



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: AP000000004370

[REDACTED]

Dear [REDACTED],

On November 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 9, 2014 enrollment confirmation 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: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004370

[REDACTED]

Issues

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

Did the Marketplace properly determine that your son's enrollment in your family's qualified health plan was effective September 1, 2014?

Procedural History

On July 15, 2014, the Marketplace issued a notice stating that your younger son may be eligible for health insurance through New York State of Health but more information was needed to make a determination. You were requested to submit proof of his disenrollment from any government sponsored health coverage before August 31, 2014, in order to determine his eligibility.

On July 24, 2014, documents were faxed to the Marketplace, including a copy of your written request to terminate your son's Medicaid coverage on July 9, 2014, and a notice issued by the Suffolk County DSS, confirming that your son's Medical Assistance would be discontinued effective August 1, 2014.

On August 7, 2014, the Marketplace received your modified application for health insurance.

On August 8, 2014, the Marketplace issued a notice of eligibility determination, based on the information in the August 7, 2014 application, stating that your son was eligible to enroll in a qualified health plan through New York State of Health and receive tax credits and cost-sharing reductions. The notice further stated that

his health insurance coverage would begin shortly after he selected a health plan and paid the first premium payment.

On August 9, 2014, the Marketplace issued a notice confirming your son's enrollment in your family's coverage through Empire Silver Guided Access – cbnw as of August 7, 2014. The notice further stated that your family's health insurance coverage could start as early as January 1, 2014, if you paid your first month's premium.

On August 18, 2015, you spoke to the Marketplace's Account Review Unit and appealed that enrollment confirmation notice insofar as it began your son's qualified health plan coverage effective September 1, 2014, and not August 1, 2014.

On November 9, 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) You testified that your younger son was enrolled in Medicaid through his Local Department of Social Services (LDSS) in 2014.
- 2) The record reflects that your family's qualified health plan coverage through Empire Silver Guided Access - cbnw, with the exception of your younger son, was effective January 1, 2014.
- 3) You testified that you wanted to add your son to your family's health insurance coverage in July 2014. You further testified that you spoke with your Broker, [REDACTED], on July 3, 2014 to add your son onto your plan, at which time he informed you that you must cancel your son's Medicaid coverage through this LDSS before he could be enrolled.
- 4) You testified, and faxed supporting documentation, that you submitted a request to your LDSS to cancel your son's Medicaid coverage on July 9, 2014. The supporting documentation, including a notice from your LDSS confirming that your son's Medicaid coverage would be discontinued effective August 1, 2014, was faxed to the Marketplace on July 24, 2014.
- 5) According to the notice issued by the Marketplace on August 8, 2014, your son was determined eligible to enroll in a qualified health plan through the Marketplace as of August 7, 2014.
- 6) You testified that your son was hospitalized in August 2014, and you incurred medical bills during that month.

- 7) You testified, and the record reflects, that your son was enrolled in your family's coverage with Empire Silver Guided Access – cbnw on August 7, 2014. The record further reflects that your son's coverage was effective September 1, 2014.
- 8) You are requesting to have your son's coverage retroactively effective August 1, 2014.

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The Marketplace must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs (45 CFR § 155.410(a)).

For the benefit year beginning on January 1, 2015, the annual open enrollment period began on November 15, 2014 and extended through February 15, 2015 (45 CFR § 155.410(e)); however, the open enrollment period was further extended to February 28, 2015 for individuals who took steps to apply for coverage on or before the February 15, 2015 deadline, but were unable to complete the enrollment process (Press Release: NY State of Health Implements 'Waiting in Line' Provision Ahead of February 15 Open Enrollment Deadline, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-implements-%E2%80%99waiting-line%E2%80%99-provision-ahead-february-15-open>).

After each open enrollment period ends, the Marketplace provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan (45 CFR § 155.420(d)).

For individuals who are eligible for a special enrollment period, the Marketplace must ensure coverage is effective the first day of the following month, for QHP selections received by the Marketplace between the first and the fifteenth of any month (45 CFR § 155.420(b)(1)(i)). The Marketplace must ensure coverage is effective the first day of the second following month, for QHP selections received by the Marketplace between the sixteenth and the last day of any month (45 CFR § 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your younger son's enrollment in your family's qualified health plan began on September 1, 2015.

On July 15, 2014 the Marketplace issued a notice stating that your younger son might be eligible for health insurance through New York State of Health, but that you needed to provide proof that he was disenrolled from any government sponsored health insurance coverage.

The record reflects that the requested documentation, confirming that your younger son's previous Medicaid coverage had been discontinued effective August 1, 2014, was faxed to the Marketplace on July 24, 2014.

The record reflects that your son's eligibility was ultimately redetermined on August 7, 2014, and confirmed in a notice issued by the Marketplace on August 8, 2014, stating that he was eligible to enroll in a qualified health plan through the Marketplace as of August 7, 2014.

The date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

You testified, and the record reflects, that your son was enrolled in your family's health insurance coverage with Empire Silver Guided Access – cbnw on August 7, 2014. This enrollment was confirmed in a notice issued by the Marketplace on August 9, 2014.

Since your son was enrolled in the qualified health plan on August 7, 2014, the plan should have gone into effect on the first day of the following month after August; that is, on September 1, 2014.

Therefore, your son's enrollment properly began effective September 1, 2014.

However, since the Marketplace's August 9, 2014 enrollment confirmation notice is silent as to the effective date of your son's coverage, it is MODIFIED to state that your younger son's enrollment in Empire Silver Guided Access – cbnw is effective September 1, 2014, if you timely paid the first month's premium.

Decision

The August 9, 2014 enrollment confirmation notice is MODIFIED to state that your younger son's enrollment in Empire Silver Guided Access – cbnw is effective September 1, 2014, if you timely paid the first month's premium.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your younger son's qualified health plan September 1, 2014.

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 August 9, 2014 enrollment confirmation notice is MODIFIED to state that your younger son's enrollment in Empire Silver Guided Access – cbnw is effective September 1, 2014, if you timely paid the first month's premium.

This decision does not change your eligibility.

The effective date of your younger son's qualified health plan September 1, 2014.

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:

