



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

Notice of Decision

Decision Date: September 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002518

[REDACTED]

Dear [REDACTED],

On May 28, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 eligibility determination and December 23, 2014 enrollment.

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: September 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002518

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

Procedural History

On October 23, 2014, the Marketplace received your initial application for health insurance.

On November 14, 2014, the Marketplace issued a renewal notice that it did not have enough information from state and federal data sources to determine if you can get help paying for your insurance or what coverage you can have next year. The notice instructed you to update the information on your Marketplace account by December 15, 2014 so an appropriate decision could be made and, if you miss this deadline, the financial assistance you were then getting may end.

On December 3, 2015, the Marketplace issued a notice of eligibility determination, based on your October 23, 2014 application, that you are eligible to receive up to \$300.00 per month of advance premium tax credits (APTC) and, if you select a silver-level qualified health plan (QHP), eligible for cost sharing reductions (CSR), effective December 1, 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).

On December 16, 2014, the Marketplace issued an enrollment notice confirming your enrollment in Fidelis Care Silver and your monthly premium responsibility of \$90.50 after your APTC of \$300.00 was deducted. The notice stated that your coverage would start after you made your first monthly premium payment and could start as early as December 1, 2014.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination that you were newly eligible to purchase a QHP at full cost effective January 1, 2015. The notice stated that you are not eligible for Medicaid because the household income you provided to us of \$18,600.00 is over the allowable income limit of \$16,105.00, you are not eligible to receive APTC to help pay for the cost of your insurance because the renewal period had passed and income data was not available, and you are not eligible for CSR because you are ineligible to receive APTC.

On December 23, 2014, the Marketplace issued another enrollment notice confirming your enrollment with Fidelis Care Silver and your monthly full cost premium responsibility of \$383.54. The notice stated that your coverage would start after you made your first monthly premium payment and could start as early as January 1, 2015.

On December 29, 2014, the Marketplace issued a disenrollment notice that your 2014 coverage with Fidelis Care Silver would end effective December 31, 2014.

On February 17, 2015, the Marketplace issued a notice of eligibility redetermination based on your updated application that you were newly eligible to receive up to \$278.00 per month of APTC and, if you selected a silver-level qualified health plan, eligible for CSR, effective April 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming your enrollment in Fidelis Care Silver and your monthly premium responsibility of \$105.54 after your APTC of \$278.00 was deducted. The notice stated that your coverage would start after you made your first monthly premium payment and could start as early as January 1, 2015.

On April 21, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed being automatically enrolled in Fidelis Care Silver at full cost as of January 1, 2015 and being billed for the full monthly premiums for January, February, and March 2015.

On May 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. A Spanish Interpreter (ID # [REDACTED]) assisted at the hearing. The record was developed during the hearing and held open for up to fifteen days to allow you the opportunity to submit premium statements you received from Fidelis Care for the months at issue.

On June 1, 2015, the Appeals Unit received a four page fax from you consisting of premium billing statements from Fidelis Care for the months of January, February, and March 2015. This four page fax was made part of the record as "Appellant's Exhibit A."

Since the requested documents were received on June 1, 2015, the record was closed that same day.

Findings of Fact

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

- 1) You testified that you did not want nor request health insurance through the Marketplace for 2015 and were not aware that the Marketplace had automatically enrolled you as of January 1, 2015 in Fidelis Care Silver at full cost.
- 2) You testified that you did not select coverage under this plan for it to begin January 1, 2015.
- 3) You testified that you only became aware that you had coverage with Fidelis Care Silver beginning January 1, 2015 when you received premium statements in March 2015 from Fidelis Care for the months of January, February, and March 2015.
- 4) You testified that you did not pay any premiums so you do not understand how your coverage could have started without payment.
- 5) You testified that you did not receive any medical treatment or care during January, February, or March 2015 because you did not think you had health insurance during those months.
- 6) According to the premium billing statement showing statement activity as of March 3, 2015, you owed \$767.08 for the first three months in 2015, and you owed \$105.54 for April 2015 after your APTC of \$278.00 was applied, bringing the total amount due by March 31, 2015 to \$872.62 (Appellant's Exhibit A).
- 7) You testified that you re-applied in February 2015 for coverage to begin April 1, 2015.
- 8) You do not dispute owing the premium for April 2015 of \$105.54, and testified that you paid your premium responsibility for that month.

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

Applicable Law and Regulations

Open 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 January 1, 2015, QHP coverage takes effect on 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]).

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

The Marketplace must ensure coverage is effective March 1, 2015 for QHP selections received by the Marketplace by February 15, 2015 (45 CFR § 155.410(f)(3)).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, the Marketplace must generally make that redetermination effective on the first day of the month following the date the Marketplace is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, the Marketplace may determine that any change made after the 15th of any month will not be effective until the first of the next following month (45 CFR §155.330 (f)(2)), and it has chosen to do so.

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.

You testified that you expected that your 2014 coverage had ended as of December 31, 2014. You further testified that you did not want health insurance coverage to begin in January 2015, and were not aware that the Marketplace had automatically enrolled you in Fidelis Care Silver, which is a plan you did not select. You testified that you do not understand how coverage could have been made effective without you selecting it or paying for it. You testified that you updated your Marketplace account in February 2015 so that your coverage could begin April 1, 2015 with APTC and CSR, which the record reflects.

You credibly testified and the record reflects that you did not select Fidelis Care Silver to begin on January 1, 2015. You also credibly testified and the premium billing statements from Fidelis Care reflect that you did not pay the monthly premium responsibility for coverage to begin January 1, 2015 and to continue through the months of February 2015 and March 2015. As such, you are not responsible for the monthly premiums for any of these months. Likewise, no APTC should have been applied to any of these months. Therefore, the December 22, 2014 eligibility redetermination notice and the December 23, 2014 enrollment notice are RESCINDED.

For the 2015 plan year, an individual who applies for a QHP in the Marketplace after the open enrollment period and based on an eligibility redetermination made after the 15th of a month will be effective the first of the following month. Since you were determined eligible for and enrolled in a qualified health plan on February 16, 2015, the Marketplace properly determined that the effective date for your 2015 QHP coverage is April 1, 2015. Therefore, the February 17, 2015 eligibility redetermination notice is correct and is AFFIRMED.

Decision

The December 22, 2014 eligibility redetermination notice and the December 23, 2014 enrollment notice are RESCINDED.

The February 17, 2015 eligibility redetermination notice is AFFIRMED.

Effective Date of this Decision: September 14, 2015

How this Decision Affects Your Eligibility

You do not have health insurance coverage through the Marketplace during the months of January, February, and March 2015.

You are not responsible for any premium payments for the months of January, February, or March 2015.

You are eligible for \$278.00 per month of APTC and CSR.

Your enrollment in Fidelis Care Silver is effective April 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.

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 22, 2014 eligibility redetermination notice and the December 23, 2014 enrollment notice are **RESCINDED**.

The February 17, 2015 eligibility redetermination notice is **AFFIRMED**.

You do not have health insurance coverage through the Marketplace during the months of January, February, and March 2015.

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 are not responsible for any premium payments for the months of January, February, or March 2015.

You are eligible for \$278.00 per month of APTC and CSR.

Your enrollment in Fidelis Care Silver is effective April 1, 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:

