



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

Notice of Decision

Decision Date: February 12, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000006561

[REDACTED]

[REDACTED]

Dear [REDACTED],

On February 8, 2016 your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 28, 2016 eligibility determination.

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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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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NY State of Health Number: [REDACTED]
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[REDACTED]

[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 qualified health plan was effective March 1, 2016?

Procedural History

You first applied for health insurance through the Marketplace on November 19, 2013, without asking for financial assistance. Although you were found eligible to enroll in a qualified health plan through the Marketplace, you never selected a plan in which to enroll for either 2014 or 2015.

On January 27, 2016, the Marketplace received your application to enroll and for financial assistance with your health coverage, and made a preliminary eligibility determination finding you eligible to purchase a qualified health plan at full cost through the NY State of Health effective March 1, 2016.

Also on January 27, 2016, you enrolled in a Platinum level qualified health plan with a premium responsibility of \$740.76 per month, which became effective March 1, 2016.

Also on January 27, 2016, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it began your coverage with your qualified health plan on March 1, 2016.

On January 28, 2016, the Marketplace issued a notice of eligibility determination, stating that you were eligible to enroll in a qualified health plan through the Marketplace at full cost, effective March 1, 2016.

On January 29, 2016, you called the Marketplace and requested an expedited appeal hearing, and your physician submitted reports stating the medical need for an expedited hearing.

On February 3, 2016, the Marketplace received your authorized representative designation form designating your daughter [REDACTED] to appear on your behalf.

On February 4, 2016, an expedited hearing was granted.

On February 8, 2016, your authorized representative had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. Your authorized representative appeared on your behalf and waived formal written notice of the hearing on your behalf. 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 seeking insurance for yourself.
- 2) Your application on January 27, 2016 stated that you plan on filing your taxes with a status of single.
- 3) Your application stated that you have an annual expected earned income of \$52,000.00.
- 4) Your application stated you currently reside in Tompkins, County.
- 5) On January 27, 2016, an eligibility determination was made finding you eligible to purchase a qualified health plan at full cost through the NY State of Health effective March 1, 2016.
- 6) On January 27, 2016, you selected and enrolled in a qualified health plan.

- 7) You are seeking a start date of February 1, 2016 for your qualified health plan.
- 8) A January 28, 2016 letter from your treating physician stated that you were “just diagnosed” with a serious medical condition.
- 9) Your authorized representative testified that you had begun to look at health insurance plans with a broker prior to January 27, 2016, but that you did not apply and choose a health plan through the Marketplace until January 27, 2016.

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 effective date of a qualified health plan selection received by the Marketplace will be the first day of the following month if a plan selection is received from the first to the fifteenth day of any month; a plan selected from the sixteenth to the last day of any month will become effective on the first day of the *second* following month (45 CFR §155.410(f)(2)(iii), emphasis added).

Legal Analysis

The issue presented to the Appeals Unit of NY State of Health is whether the Marketplace properly determined that your enrollment in your qualified health plan was effective March 1, 2016.

Your authorized representative testified that you had begun to look at health insurance plans with a broker prior to January 27, 2016, but that you did not apply and choose a health plan through the Marketplace until January 27, 2016.

On January 28, 2016, the Marketplace issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through the NY State of Health effective March 1, 2016.

You appealed that determination on January 27, 2016, and are seeking a start date of February 1, 2016 for your qualified health plan.

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.

For the benefit year beginning on January 1, 2016, the Exchange must ensure that coverage is effective March 1, 2016, for qualified health plan selections received by the Exchange from January 16, 2016 through January 31, 2016.

You selected and enrolled in a qualified health plan on January 27, 2016. Therefore, the Marketplace properly determined that your enrollment in your plan did not become effective until March 1, 2016.

Since the January 28, 2016 eligibility determination properly stated that your eligibility was effective March 1, 2016, it is correct and is AFFIRMED.

Decision

The January 28, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: February 12, 2016

How this Decision Affects Your Eligibility

You remain enrolled in a qualified health plan at full cost effective March 1, 2016.

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 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).

If You Have Questions about this Decision (Customer Service Resources):

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Summary

The January 28, 2016 eligibility determination notice is AFFIRMED.

You remain enrolled in a qualified health plan at full cost effective March 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]