



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

## Notice of Decision

Decision Date: June 17, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002008

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Ms. [REDACTED],

On April 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 12, 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

Decision Date: June 17, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002008

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Whether you were enrolled in a qualified health plan effective January 1, 2014 to March 31, 2015?

## Procedural History

On December 3, 2013, a Marketplace account was created with your personal information. A preliminary eligibility determination was prepared that stated you were eligible for \$242.00 in advance premium tax credit (APTC) and cost sharing reductions. You were also enrolled into a qualified health plan effective January 1, 2014.

On November 3, 2014, the Marketplace issued a notice that stated it was time to renew your health insurance coverage for 2015. The notice stated that as of January 1, 2015 you were eligible for \$191.41 in APTC and eligible for cost sharing reductions if you enrolled in a silver level health plan. The notice further stated that you were going to be re-enrolled into your qualified health plan with a premium of \$285.13. The notice also stated that you must pay your premium bill on time, or you might not be covered at the start of the new year.

On December 10, 2014, the Marketplace issued an enrollment confirmation notice that stated as of December 3, 2014 you were enrolled in a qualified health plan, with a premium responsibility of \$143.13. The notice further stated that your health insurance coverage could start as early as January 1, 2015 if you paid your first month's premium.

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On March 12, 2015, a disenrollment notice was issued that stated you had requested to end your insurance coverage with your qualified health plan on March 11, 2015. The notice further stated that you would no longer have coverage with that health plan effective March 31, 2015.

Also on March 12, 2015, the Marketplace issued a notice to confirm that you requested an appeal based on the end date of your qualified health plan.

On April 24, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for 15 days to allow time to submit additional evidence. A fax was received by the Appeals Unit on May 6, 2015 containing the additional evidence. The record is now closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you did not create a Marketplace account and you never applied for health insurance through the Marketplace.
- 2) You testified that you never paid any premiums to a Marketplace health plan in 2014.
- 3) You testified that you never paid any premiums to a Marketplace health plan in 2015.
- 4) You testified that you received a statement from a Marketplace health plan that stated you owed \$900.00 in past due premiums.
- 5) You submitted a letter from the Marketplace's qualified health plan dated March 5, 2015 that stated the plan had not received payments from you for health insurance and as a result they have withdrawn your enrollment. Your coverage was not activated and there is no amount due.
- 6) You submitted a statement from your employer that stated you have medical insurance through them as of October 1, 2014.

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

## **Applicable Law and Regulations**

### Termination of Coverage

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)). Additionally, an enrollee may initiate the termination of her own coverage (45 CFR § 155.430(b)(1)).

## **Legal Analysis**

The only matter at issue is whether you had coverage through a Marketplace qualified health plan as of January 1, 2014 to March 31, 2015.

The record indicates that you were enrolled into a qualified health plan effective January 1, 2014 through the Marketplace. You spoke to the Marketplace in March 2015 to terminate your coverage in that qualified health plan. On March 12, 2015 a disenrollment notice was issued confirming you requested to end your insurance coverage and that you will no longer have coverage with that health plan effective March 31, 2015.

However, you testified that you did not pay any premium to a health plan through the Marketplace in 2014 or in 2015. By not paying your premium, your coverage in a qualified health plan should never have started and you should not be charged for a premium amount for coverage that never began. You also submitted a letter from the Marketplace's qualified health plan, dated March 5, 2015, that confirms the plan did not receive payments from you for health insurance and that as a result, they had withdrawn your enrollment. Your coverage was not activated and there is no amount due or past due.

Therefore, the March 12, 2015 disenrollment notice is MODIFIED to state that you will no longer have coverage with a Marketplace health plan effective January 1, 2014.

You indicated during the hearing that you did not create a Marketplace account. If you would like to pursue any concerns that you have about security you may call the Account Review Unit at the number listed below to discuss any confidential information that was used when your account was created.

## **Decision**

The March 12, 2015 disenrollment notice is MODIFIED to state that you will no longer have coverage with a Marketplace health plan, effective January 1, 2014.

**Effective Date of this Decision:** June 17, 2015

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

You did not and do not have health insurance coverage through the Marketplace for the months of January 2014 to March 2015 and should not be charged a premium for those months.

If you would like to pursue any concerns that you have about security you may call the Account Review Unit at the number listed below to discuss any confidential information that was used when your account was created.

## **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):**

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 March 12, 2015 disenrollment notice is MODIFIED to state that you will no longer have coverage with a Marketplace health plan effective January 1, 2014.

You did not and do not have health insurance coverage through the Marketplace for the months of January 2014 to March 2015 and should not be charged a premium for those months.

If you would like to pursue any concerns that you have about security you may call the Account Review Unit at the number listed below to discuss any confidential information that was used when your account was created.

## **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]  
[REDACTED]  
[REDACTED]