

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

Notice of Decision

Decision Date: November 18, 2015

NY State of Health Number:

Appeal Identification Number: AP000000002022



Dear

On November 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 7, 2014 renewal notice containing your 2015 eligibility and re-enrollment information.

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. 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).



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

Decision

Decision Date: November 18, 2015

NY State of Health Number:

Appeal Identification Number: AP000000002022



Issues

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

Did the Marketplace properly determine on November 5, 2014 that you were automatically re-enrolled in your silver-level qualified heath plan effective January 1, 2015?

Are your responsible for monthly premiums for January 2015 and February 2015 for that silver-level qualified health plan?

Procedural History

On November 5, 2014, the Marketplace issued a renewal notice that stated you were re-enrolled you in your current health plan for another year and didn't have to do anything more. That notice further stated that your coverage in Fidelis Care Silver ST INN Pediatric Dental Dep25 will start on January 1, 2015.

On December 14, 2014, the Marketplace issued an enrollment notice indicating that you were enrolled in Fidelis Care Silver ST INN Pediatric Dental Dep25 and your coverage could start as early as January 1, 2015, if you paid your first month's premium of \$379.79.

On March 12, 2015, you spoke with the Marketplace's Account Review Unit and appealed being automatically re-enrolled.

On November 5, 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

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

- You testified that you were out of the country seeking medical treatment in South America and did not receive the Marketplace's November 5, 2014 renewal notice or December 14, 2014 enrollment notice.
- 2) You testified that you did not request nor authorize the automatic renewal of your 2014 coverage in 2015, and had no intention of having coverage through the Marketplace during January 2015 and February 2015 because you were out of the country at that time.
- 3) You testified that you received bills from Fidelis Care for the months of January 2015 and February 2015.
- 4) You testified that you do not want to be responsible for these bills and have not made any payments on them.

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 February 15, 2015 (45 CFR §155.410(e)).

For the benefit year beginning January 1, 2015, the Marketplace was required to ensure that QHP coverage became effective January 1, 2015 for plans selected in the Marketplace on or before December 20, 2014 (45 CFR §155.410(f)(1); 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]).

Legal Analysis

The issue under review is whether the Marketplace properly determined that the effective date for your enrollment in a 2015 qualified health plan (QHP) was January 1, 2015, and if you are responsible for paying premiums for the months of January 2015 and February 2015.

According to your Marketplace account, you were automatically re-enrolled for 2015 in the same Fidelis Care Silver plan you had in 2014. The Marketplace is required to provide annual open enrollments and to ensure that coverage is effective January 1, 2015, for plans selected before December 20, 2014. In your case, the Marketplace automatically re-enrolled you in the same plan that you had in 2014, on December 14, 2014. Therefore, the Marketplace acted in accordance with the law and made your eligibility effective January 1, 2015, It also confirmed your plan selection before the December 20, 2014 deadline so that your coverage could have begun as early as January 1,2015, provided you paid your first month's premium.

However, you testified that you did not request nor authorize this re-enrollment. You further testified that you did not receive notices from NY State of Health and did not intend to have health insurance through the Marketplace in January 2015 and February 2015 because you were in South America during these months.

For coverage to have begun, you would have had to pay the first month's premium, as stated in the December 14, 2014 enrollment notice. You credibly testified that you did not make any premium payments to initiate coverage. Therefore, your coverage with the Fidelis Care Silver plan never started and you are not responsible for paying premiums to Fidelis Care for the months of January 2015 and February 2015.

Decision

The November 7, 2014 renewal notice and December 14, 2014 enrollment notice are AFFIRMED.

However, your coverage never started because you did not pay the first month's premium to initiate coverage.

This decision has no effect on any subsequent decision issued by the Marketplace.

Effective Date of this Decision: November 18, 2015

How this Decision Affects Your Eligibility

You did not pay the first month's premium or any premium so your coverage with the Fidelis Care Silver plan was never initiated.

You did not have coverage through the Fidelis Care Silver plan during January 2015 and February 2015.

You are not responsible for the premium amounts for January 2015 and February 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.

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

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).

• By fax: 1-855-900-5557

Summary

The November 7, 2014 renewal notice and December 14, 2014 enrollment notice are AFFIRMED.

However, your coverage never started because you did not pay the first month's premium to initiate coverage.

You did not have coverage through the Fidelis Care Silver plan during January 2015 and February 2015.

You are not responsible for the premium amounts for January 2015 and February 2015.

This decision has no effect on any subsequent decision issued by the Marketplace.

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:

