



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

Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002368

[REDACTED]

Dear [REDACTED],

On May 14, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 14, 2015 enrollment 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 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002368

[REDACTED]

Issue

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

Did the Marketplace properly determine that the effective date of coverage of your Fidelis Care Gold ST INN Pediatric Dental Dep25 health plan is January 1, 2015?

Procedural History

On December 10, 2014 you were determined eligible to receive up to \$109.00 monthly of advance premium tax credits and cost-sharing reductions effective as of January 1, 2015.

On December 14, 2014 the Marketplace issued an enrollment notice confirming your enrollment as of December 13, 2014 in Fidelis Care Gold ST INN Pediatric Dental Dep25 (Fidelis Care Gold) with a premium responsibility of \$333.84. The notice states that your "health insurance coverage will begin after you have paid your first month's premium. If you pay your first month's premium, your coverage could start as early as January 1, 2015."

On February 13, 2015 you updated your Marketplace account. On the following day the Marketplace issued an eligibility determination notice stating that you are conditionally eligible to receive up to \$108.00 monthly in advance premium tax credits and not eligible for cost-sharing reductions or Medicaid. The notice directed you to submit documentation regarding your incarceration status by May 16, 2015.

On February 14, 2015 the Marketplace issued an enrollment notice confirming your enrollment in Fidelis Care Gold on February 13, 2015 with a premium

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).

responsibility of \$333.84. The notice states that the “health insurance coverage will begin after you have paid your first month’s premium. If you pay your first month’s premium, your coverage could start as early as January 1, 2015.”

On April 10, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of enrollment in your Fidelis Care Gold health plan.

On May 14, 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:

1. You are applying for health insurance through the Marketplace for yourself only.
2. You testified that you initially applied for health insurance through the Marketplace in December 2014 with the assistance of a navigator.
3. You enrolled in Fidelis Care Gold on December 13, 2014.
4. You testified that you never paid a premium for your Fidelis health plan for January and February 2015 because you lacked the financial resources.
5. You testified that you never received medical cards and did not seek any medical services in January and February 2015.
6. You testified that you paid your March 2015 monthly premium in March 2015 and subsequently received a billing statement from Fidelis Care for January, February and April 2015.
7. You testified that you want your Fidelis Care Gold health plan to have an effective date of coverage of March 1, 2015.

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

Applicable Law and Regulations

QHP 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 must ensure coverage is effective on January 1, 2015 for QHP selections made on or before December 15, 2014 (45 CFR §155.410(f)(1)(i)). The NY 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).

For the benefit year beginning January 1, 2015, the Marketplace must ensure coverage is effective March 1, 2015, for QHP selections received from January 16, 2015 through February 15, 2015 (45 CFR §155.410(f)(1)(iii)).

QHP Premium Payment:

The Marketplace may require payment of the first month's premium to effectuate an enrollment and establish a standard policy for setting premium payment deadlines (45 CFR §155.400(e)).

Legal Analysis

The issue under review is whether or not the Marketplace properly determined that the effective date for your enrollment in your Fidelis health plan was January 1, 2015.

On December 14, 2015 the Marketplace issued a letter that stated you were enrolled in Fidelis Care Gold with a premium responsibility of \$333.84. The notice further stated that if you have a premium responsibility, you must pay the monthly premium before your coverage can begin. If you do not pay your premium, you may not have health coverage.

You testified that you did not pay any premium to Fidelis Care Gold because you lacked the financial resources. By not paying your premium, your coverage through Fidelis Care Gold should never have started as stated in the December 14, 2014 notice, and you should not be charged for a premium amount for coverage that should have not been effective. You further testified that you never

received medical cards or sought medical coverage in January or February 2015 because you were not aware that you had health insurance.

You testified that you reapplied for health insurance through the Marketplace on February 13, 2015 and selected Fidelis Care Gold as your health plan. On February 14, 2015 the Marketplace issued an enrollment notice confirming your enrollment in Fidelis Care Gold ST INN Pediatric Dental Dep25 on February 13, 2015 with a premium responsibility of \$333.84. The notice states that the “health insurance coverage will begin after you have paid your first month’s premium. If you pay your first month’s premium, your coverage could start as early as January 1, 2015.” You testified that you paid your March 2015 health insurance premium in March 2015.

Since you enrolled in Fidelis Care Gold on February 13, 2015 and subsequently paid the March 2015 health insurance premium in March 2015, the February 14, 2015 enrollment notice is MODIFIED to state that your coverage could start effective March 1, 2015.

Decision

The February 14, 2015 enrollment notice is MODIFIED to state that your health coverage with Fidelis Care Gold ST INN Pediatric Dental Dep25 could start effective March 1, 2015.

Effective Date of this Decision: August 27, 2015

How this Decision Affects Your Eligibility

You were eligible to enroll in a qualified health plan effective January 1, 2015, but you did not elect to have the coverage start until March 2015 by not paying the first month’s premium until March 2015.

You did not have health insurance coverage through Fidelis Care Gold for the months of January 2015 and February 2015.

You are conditionally eligible to receive up to \$108.00 monthly in advance premium tax credits effective March 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.

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).

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
- By fax: 1-855-900-5557

Summary

The February 14, 2015 enrollment notice is MODIFIED to state that your health coverage with Fidelis Care Gold ST INN Pediatric Dental Dep25 could start effective March 1, 2015.

You were eligible to enroll in a qualified health plan effective January 1, 2015, but you did not elect to have the coverage start until March 2015 by not paying the first month's premium until March 2015.

You did not have health insurance coverage through Fidelis Care Gold for the months of January 2015 and February 2015.

You are conditionally eligible to receive up to \$108.00 monthly in advance premium tax credits effective March 1, 2015.

Legal Authority

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

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).

A Copy of this Decision Has Been Provided To:

