

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: AP00000004442



On November 20, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 21, 2015 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.

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).



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: AP000000004442

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that your enrollment in a qualified health plan, as well as the application of advance premium tax credits, was effective no earlier than October 1, 2015?

Procedural History

On April 10, 2015, May 14, 2015, May 19, 2015, June 3, 2015, and July 4, 2015 the Marketplace issued notices stating that the information in your application for health insurance had been reviewed, but that more information was needed in order for a determination to be made on your eligibility for health insurance.

On April 25, 2015, April 30, 2015, May 19, 2015, June 19, 2015, and July 16, 2015 you submitted documentation to the Marketplace.

On July 22, 2015, based on the documentation you submitted, the Marketplace issued an eligibility redetermination notice stating that you were eligible to receive up to \$280.00 per month in advance premium tax credits and cost-sharing reductions, effective September 1, 2015.

On July 24, 2015 the Marketplace issued an eligibility redetermination notice stating that you were eligible to receive up to \$280.00 per month in advance premium tax credits and cost-sharing reductions, effective September 1, 2015. The notice further stated that you qualified for a Special Enrollment Period and that you needed to select a plan by September 29, 2015.

On August 21, 2015, the Marketplace issued an enrollment confirmation notice stating that your enrollment in a qualified health plan would be effective October 1, 2015 and your advance premium tax credit would be applied to your monthly premium effective October 1, 2015.

On August 24, 2015 you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your enrollment in a qualified health plan and your financial assistance eligibility on October 1, 2015.

On November 20, 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 support the following findings of fact:

- 1) The Marketplace received your initial application for health insurance on April 9, 2015.
- 2) The Marketplace issued several notices requesting more information from you regarding your income.
- You testified that you submitted documentation confirming your income; however you were never told exactly what the Marketplace needed.
- 4) The record reflects that you submitted the last piece of documentation confirming your household income on July 16, 2015.
- 5) The record reflects that you did not select a qualified health plan until August 20, 2015.

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%98waiting-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)(i)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your enrollment in a qualified health plan as well as your eligibility for advance premium tax credits was effective October 1, 2015.

The Marketplace received your initial application for health insurance on April 9, 2015. The Marketplace issued several notices requesting more information from you regarding your income. You testified that you submitted documentation confirming your income; however you were never told exactly what the Marketplace needed. The record reflects that you submitted the last piece of documentation confirming your household income on July 16, 2015.

As a result, the record supports a finding that your application was complete as of the Marketplace's receipt of the last piece of documentation on July 16, 2015.

On July 24, 2015 the Marketplace issued an eligibility redetermination notice stating that you were eligible to receive up to \$280.00 per month in advance premium tax credits and cost-sharing reductions, effective September 1, 2015.

The notice further stated that you qualified for a Special Enrollment Period and that you must select a plan by September 29, 2015.

The record reflects that you did not select a qualified health plan until August 20, 2015. On August 21, 2015, the Marketplace issued an enrollment confirmation notice stating that your enrollment in a qualified health plan would be effective October 1, 2015 and your advance premium tax credit would be applied to your monthly premium effective October 1, 2015.

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 fifteenth day and last day of a month goes into effect on the first day of the next following month.

Therefore, the Marketplace's August 21, 2015 enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your qualified health plan as well as your advance premium tax credits to use towards that plan on October 1, 2015.

Decision

The August 21, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

Your enrollment in your qualified health plan as well as your eligibility for advance premium tax credits to use toward that plan is effective October 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 August 21, 2015 enrollment confirmation notice is AFFIRMED.

Your enrollment in your qualified health plan as well as your eligibility for advance premium tax credits to use towards that plan is effective October 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:



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).