



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

Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003045

[REDACTED]

Dear [REDACTED],

On July 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 notices of eligibility determination and enrollment and the April 4, 2015 notices of eligibility determination and 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 Code of 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: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003045



Issues

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

Did the Marketplace properly determine on December 22, 2014 that you were eligible to purchase a qualified health plan at full cost and were automatically re-enrolled in a bronze-level qualified health plan, effective January 1, 2015?

Did the Marketplace properly determine on April 4, 2015 that you were eligible to purchase a qualified health plan at full cost and enrolled in a bronze-level qualified health plan, effective May 1, 2015?

Procedural History

On November 6, 2014, the Marketplace issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage and you needed to update your Marketplace account by December 15, 2014 or you might lose the financial assistance you were currently receiving.

As of December 15, 2014, your Marketplace account was not updated.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination that you are newly eligible to purchase a qualified health plan at full cost through NY State of Health, effective January 1, 2015. The notice indicated that you were not eligible for tax credits because the renewal period and income data was not available

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).

and you were not eligible for cost sharing reductions because you were not eligible for tax credits.

That same day, the Marketplace issued a letter confirming your enrollment in a bronze-level qualified health plan, with a monthly premium responsibility of \$304.83. The letter also informed you that your coverage could start as early as January 1, 2015 provided you paid your first month's premium on time.

On February 5, 2015, the Marketplace received returned mail from "[REDACTED]"

On April 3, 2015, the Marketplace received your updated application for health insurance and added your spouse to your application.

On April 4, 2015, the Marketplace issued a notice of eligibility redetermination that you were eligible to purchase a qualified health plan at full cost through New York State of Health, effective May 1, 2015.

That same day, the Marketplace issued a letter confirming your enrollment in a qualified health plan with Health Republic Insurance of New York (Health Republic Insurance) with a monthly premium responsibility of \$304.83. The letter also informed you that your coverage could start as early as January 1, 2015 provided you paid your first month's premium on time.

On April 17, 2015, the Marketplace issued another notice of eligibility redetermination that you were newly eligible to receive advance premium tax credits (APTC) of up to \$291.00 per month and, if you select a silver-level qualified health plan, newly eligible for cost-sharing reductions (CSR). This eligibility was effective June 1, 2015.

On May 20, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the December 22, 2014 and April 4, 2015 notices eligibility determinations and enrollments in that you did not expect to have and did not pay for health insurance as of January 1, 2015, or again as of May 1, 2015.

That same day, the Marketplace made a preliminary eligibility redetermination that you were newly eligible to receive advance premium tax credits (APTC) of up to \$291.00 per month and, if you select a silver-level qualified health plan, newly eligible for cost-sharing reductions (CSR). This eligibility was effective June 1, 2015.

On May 21, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the May 20, 2015 preliminary redetermination.

That same day, the Marketplace issued a letter confirming your enrollment in a bronze-level qualified health plan with Health Republic Insurance, with a monthly premium responsibility of \$13.83 after your APTC of \$291.00 was applied, effective June 1, 2015.

On July 24, 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

- 1) Your Marketplace account indicates that you elected to receive notifications via electronic mail.
- 2) You testified that you did receive some confusing notices from the Marketplace via email notification in April 2015, but you did not receive the earlier November 6, 2014 renewal notice or the December 22, 2014 eligibility redetermination and enrollment notices.
- 3) You testified that you did not know you needed to renew your application until early April 2015, when you added your new spouse to your Marketplace application.
- 4) You testified that you did not know you had been enrolled in a health plan by the Marketplace until early April 2015, when you were told by a Marketplace representative that you already had coverage with Health Republic Insurance from January 1, 2015 to May 31, 2015.
- 5) According to your Marketplace account, you next contacted the Marketplace on May 20, 2015.
- 6) You testified that, since you did not know you had health insurance beginning January 1, 2015, you did not pay any monthly premiums and did not expect that coverage would have started without having done so. You do not want to be responsible for any premium payments for the months of January 2015 through May 2015.
- 7) You testified that you did not incur any medical bills from January 2015 through May 2015.
- 8) You testified that you now understand that for your health insurance coverage to start, you have to pay your first month's premium and further stated you would call Health Republic Insurance to get your health coverage started as soon as possible.

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

Applicable Law and Regulations

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).

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, Medicaid, or Child Health Plus. 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 information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a 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(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

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.

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR §155.230(d); 42 CFR §435.918(b)(4)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your eligibility for APTC and CSR began on January 1, 2015 and not on June 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 information the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the

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).

Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 6, 2014, the Marketplace issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualify for financial help paying for your health coverage. You were asked to update the information in your account by December 15, 2014, or the financial help you were then receiving might end.

You testified, however, that you did not receive the November 6, 2014 renewal notice. Since you did not receive this notice and, therefore, did not timely update your application, the Marketplace issued a notice of eligibility redetermination based on the information available in your Marketplace account at that time. Without accurate income information, the Marketplace issued a notice that you only qualified to purchase a qualified health plan at full cost and re-enrolled you in the same health plan you had in 2014, EssentialCare Bronze, at full cost.

However, you testified and the record reflects that you elected to receive your notices from the Marketplace via electronic mail and credibly testified that you did not receive the November 6, 2014 renewal notice asking you to update your information with the Marketplace.

You first renewed your eligibility for financial assistance through the Marketplace for 2015 on April 3, 2015, and again on April 16, 2015, which resulted in the April 17, 2015 notice of eligibility redetermination finding you newly eligible for advance premium tax credits and cost sharing reductions effective June 1, 2015.

Since you credibly testified that you did not want, use, and need health insurance from January 1, 2015 to May 31, 2015, and did not pay your first months premium for health insurance coverage to start, your coverage with EssentialCare Bronze plan did not take effect and was not effective from January 1, 2015 to May 31, 2015.

Therefore, the December 22, 2014 notice of eligibility redetermination and the December 22, 2014 enrollment notice are RESCINDED.

Decision

The Marketplace's December 22, 2014 and April 4, 2015 notices of eligibility redetermination and the December 22, 2014 and April 4, 2015 enrollment notices are RESCINDED.

This Decision does not address any subsequent notices issued by the Marketplace.

Effective Date of this Decision: October 15, 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).

How this Decision Affects Your Eligibility

You were not enrolled in EssentialCare Bronze ST INN Dep25 as of January 1, 2015 or May 1, 2015.

You did not have health insurance coverage through the Marketplace from January 1, 2015 to May 31, 2015.

You are not responsible for premiums to Health Republic Insurance from January 1, 2015 to May 31, 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The Marketplace's December 22, 2014 and April 4, 2015 notices of eligibility redetermination and the December 22, 2014 and April 18, 2015 enrollment notices are **RESCINDED**.

This Decision does not address any subsequent notices issued by the Marketplace.

You were not enrolled in EssentialCare Bronze ST INN Dep25 as of January 1, 2015 or May 1, 2015.

You did not have health insurance coverage through the Marketplace from January 1, 2015 to May 31, 2015.

You are not responsible for premiums to Health Republic Insurance from January 1, 2015 to May 31, 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

