, 2015, you were newly eligible to receive advance premium tax credits of up to \$249.00 per month and, if you select a silver-level QHP, for cost-sharing reductions.

On February 11, 2015, you appealed the December 22, 2014 eligibility redetermination and requested that your advance premium tax credit be applied to the January 2015 monthly premium.

On March 2, 2015, the Marketplace scheduled a telephone hearing and sent you notice that a Hearing Officer would be calling you on March 19, 2015 at about 11:00 a.m.

On March 19, 2015, you had a telephone hearing with a Hearing Officer with the Marketplace's Appeals Unit. 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) Your Marketplace account reflects that you did not request to receive correspondence electronically and you testified that you did not receive any renewal notice in the mail.
- 2) You testified that you attempted several times to apply for health insurance through the Marketplace for yourself before December 20, 2014.
- 3) You testified that you experienced technical and telephonic difficulties when updating your application and trying to compare and select a health plan before December 20, 2014, because you got kicked off of the Marketplace website three times before you were finished, and got disconnected twice while speaking with Marketplace representatives and did not receive a call back.

- 4) You testified that you decided to contact your health plan directly because you were “panicking” about losing health coverage for 2015 and knew the deadline to apply was fast approaching.
- 5) You testified a representative of your health plan reassured you over the telephone that your coverage was okay and that you would be in the same or a similar plan beginning January 1, 2015. You were not told that you would have to pay the full cost of your monthly premium for January 2015.
- 6) You testified that you received a bill from your health plan for the full January 2015 premium of \$428.36.
- 7) You testified that you do not believe you should have to pay the full amount of that month’s premium because you were unable to update your Marketplace account and select a health plan before the December 20, 2014 deadline through no fault of your own.
- 8) You testified that you have not paid your January 2015 premium, but did pay your monthly premium for February 2015 and March 2015.
- 9) According to your Marketplace account history, the system prepared an eligibility redetermination on December 21, 2014 and issued an eligibility redetermination in your case on December 22, 2014.
- 10) According to your Marketplace account history, you updated your application on January 7, 2015, with the assistance of a Marketplace representative and the Marketplace issued an eligibility redetermination in your case on January 8, 2015.

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 December 20, 2014, for coverage beginning January 1, 2015 (45 CFR §155.410(b); NY State Department of Health Press Release, December 12, 2014).

However, if an applicant was unable to complete enrollment by the December 20, 2014 deadline due to technological issues or Customer Service Center delays, the NY State of Health will allow for late applications.

Legal Analysis

Currently at issue is whether your advance premium tax credit of up to \$249.00 should be applied in January 2015.

The Marketplace was required to provide an open enrollment period from November 15, 2014 until December 20, 2014. However, an extension is being afforded to applicants who experienced enrollment problems due to Marketplace technical problems or Customer Service Center delays that occurred before the December 20, 2014 deadline.

You credibly testified at the hearing that you had technical problems with the Marketplace's website and difficulties speaking with Marketplace Customer Service by telephone prior to the December 20, 2014 deadline.

You further credibly testified that, as a result of the technical problems and difficulties you experienced, you were not able to successfully update your application and select a health plan on the Marketplace's website or by telephone with Marketplace representatives. You even contacted your health plan because you did not want to lose health insurance coverage and were reassured that you would be re-enrolled in your health plan as of January 1, 2015. You testified that you did not understand that you would have to pay the full cost of the monthly premium for January 2015, which is not information your health plan conveyed to you at that time.

You further credibly testified and your Marketplace account reflects that you did not request to receive correspondence electronically and were not aware that your eligibility had changed for January 2015 until you received the health insurance premium bill for the full monthly premium amount.

Since the Marketplace's technical problems and telephone disconnections contributed to your inability to update your application and select a health plan before the December 20, 2014 deadline, the Marketplace's December 22, 2014 notice of eligibility redetermination finding you eligible for a qualified health plan at full cost is MODIFIED to find you eligible for an advance premium tax credit of up to \$249.00 for the month of January 2015, and eligible for cost-sharing reductions.

Decision

The December 22, 2014 eligibility redetermination is MODIFIED to find you eligible for an advance premium tax credit of up to \$249.00 for the month of January 2015, and eligible for cost-sharing reductions.

Effective Date of this Decision: June 18, 2015

How this Decision Affects Your Eligibility

The December 22, 2014 eligibility redetermination is MODIFIED to find you eligible for an advance premium tax credit of up to \$249.00 for the month of January 2015, and eligible for cost-sharing reductions.

Your case is being returned to the Marketplace to modify the December 22, 2014 eligibility redetermination consistent with this Decision.

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 22, 2014 eligibility redetermination is MODIFIED to find you eligible for an advance premium tax credit of up to \$249.00 for the month of January 2015, and eligible for cost-sharing reductions.

Your case is being returned to the Marketplace to modify the December 22, 2014 eligibility redetermination consistent with this Decision.

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]