



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

## Notice of Decision

Decision Date: March 21, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005709

[REDACTED]

Dear [REDACTED],

On February 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 24, 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).

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: March 21, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005709

[REDACTED]

## Issue

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

Did the Marketplace properly determine that you and your family's start date of coverage in the Essential Plan 1 (MVP Health Care) should begin February 1, 2016?

## Procedural History

On October 23, 2015 the Marketplace issued a notice that it was time to renew your health insurance for 2016. 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 that you needed to update your account by December 15, 2015 or you might lose the financial assistance you are currently receiving.

No updates were made to your account by December 15, 2015.

On December 21, 2015 the Marketplace issued an eligibility determination that you, your spouse and stepchild were newly eligible to purchase a qualified health plan at full cost through NY State of Health, effective January 1, 2016.

On December 22, 2015 the Marketplace issued an enrollment notice confirming your enrollment as of December 21, 2015. The notice stated that you and your spouse were enrolled in MVP Premier Plus HDHP Silver 3 NS INN Dep25, and your stepchild was enrolled in MVP Premier Plus Silver 2 NS INN Dep25 (MVP Health Care) with a plan enrollment state dates of January 1, 2016.

On December 23, 2015 your Marketplace account was updated.

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 the same day you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the plan enrollment start date of your Essential Health Plan.

On December 24, 2015 the Marketplace issued an eligibility determination stating that you, your spouse and stepchild were eligible to enroll in the Essential Health Plan, effective as of February 1, 2016.

On the same day the Marketplace issued an enrollment notice confirming your enrollment as of December 23, 2015. The notice stated that you, your spouse and stepchild are enrolled in Essential Plan 1 (MVP Health Care) with a plan enrollment start date of February 1, 2016.

On February 4, 2016, 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) On October 23, 2015 the Marketplace issued a notice that it was time to renew your health insurance for 2016. That notice stated that you needed to update your account by December 15, 2015 or you, your spouse and stepchild might lose the financial assistance you are currently receiving.
- 2) Your Marketplace account indicates that you receive notices from the Marketplace via electronic mail.
- 3) You testified that you did receive a notice from the Marketplace requesting that you update the information in your Marketplace to ensure that your coverage and financial assistance would continue.
- 4) According to your Marketplace account, the information in your Marketplace Account was updated on December 23, 2015.
- 5) On December 24, 2015 the Marketplace issued an enrollment notice confirming your enrollment as of December 23, 2015. The notice stated that you, your spouse and stepchild are enrolled in Essential Plan 1 (MVP Health Care) with a plan enrollment start date of February 1, 2016.
- 6) You testified that you want you and your family's health insurance coverage to start on January 1, 2016, not February 1, 2016.

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

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).

## **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 upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is affordability programs for the 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 individual's projected eligibility for the upcoming 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(g), (h)).

### 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)).

### Essential Health Plan Effective Date

Generally, if the individual enrolls in an Essential Plan between the first and fifteenth day of any month, the Marketplace must ensure a coverage effective date of the first day of the following month.

If an individual enrolls between the sixteenth and last day of the month for any month, the Marketplace must ensure a coverage effective date of the first day of the second following month (N.Y. Social Services Law § 369-gg(4)(c)); 45 CFR § 155.420(b)(i-ii)).

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that you, your spouse and stepchild's enrollment in your Essential Health Plan (MVP Health care) should begin February 1, 2016.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually.

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).

The Marketplace must issue a renewal notice that contains the 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 October 23, 2015, the Marketplace issued an annual renewal notice. 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, 2015 or the financial help you were receiving might end.

However, you testified and the record reflects that you elected to receive your notices from the Marketplace via electronic mail. You credibly testified that you did not receive the October 23, 2015 renewal notice asking you to update your information with the Marketplace, and that you updated your account shortly after you became aware there was a problem with your account.

Therefore, it is concluded that the Marketplace did not give you the proper notice that you needed to update your account.

You renewed your application through the Marketplace and enrolled you, your spouse and stepchild in a health plan for 2016 on December 23, 2015. It must be assumed that information provided on December 23, 2015, would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the December 24, 2015 enrollment notice is MODIFIED to state you, your spouse's and stepchild's effective date of coverage in the Essential Plan 1 (MVP Health Care) is January 1, 2016

## **Decision**

The December 24, 2015, enrollment notice is MODIFIED to state that you, your spouse and stepchild's coverage in Essential Plan 1 (MVP Health Care) is effective January 1, 2016.

Your case is RETURNED to the Marketplace to effectuate coverage.

**Effective Date of this Decision:** March 21, 2016

## **How this Decision Affects Your Eligibility**

The effective date of your Essential Plan 1 (MVP Health Care) is January 1, 2016.

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 may be responsible for any additional health insurance premiums that may result from effectuating this change in coverage.

### **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

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).

## **Summary**

The December 24, 2015, enrollment notice is MODIFIED to state that you, your spouse and stepchild's coverage in Essential Plan 1 (MVP Health Care) is effective January 1, 2016.

Your case is RETURNED to the Marketplace to effectuate coverage.

The effective date of your Essential Plan 1 (MVP Health Care) is January 1, 2016.

You may be responsible for any additional health insurance premiums that may result from effectuating this change in coverage.

## **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**

