



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

Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001958

[REDACTED]

Dear [REDACTED],

On April 21, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 17, 2015 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]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that your eligibility for \$325.00 in advance premium tax credits and cost-sharing reductions was effective March 1, 2015?

Did you have health coverage through your qualified health plan during the months of January and February?

Procedural History

On November 6, 2014, the Marketplace issued a notice that stated it was time to renew your 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 you qualified for continuing financial help in paying for your 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 20, 2014.

On December 22, 2014, the Marketplace issued an eligibility redetermination notice that stated you were newly eligible to purchase a qualified health plan at full cost. You were not eligible to receive advance premium tax credit (APTC) because "renewal period and income data [was] not available." You were not eligible for cost-sharing reductions (CSR) because you were ineligible to receive APTC. You were not eligible for Medicaid because your household income was

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in excess of that allowed by that program. This eligibility was effective January 1, 2015.

On December 22, 2014, the Marketplace issued an enrollment confirmation notice stating that as of December 22, 2014, you were enrolled into your qualified health plan (QHP) with a premium responsibility of \$379.79. 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 your premium, you might not health coverage.

On January 16, 2015 the Marketplace received your updated application for health insurance.

On January 17, 2015 the Marketplace issued an eligibility determination notice that stated you were newly eligible to receive up to \$325.00 in APTC and, if you enrolled in a silver level health plan, to receive CSR. This eligibility was effective March 1, 2015.

Also on January 17, 2015 the Marketplace issued an enrollment confirmation notice that stated as of January 16, 2015 you were enrolled in your QHP, with a premium responsibility of \$54.79. 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 do not pay your premium, you may not health coverage.

On March 5, 2015 you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination because you were unable to afford the premiums for your health plan for January and February without the APTC stated in the eligibility determination.

On March 10, 2015 the Marketplace received your updated application for health insurance. That application indicated that you were pregnant, and were requesting assistance in paying for medical bills for the three months preceding your application. That day, the Marketplace prepared a preliminary eligibility determination that you were eligible for Medicaid.

On March 11, 2015 the Marketplace issued an eligibility determination that stated you were eligible for Medicaid effective March 1, 2015.

Also on March 11, 2015 the Marketplace issued a notice to confirm your enrollment in your Medicaid Managed Care (MMC) plan. The notice stated that your insurance coverage through regular Medicaid would begin December 1, 2014, and that your enrollment with the managed care plan would begin April 1, 2015.

On April 21, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Spanish Interpreters # [REDACTED] and # [REDACTED] assisted

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during the hearing. 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 receive your notices from the Marketplace via regular mail.
- 2) You testified that you did not receive anything in November asking you to renew your account.
- 3) You testified that you first called the Marketplace in January to update your account when you received a bill from your plan for the full premium amount.
- 4) You testified that you did not use the insurance in the months of January and February.
- 5) You testified that you did not pay any insurance premiums to your plan for the months of January and February.
- 6) You testified that when you became eligible for Medicaid in March you were told that everything was now taken care of.

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 (CSR), Medicaid, or Child Health Plus (CHP). 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 projected eligibility determination for the following year (45 CFR § 155.335(c)(3)). If a

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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(g), (h)).

The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Legal Analysis

The first issue is whether the Marketplace properly determined that your eligibility for \$325.00 in advance premium tax credit (APTC) and cost-sharing reductions (CSR) was effective 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. The Marketplace must issue a renewal notice that contains the projected eligibility determination.

On November 6, 2014, the Marketplace issued an annual eligibility redetermination notice in your case. You were asked in that notice to update the information in your NY State of Health account by December 15, 2014 or the financial help you were receiving might end.

Although you stated that you had not received the notice, our records indicate that the notices were issued, and that there is no indication that any mail was returned as undeliverable.

Your account with the Marketplace was not properly renewed until January 16, 2015. This resulted in a January 17, 2015 eligibility determination notice that stated you were newly eligible to receive up to \$325.00 in APTC, and to receive CSR if you enrolled in a silver level health plan. This eligibility was effective March 1, 2015.

When an individual changes information in their application after the 15th of any month, the Marketplace must make the redetermination that results from that change effective the first day of the next following month. Therefore, the Marketplace's January 17, 2015 eligibility determination is AFFIRMED because it properly began your eligibility for APTC and cost-sharing reductions on March 1, 2015.

The second issue is whether you had coverage through your qualified health plan (QHP) in January and February 2015.

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On December 22, 2014, the Marketplace issued an enrollment confirmation notice stating that as of December 22, 2014, you were enrolled into your QHP with a premium responsibility of \$379.79. 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 your premium, you might not have health coverage.

You testified that you did not pay any premium to your QHP for the months of January and February. You further testified that you did not use your insurance through your QHP in January and February. Because you did not pay the premium, your coverage through your QHP never went into effect, and you had no coverage for January and February 2015.

Furthermore, you became eligible for Medicaid effective March 1, 2015 as stated in the March 11, 2015 eligibility determination notice. You were also eligible for Medicaid for the three months prior to your application for health insurance, as was confirmed in a March 11, 2015 enrollment notice that stated your insurance coverage through Medicaid began on December 1, 2014.

Since you did not have coverage under a QHP for the months of January and February 2015, you are not responsible for a premium payment and thus do not need the eligibility effective date of your APTC modified.

Decision

The January 17, 2015 eligibility determination is AFFIRMED.

However, you did not have coverage with a qualified health plan for the months of January and February 2015 because you never paid the initial premium; you should not be charged a premium for those months.

Effective Date of this Decision: August 21, 2015

How this Decision Affects Your Eligibility

You are not responsible for any premiums being charged by your qualified health plan in the months of January and February 2015.

You are eligible for Medicaid effective March 1, 2015, as well as for three months of retroactive coverage as of December 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:
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- By fax: 1-855-900-5557

Summary

The January 17, 2015 eligibility determination is AFFIRMED.

However, you did not have coverage with a qualified health plan for the months of January and February 2015 because you never paid the initial premium; you should not be charged a premium for those months.

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You are eligible for health coverage under Medicaid for the three months prior to March 1, 2015.

You are not responsible for any premiums being charged by your qualified health plan in the months of January and February 2015.

You are eligible for Medicaid effective March 1, 2015, as well as for three months of retroactive coverage as of December 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:

