



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

Notice of Decision

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001980

[REDACTED]

Dear [REDACTED]

On April 14, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 20, 2015 disenrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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NY State of Health Number: [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 that your enrollment in your health plan continued subsequent to January 1, 2015?

Procedural History

On November 6, 2014 and on November 20, 2014, the Marketplace issued notices stating that it was time for you to renew your health insurance coverage for 2015. The notices stated that, based on federal and state data sources, a decision about whether you would qualify for financial help paying for your health coverage in 2015 could not be made. 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 20, 2014.

On December 22, 2014 the Marketplace issued an eligibility determination notice that stated you were newly eligible to purchase a qualified health plan at full cost. This eligibility was effective January 1, 2015.

On December 23, 2014 the Marketplace issued an enrollment confirmation notice that stated as of December 22, 2014, you were enrolled in Fidelis Care Silver with a premium responsibility of \$383.54. The notice further stated that if you have a premium responsibility, you must pay the monthly premium before your coverage can begin. If you did not pay your premium, you might not have health

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coverage. The notice stated, "Health insurance coverage will begin after you have paid your first month's premium. If you pay your first month's premium, your coverage could start as early as January 1, 2015."

On February 20, 2015 the Marketplace issued a disenrollment notice that stated your insurance coverage with Fidelis Care Silver would end effective March 31, 2015.

On March 9, 2015, you spoke to the Marketplace's Account Review Unit and appealed the disenrollment notice in so far as it terminated your coverage on March 31, 2015 and not December 31, 2014, because you did not want to be held responsible for the monthly premiums.

On April 14, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Spanish Interpreter # [REDACTED] assisted during the hearing. 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 do not want to be responsible for health insurance premiums for the months of January, February, and March 2015.
- 2) You testified that you were out of the country and did not receive any notice from the Marketplace until you returned at the end of January.
- 3) You testified that when you returned home and saw the notices from the Marketplace you ignored them because it was past the deadline to renew that was listed on those notices.
- 4) You testified that you enrolled in Fidelis Care last year but you never used the coverage and did not want the coverage for 2015.
- 5) You testified that you were not aware that you were still enrolled in Fidelis Care until you got a bill for the full premium amount.
- 6) You testified that you did not pay any premiums to Fidelis Care for the months of January, February, or March 2015.

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 individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). 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 prospective eligibility determination provided in the annual renewal notice (45 CFR § 155.335(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Legal Analysis

The only issue is whether you were enrolled in Fidelis Care Silver for the months of January, February, and March 2015

On December 23, 2014, the Marketplace issued an enrollment confirmation notice that stated as of December 22, 2014, you were enrolled in Fidelis Care Silver with a premium responsibility of \$383.54. The notice further stated that if you had a premium responsibility, you must pay the monthly premium before your coverage could begin. If you did not pay your premium, you might not health coverage.

You testified that you did not want to have coverage through Fidelis Care and that you did not pay any premium to Fidelis Care for the months of January, February, and March 2015. By not paying your premium, your coverage in Fidelis Care Silver should never have started as stated in the December 23, 2014 notice, and you should not be charged for a premium amount for coverage that never began.

Therefore, your coverage through Fidelis Care should have been terminated effective December 31, 2014.

Decision

The February 20, 2015 disenrollment notice is MODIFIED to say that your insurance coverage with Fidelis Care Silver would end effective December 31, 2014.

You no longer have coverage with Fidelis Care for the months of January, February and March 2015, and should not be charged a premium for those months.

Effective Date of this Decision: August 25, 2015

How this Decision Affects Your Eligibility

You did not have health insurance coverage through Fidelis Care for the months of January, February, and March, and should not be charged a premium for those months.

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):

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Summary

The February 20, 2015 disenrollment notice is MODIFIED to say that your insurance coverage with Fidelis Care Silver will end effective December 31, 2014.

You did not have health insurance coverage through Fidelis Care for the months of January, February, and March, and should not be charged a premium for those months.

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:

