



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

**Notice of Decision**

Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001565

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr. [REDACTED]

On March 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s January 23, 2015 disenrollment 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

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Appeal Identification Number: AP000000001565

[REDACTED]  
[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 your coverage ended with SilverPlus-S1, ST, INN, Dep 25, Pediatric Dental effective January 31, 2015?

## Procedural History

On March 30, 2014, you enrolled in the SilverPlus-S1 health plan through the Marketplace.

On November 6, 2014, the Marketplace issued a notice that stated it was time to renew your health insurance coverage for 2015. The notice also stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualified for continuing financial help in paying for your health coverage in 2015. You were directed to update the information in your NY State of Health account by December 15, 2014, or the financial help you were receiving might end.

No updates were made to your account before December 15, 2014.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination that stated you were newly eligible to purchase a qualified health plan (QHP) at full cost. You were not eligible to receive an advance premium tax credit (APTC) because "renewal period and income data [was] not available." You were not eligible for cost-sharing reductions because you were ineligible to receive APTC. You were not eligible for Medicaid because your household

income was in excess of the allowable income limit for that program. This eligibility was effective January 1, 2015.

On December 28, 2014, the Marketplace issued a disenrollment notice telling you that your coverage with SilverPlus-S1 will end effective December 31, 2014.

On January 22, 2015, information in your Marketplace account was updated.

On January 22, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the effective date that your health insurance coverage would be terminated.

On January 23, 2015, the Marketplace issued a disenrollment notice based on your January 22, 2015 request to end your health insurance coverage with SilverPlus-S1, ST, INN, Dep25, Pediatric Dental effective January 31, 2015.

On March 20, 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) You testified that you enrolled in a qualified health plan through the Marketplace in 2014.
- 2) You testified that you became aware that you were reenrolled in health coverage through the Marketplace in January 2015 when you returned home from a business trip and found a notice from the Marketplace and a health insurance premium bill that had been sent by mail.
- 3) You testified that you travel for work and did not have access to your Marketplace account.
- 4) You testified that you did not request or authorize the Marketplace to enroll you in a full-pay qualified health plan (QHP) beginning January 1, 2015.
- 5) On January 22, 2015, you contacted the Marketplace and terminated your coverage health insurance coverage with SilverPlus-S1, ST, INN, Dep25, Pediatric Dental (Marketplace Account; 1/23/2015 Marketplace notice).
- 6) On January 23, 2015, the Marketplace issued a disenrollment notice based on your January 22, 2015 request to end your health insurance

coverage with SilverPlus-S1, ST, INN, Dep25, Pediatric Dental effective January 31, 2015.

- 7) You testified that you want your health plan to be terminated retroactive to December 31, 2015, so you are not held responsible to pay the January 2015 health insurance premium.

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

## **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 affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is 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 information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). 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(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

If an enrollee remains eligible for enrollment in a qualified health plan (QHP) through the Marketplace upon annual redetermination and the QHP in which they are enrolled in remains available through the Marketplace, such enrollee will have their enrollment through the QHP renewed, unless the enrollee terminates their coverage or selects a different QHP (45 CFR § 155.335(j)(1)).

### Termination of QHP Coverage

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

The enrollee must provide reasonable notice before their enrollment in a QHP may be terminated. Reasonable notice is at least fourteen days before the requested effective date of termination (45 CFR §155.430(d)(1)(i)). The last day of coverage is fourteen days after the termination is requested by the enrollee, if the enrollee does not provide reasonable notice (45 CFR §155.430(d)(2)(ii)).

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that the end date of your insurance coverage through your qualified health plan (QHP) was January 31, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information it used to determine an 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 November 6, 2014, the Marketplace issued a notice that told you it was time to renew your health coverage. The notice states 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 NY State of Health account by December 15, 2014 or the financial help you were receiving might end.

On December 15, 2014, the Marketplace had not received any updated information from you. Therefore, the Marketplace was required to use the information that was contained in the November 6, 2014 notice in order to determine your eligibility for coverage beginning January 1, 2015. On December 22, 2014, the Marketplace issued a notice that stated you were newly eligible to purchase a QHP at full cost effective January 1, 2015.

The Marketplace must permit an enrollee to terminate their coverage with a QHP with appropriate notice to the Marketplace or QHP. On January 22, 2015, you contacted the Marketplace and requested that your QHP coverage be terminated retroactively to December 31, 2014. Since you did not provide reasonable notice to the Marketplace or QHP, the termination date must be fourteen days from when it was requested.

Since the Marketplace terminated the QHP coverage within the fourteen-day requirement, the Marketplace disenrollment notice stating that your insurance coverage with SilverPlus-S1, ST, INN, Dep25, Pediatric Dental will end effective January 31, 2015, is AFFIRMED.

## **Decision**

The January 23, 2015 disenrollment notice stating that your health insurance coverage will end effective January 31, 2015 is AFFIRMED.

**Effective Date of this Decision:** June 12, 2015

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

Your coverage with SilverPlus-S1, ST, INN, Dep25, Pediatric Dental will end effective January 31, 2015.

## **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 January 23, 2015 disenrollment notice stating that your health insurance coverage will end effective January 31, 2015 is **AFFIRMED**.

Your coverage with SilverPlus-S1, ST, INN, Dep25, Pediatric Dental will end effective January 31, 2015.

## **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]  
[REDACTED]