



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

Notice of Decision

Decision Date: April 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005955

[REDACTED]
[REDACTED]
[REDACTED] 4618

Dear [REDACTED],

On March 31, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 9, 2016 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).

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Decision

Decision Date: April 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005955

[REDACTED]

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 your bronze level qualified health plan was effective February 1, 2016?

Procedural History

On December 15, 2015 the Marketplace issued a notice of eligibility determination, based on a December 14, 2015 application, stating that you were eligible to receive up to \$243.00 in advance premium tax credits (APTC) and if you enrolled in a silver level health plan, cost-sharing reductions. This eligibility was effective January 1, 2016.

On January 4, 2016, you contacted the Marketplace's Account Review Unit and requested an appeal insofar as you did not have coverage through a qualified health plan for the month of January 2016.

On January 9, 2016, the Marketplace issued a notice of enrollment confirming your plan selection made on January 8, 2016, stating that your enrollment in a bronze level qualified health plan was effective February 1, 2016.

On March 31, 2016, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

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Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you selected a bronze level qualified health plan on December 14, 2015. You further testified that you believe the Marketplace erred in recording your selection that day.
- 2) You testified that you went back into your Marketplace account on December 15, 2015 to double check your enrollment. You uploaded a screenshot of your Marketplace account's Overview Page dated December 15, 2015 which states "Congratulations! We've enrolled everyone in their health plan for another year and you don't have to do anymore."
- 3) You testified that in reliance on what your account stated on December 15, 2015, you assumed you had successfully enrolled into a qualified health plan for the 2016 coverage year.
- 4) You testified that in late December you realized that you did not receive a bill or insurance cards for your 2016 coverage.
- 5) You testified that on January 8, 2016 you logged into your Marketplace account and again selected a bronze level qualified health plan for enrollment. You further testified that your Marketplace's account Overview Page had changed to reflect that you were no longer enrolled in a health plan.

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 or change qualified health plans (45 CFR §155.410(a)).

For the benefit year beginning on January 1, 2016, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016 (45 CFR §155.410(e)(2)). The Marketplace must ensure that coverage is effective as of January 1, 2016, for qualified health plan selections received on or before December 19, 2015 (45 CFR §155.410(f)(2)(i), Press Release: NY State of Health Extends Enrollment Deadline for January 1 Coverage,

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<http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-extends-enrollment-deadline-january-1-coverage>).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your enrollment in your bronze level qualified health plan was effective January 1, 2016.

The record indicates that on December 14, 2015 you submitted an application for health insurance to the Marketplace. That day, you testified that you selected a bronze level qualified health plan. There is no indication in the record that a plan selection was recorded in your account by the Marketplace.

You submitted a screenshot of your Marketplace account's Overview Page dated December 15, 2015 which states "Congratulations! We've enrolled everyone in their health plan for another year and you don't have to do anymore." You testified that in reliance on this statement, you assumed you had successfully enrolled into a plan the previous day.

The Marketplace must provide an annual open enrollment period during which individuals can elect to reenroll or switch health plans. For 2016 coverage, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016. The Marketplace must ensure that coverage selected during the annual open enrollment period on or before December 19, 2015 is effective January 1, 2016.

You provided sufficient evidence that you selected a bronze level qualified health plan on December 14, 2015 and reasonably relied on the Marketplace's statement via your online account on December 15, 2015 stating that you do not have to do anything more. Therefore, the January 9, 2016, enrollment confirmation notice is MODIFIED to state your bronze level qualified health plan was effective January 1, 2016. Your case is RETURNED to the Marketplace to effectuate this change.

Decision

The January 9, 2016, enrollment confirmation notice is MODIFIED to state your bronze level qualified health plan was effective January 1, 2016.

Your case is RETURNED to the Marketplace to effectuate this change.

Effective Date of this Decision: April 4, 2016

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How this Decision Affects Your Eligibility

Your coverage through your bronze level qualified health plan is effective as of January 1, 2016.

You will be responsible for any unpaid premiums for the month of January.

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
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Summary

The January 9, 2016, enrollment confirmation notice is MODIFIED to state your bronze level qualified health plan was effective January 1, 2016.

Your case is RETURNED to the Marketplace to effectuate this change.

You will be responsible for any unpaid premiums for the month of January.

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:

