



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

Notice of Decision

Decision Date: July 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001510

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On March 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 27, 2014 disenrollment 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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[REDACTED]
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Issue

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

Did the Marketplace properly determine on August 26, 2014 that your oldest daughter's coverage with her qualified health plan and dental plan ended effective August 31, 2014?

Procedural History

The Marketplace received your initial application for health insurance for your oldest daughter on March 26, 2014.

On April 5, 2014, the Marketplace issued an eligibility determination notice, which stated that she is eligible to enroll in a qualified health plan through New York State of Health and receive an advance premium tax credit of up to \$0.00 per month and eligible cost-sharing reductions if she enrolled in a silver level health plan. It further stated that her health insurance coverage will begin shortly after she has selected a health plan and paid the first premium payment.

On April 9, 2014, the Marketplace issued a notice that she is eligible to enroll in a qualified health plan through New York State of Health. The notice further stated that she chose a qualified health plan and that her health insurance coverage will begin shortly after the first premium payment has been made.

On August 26, 2014, the Marketplace received your modified application for health insurance for your oldest daughter.

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 August 27, 2014, the Marketplace issued a notice that your oldest daughter may be eligible for health insurance through New York State of Health but more income information is needed to make a determination.

Also on August 27, 2014, the Marketplace issued two disenrollment notices, each stated that the Marketplace received your request to end your oldest daughter's insurance coverage with her qualified health plan and dental plan on August 26, 2014. The notice further stated that her coverage with these plans ends effective August 31, 2014.

On September 16, 2014, the Marketplace issued an eligibility redetermination notice that your oldest daughter is eligible for Medicaid effective September 1, 2014. It further stated that she must choose a health plan soon or one will be chosen for her.

On December 3, 2014, a copy of your written Declaration of No Income was uploaded to your Marketplace account. In this written declaration, you stated that you were injured at work on July 9, 2014 and have only received Workers' Compensation since that date.

On January 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective date of your daughter's health insurance disenrollment insofar as it was not made effective May 31, 2014.

On March 5, 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) The record reflects that your oldest daughter was enrolled in a qualified health plan effective May 1, 2014. The record also reflects that she was enrolled in a dental plan effective May 1, 2014.
- 2) You testified that you paid the May 2014 premium for your daughter's health insurance.
- 3) You testified that you were unable to pay June 2014's premium for your daughter's health insurance because it was too expensive. You further testified that you called the plan provider and the Marketplace to inform them that you could not afford the June 2014 payment. You testified that you were given different numbers to call but you kept getting bounced back and forth.

- 4) You testified that you were injured while working on July 9, 2014.
- 5) You testified that you keep receiving bills for the June and July 2014 premium payments. You further testified that you kept calling the Marketplace during these months to state that you could not afford your daughter's health insurance premiums.
- 6) The record reflects that your daughter's enrollment was deleted on August 26, 2014.
- 7) You testified, and the record reflects that your daughter was determined eligible for Medicaid on September 16, 2014, with coverage effective September 1, 2014.
- 8) You testified that you cannot afford to pay your daughter's health insurance premiums for June and July 2014 since your only source of income currently is through Workers' Compensation.

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 minimum essential coverage, with appropriate notice to the Marketplace or qualified health plan (45 CFR § 155.430(b)(1)(i)). 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)).

For enrollee-initiated terminations, the last day of coverage is either:

- The termination date specified by the enrollee, if they provide notice at least 14 days before the requested termination becomes effective;
- Fourteen days after the enrollee requests the termination, if they do not provide 14 days' notice; or
- On a date on or after the date the enrollee requests the termination, subject to the determination of the enrollee's qualified health plan issuer, if the enrollee's qualified health plan issuer agrees to effectuate termination in fewer than 14 days, and the enrollee requests and earlier termination effective date

(45 CFR § 155.430(d)(2)(i)-(iii)).

The Marketplace may initiate termination of an enrollee's coverage in a qualified health plan and must permit a qualified health plan issuer to terminate such coverage: (1) When the enrollee is no longer eligible for coverage in a qualified health plan through the Marketplace; or (2) The enrollee's coverage is cancelled due to non-payment of premiums (45 CFR § 155.430(b)(2)(i) and (ii)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that the end date of your oldest daughter's insurance coverage with her qualified health plan and dental plan was August 31, 2014.

The record reflects that your oldest daughter was enrolled in her qualified health plan and dental plan effective May 1, 2014. You testified that you only paid the premium for May 2014.

You testified that you contacted the Marketplace and your daughter's plan provider multiple times between June and July 2014 to inform them that you could not afford to pay the health insurance premiums for these months, but you kept getting bounced back and forth. You further testified that you have not been able to pay these insurance premiums.

The Marketplace must permit an enrollee to terminate his or her coverage with a qualified health plan with appropriate notice to the Marketplace. The enrollee must provide notice of his or her request to terminate their qualified health plan at least 14 days before it becomes effective, unless the qualified health plan issuer agrees to effectuate termination in fewer than 14 days. 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.

However, the Marketplace may initiate termination of an enrollee's coverage in a qualified health plan if the enrollee's coverage is cancelled due to non-payment of premiums.

Since you were only able to pay the health insurance premium for May 2014 for your daughter, and have been unable to pay the June or July 2014 premium, coverage under her qualified health plan and dental plan should be cancelled effective May 31, 2014. Therefore, the two August 27, 2014 disenrollment confirmation notices are MODIFIED to state that your daughter's coverage with her qualified health plan and dental plan is cancelled effective May 31, 2014.

Decision

The August 27, 2014 disenrollment notices are MODIFIED to state that your oldest daughter's, coverage with her qualified health plan and dental plan is canceled effective May 31, 2014.

Effective Date of this Decision: July 22, 2015

How this Decision Affects Your Eligibility

Your daughter's coverage with her qualified health plan and dental plan is cancelled effective May 31, 2014.

Your daughter remains eligible for Medicaid effective September 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 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 27, 2014 disenrollment notices are MODIFIED to state that your oldest daughter's coverage with her qualified health plan and dental plan is canceled effective May 31, 2014.

Your daughter's coverage with her qualified health plan and dental plan is cancelled effective May 31, 2014.

Your daughter remains eligible for Medicaid effective September 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]