



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

**Notice of Decision**

Decision Date: April 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001247

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED] [REDACTED]

On January 14, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s December 5, 2014 notice of 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 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 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001247

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine that the coverage provided by your qualified health plan ended on December 31, 2014?

## Procedural History

You enrolled in a qualified health plan through the Marketplace with an effective enrollment date of January 1, 2014. You were entitled to an advance premium tax credit of up to \$174.00 per month.

On November 6, 2014, the Marketplace sent you a notice that stated it was time to renew your health coverage for 2015. You were asked to update your Marketplace account by December 15, 2014.

On December 4, 2014, information in your Marketplace account was updated.

On December 5, 2014, the Marketplace issued an eligibility determination notice based on your updated account, stating that you were eligible for Medicaid effective December 1, 2014. It also stated, "your current coverage will end on December 31, 2014."

On December 19, 2014, the Marketplace issued a notice stating that on December 18, 2014, you requested a hearing because you were denied backdating of the termination date of your qualified health plan.

On December 25, 2014, the Marketplace issued a disenrollment notice that stated your qualified health plan coverage would end effective December 31, 2014.

On January 14, 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 supports the following findings of fact:

- 1) Beginning on January 1, 2014, you were enrolled in a qualified health plan through the Marketplace.
- 2) You updated your Marketplace account on December 4, 2014, and the Marketplace determined that you were eligible for Medicaid effective December 1, 2014.
- 3) A December 5, 2014 notice of eligibility determination and a December 25, 2014 disenrollment notice indicated that your qualified health plan coverage would end effective December 31, 2014.
- 4) You testified the insurance carrier invoiced you for the full amount of your December premium, without the advance premium tax credit deducted.

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

## **Applicable Law and Regulations**

The Marketplace must permit an enrollee to terminate his or her coverage with a qualified health plan, including when an enrollee obtains other minimum essential coverage, with appropriate notice to the Marketplace or the qualified health plan (45 CFR § 155.430(b)(1)).

If an enrollee is newly eligible for Medicaid, the last day of coverage for the qualified health plan is the day before the Medicaid coverage begins (45 CFR § 155.430(d)(2)(iv)).

## **Legal Analysis**

The only issue under review is when your insurance coverage through your qualified health plan should end.

The Marketplace must permit an enrollee to terminate his or her coverage with a qualified health plan with appropriate notice to the Marketplace. If the enrollee is newly eligible for Medicaid, the last day of coverage through their qualified health plan is the day before the Medicaid coverage begins.

You became newly eligible for Medicaid effective December 1, 2014. Therefore, your enrollment through your qualified health plan should have been terminated effective November 30, 2014.

## **Decision**

The December 5, 2014 notice of eligibility determination and the December 25, 2014 disenrollment notice are MODIFIED to state that coverage with your qualified health plan ended effective November 30, 2014.

**Effective Date of this Decision:** April 13, 2015

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

Your qualified health plan coverage ended effective November 30, 2014.

Your Medicaid coverage began effective December 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

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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 December 5, 2014 notice of eligibility determination and the December 25, 2014 disenrollment notice are MODIFIED to state that coverage with your qualified health plan ended effective November 30, 2014.

Your qualified health plan coverage ended effective November 30, 2014.

Your Medicaid coverage began effective December 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:**

[REDACTED]  
[REDACTED]  
[REDACTED]