



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

Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004180



Dear Ms. [REDACTED]

On October 14, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 4, 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).

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NY State of Health Number: [REDACTED]
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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 Empire HMO 2000 Silver ST INN Pediatric Dental Dep25 health plan is January 1, 2015?

Procedural History

On November 6, 2014, the Marketplace issued a notice that stated it was time to renew your health insurance coverage for 2015. The notice also stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualified for continuing financial help in paying for your health coverage in 2015. You were directed to update the information in your NY State of Health account by December 15, 2014, or the financial help you were receiving might end.

No updates were made to your account before December 15, 2014.

On December 22, 2014 you were determined eligible to purchase a qualified health plan at full cost effective January 1, 2015.

On December 23, 2014 the Marketplace issued an enrollment notice confirmed your enrollment as of December 22, 2014 in Empire HMO 2000 Silver ST INN Pediatric Dental Dep25 with a premium responsibility of \$471.19. The 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."

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On March 3, 2015 you updated your Marketplace account. On the following day the Marketplace issued an eligibility determination notice stating that you are eligible to receive up to \$224.00 monthly in advance premium tax credits and eligible for cost-sharing reductions if you enroll in a silver-level health plan effective April 1, 2015.

On March 4, 2015 the Marketplace issued an enrollment notice confirming your enrollment in Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 on March 3, 2015 with a premium responsibility of \$247.19. 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 August 4, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of enrollment in your Empire health plan.

On October 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.
2. You were auto-enrolled in Empire HMO 2000 Silver ST INN Pediatric Dental Dep25 on December 22, 2014 with an effective date of January 1, 2015.
3. You testified that you were not in the United States from late December 2014 until mid-February 2015.
4. You updated your Marketplace account on March 3, 2015.
5. On March 4, 2015 the Marketplace issued an enrollment notice confirming your enrollment in Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 on March 3, 2015 with a premium responsibility of \$247.19. 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.”

6. You testified that approximately \$1500.00 was withdrawn from your bank account in March 2015 to cover the health insurance premiums for January, February and March 2015.
7. You testified that you did not seek any medical services in January, February and March 2015.
8. You testified that you paid your April 2015 monthly premium.

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

Applicable Law and Regulations

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)). 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)).

If an enrollee remains eligible for enrollment in a QHP through the Marketplace upon annual redetermination and the QHP in which they are enrolled in remains available through the Marketplace, such enrollee will have their enrollment through the QHP renewed, unless the enrollee terminates their coverage or selects a different QHP (45 CFR § 155.335(j)(1)).

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 Empire health plan was January 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 it used to determine an individual's eligibility. If an individual does not respond to this notice, the 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 a notice that told you it was time to renew your health coverage. The notice states 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 NY State of Health account by December 15, 2014 or the financial help you were receiving might end.

On December 15, 2014 the Marketplace had not received any updated information from you. Therefore, the Marketplace was required to use the information that was contained in the November 6, 2014 notice in order to determine your eligibility for coverage beginning January 1, 2015.

On December 23, 2015 the Marketplace issued an enrollment notice that stated you were enrolled in Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 with a premium responsibility of \$471.19. 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.

On March 3, 2015 you updated your Marketplace account. On the following day the Marketplace issued an eligibility determination notice stating that you are eligible to receive up to \$224.00 monthly in advance premium tax credits and eligible for cost-sharing reductions if you enroll in a silver-level health plan effective April 1, 2015.

On March 4, 2015 the Marketplace issued an enrollment notice confirming your enrollment in Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 on March 3, 2015 with a premium responsibility of \$247.19. 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."

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You testified that approximately \$1500.00 was automatically withdrawn from your bank account in March 2015 to cover the health insurance premiums for January, February and March 2015.

By not paying your health insurance premiums, your coverage through Empire never should have started as stated in the December 23, 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 or sought medical coverage in January, February 2015 and March 2015 because you were not aware that you had health insurance.

Since you enrolled in Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25, on March 3, 2015 and subsequently paid the April 2015 health insurance premium, the March 4, 2015 enrollment notice is MODIFIED to start that your coverage could start effective April 1, 2015.

Decision

The March 4, 2015 enrollment notice is MODIFIED to state that your health coverage with Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 could start effective April 1, 2015.

Effective Date of this Decision: December 10, 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 April 1, 2015 by not paying the first month's premium.

You did not have health insurance coverage through Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 for the months of January, February and March 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

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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:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 4, 2015 enrollment notice is MODIFIED to state that your health coverage with Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 could start effective April 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 April 1, 2015 by paying not paying the first month's premium.

You did not have health insurance coverage through Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25 for the months of January, February and March 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:



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