



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

## Notice of Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002450

[REDACTED]

Dear [REDACTED],

On May 29, 2015, your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 29, 2014 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 notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation (CFR) 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002450

[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 your enrollment in a qualified health plan was February 1, 2015?

## Procedural History

On November 4, 2014, the Marketplace sent you a notice that stated it was time for you to renew your health coverage for 2015 and that, effective January 1, 2015, you qualified for Medicaid. The notice further stated that if the Marketplace had made a mistake, you should make changes to your account between November 16, 2014 and December 15, 2014 for such changes to take effect on January 1, 2015.

No changes were made to your account by December 20, 2014.

On December 21, 2014, the Marketplace issued a notice stating that you had not chosen a health plan. It further stated, "Your insurance coverage through Medicaid will begin January 1, 2015, but you must choose a health plan soon or one will be chosen for you."

On December 28, 2014, the Marketplace sent you a disenrollment notice stating that your coverage under your 2014 qualified health plan would end effective December 31, 2014.

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).

Also on December 28, 2014 the income information in your application was updated.

On December 29, 2014, an eligibility determination notice was issued based on your December 28, 2014 application. The notice stated that you were newly eligible for an advance premium tax credit of up to \$223.00 per month and, if you enrolled in a silver level health plan, eligible for cost-sharing reductions. This eligibility was effective as of February 1, 2015. The notice further stated that your next step was to “Pick a health plan – your current coverage will end on January 31, 2015.”

Also on December 29, 2014, the Marketplace issued a notice confirming your enrollment with your qualified health plan, POS7100, Silver, NS, OON, Dep25 with a premium responsibility of \$176.35 per month. The notice further stated that your coverage could start as early as February 1, 2015, if you pay your first month’s premium.

On April 16, 2015 you spoke with the Marketplace’s Account Review Unit and requested an appeal regarding the effective date of the determination.

On May 29, 2015, you had a telephone hearing with a Hearing Officer from the marketplace’s Appeals Unit. At that time, your Authorized Representative, [REDACTED], appeared on your behalf. The record was developed during the hearing and closed at left open for up to 15 days to provide you an opportunity to submit supporting evidence.

On May 29, 2015, the Marketplace’s Appeals Unit received your supporting evidence, which included a written statement, a notice from BlueCross BlueShield of Western New York dated October 20, 2014 indicating that your coverage will be automatically renewed for 2015, a copy of the November 4, 2014 renewal notice issued by the Marketplace, a copy of the December 29, 2014 eligibility determination issued by the Marketplace, a notice from BlueCross BlueShield of Western New York dated November 14, 2014 indicating that your health care plan will automatically renew on January 1, 2015, and a copy of the December 29, 2014 enrollment confirmation notice issued by the Marketplace. These documents were collectively marked as Appellant’s Exhibit 1 and incorporated into the record. The record was closed on June 13, 2015.

## **Findings of Fact**

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

- 1) The record reflects that you were enrolled in health insurance through the Marketplace under Silver 2000 as of April 1, 2014.

- 2) You provided evidence that BlueCross BlueShield of Western New York sent you a notice, dated October 20, 2014, stating, "On January 1, 2015, your current coverage will be automatically renewed, as long as you continue to be eligible for coverage, unless you choose another policy" (Appellant's Exhibit 1). You testified that you relied upon this information during the renewal period.
- 3) You provided evidence that BlueCross Blue Shield of Western New York sent you another notice, dated November 14, 2014, stating "On January 1, your health care plan will automatically renew. You won't need to do anything to continue your coverage" (Appellant's Exhibit 1). The notice further stated, "You don't need to do anything. Your plan will be automatically renewed. However if you'd like to make changes, you may do so beginning November 15, 2014, and ending February 15, 2015" (Appellant's Exhibit 1). You testified that you relied upon this information during the renewal period as well, and did not take any further action under the belief that your plan was automatically renewed for 2015.
- 4) You testified that you received the November 4, 2014 renewal notice issued by the Marketplace but did not log into your Marketplace account until you received the December 21, 2014 notice confirming your enrollment in Medicaid. You further testified that upon logging into your account, you saw that the expected income used to make your eligibility determination was \$0.00 for the 2015 tax year. You testified that this was inaccurate and modified your account on December 28, 2014 to accurately reflect an expected household income of \$18,860.00 for the 2015 tax year.
- 5) You testified, and the record reflects, that you enrolled in another plan offered by BlueCross BlueShield of Western New York, POS7100, Silver, NS, OON, Dep25, on December 28, 2014, and that the enrollment was not effective until February 1, 2015.
- 6) You testified that you were hospitalized on January 21, 2015 and incurred numerous medical bills. You further testified that you were told by multiple Marketplace representatives that you had Medicaid coverage for January 2015. You further testified that you were given a Medicaid identification number and an access code and were instructed to provide them as proof of health insurance coverage through Medicaid. You testified that the identification number was never active.

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 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)). 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 must ensure coverage is effective on February 1, 2015, for QHP selections received by the Marketplace from December 16, 2014 through January 15, 2015 (45 CFR § 155.410(f)(2)).

## **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 February 1, 2015.

The Marketplace issued a notice on November 4, 2014 advising you to renew your health coverage for 2015 and advising you that changes must be made to your account between November 16, 2014 and December 15, 2014 for such changes to take effect on January 1, 2015.

You testified that you received this notice but did not rely upon it.

On December 28, 2014, the Marketplace issued a notice advising you that your coverage under your 2014 QHP would end effective December 31, 2014.

Also on December 28, 2015 you updated the income information in your Marketplace account; you were found newly eligible for an advance premium tax credit (APTC) and cost-sharing reductions with an eligibility effective date of February 1, 2015. The record reflects that you enrolled in a similar plan that you had during 2014.

For the 2015 plan year, a QHP selected between the beginning of open enrollment and December 20, 2014 takes effect on January 1, 2015. Plans

selected between December 21, 2014 and January 15, 2015 take effect on February 1, 2015.

However, you provided evidence that your health plan sent you information that stated you did not need to do anything further because your insurance coverage will be automatically renewed on January 1, 2015. You credibly testified that you relied upon this information from your health plan and were only aware that you had been enrolled in Medicaid after you received the December 21, 2014 enrollment confirmation notice issued by the Marketplace. You did not check with the Marketplace to see if there were any issues regarding your enrollment prior to the December 20, 2014 deadline because you reasonably thought your coverage would continue based on the statements from your health plan.

Therefore, because you reasonably relied on the notices sent to you by your health plan, the December 29, 2014 eligibility determination is MODIFIED to state that your eligibility for the 2015 coverage year is effective January 1, 2015.

The December 29, 2014 enrollment confirmation notice is also MODIFIED to state that your enrollment with POS7100, Silver, NS, OON, Dep25 will begin effective January 1, 2015.

However, you will be responsible for any premium due for the month of January 2015.

## **Decision**

The December 29, 2014 eligibility determination is MODIFIED to state that your eligibility for the 2015 coverage year is effective January 1, 2015.

The December 29, 2014 enrollment confirmation notice is MODIFIED to state that your enrollment with POS7100, Silver, NS, OON, Dep25 will begin effective January 1, 2015.

**Effective Date of this Decision:** October 10, 2015

## **How this Decision Affects Your Eligibility**

Your enrollment with POS7100, Silver, NS, OON, Dep25 is effective January 1, 2015.

You will be responsible for any outstanding premium due for the month of January 2015.

## **If You Disagree with this Decision (Appeal Rights)**

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 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
- By fax: 1-855-900-5557

### **Summary**

The December 29, 2014 eligibility determination is MODIFIED to state that your eligibility for the 2015 coverage year is effective January 1, 2015.

The December 29, 2014 enrollment confirmation notice is MODIFIED to state that your enrollment with POS7100, Silver, NS, OON, Dep25 will begin effective January 1, 2015.

Your enrollment with POS7100, Silver, NS, OON, Dep25 is effective January 1, 2015.

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You will be responsible for any outstanding premium due for the month of January 2015.

### **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:**

[REDACTED]

[REDACTED]