



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

Notice of Decision

Decision Date: July 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002253

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

Dear [REDACTED],

On May 13, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 1, 2015 disenrollment 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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[REDACTED]
[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 the coverage provided by your qualified health plan began February 1, 2015 and ended on March 31, 2015?

Procedural History

You were deemed eligible for and covered under Medicaid through the Marketplace from January 1, 2015 to December 31, 2015.

On December 30, 2014, you updated your Marketplace application and reported an expected annual income of \$17,000.00.

On December 31, 2014, the Marketplace issued a notice of eligibility redetermination that you are eligible to receive up to \$318.00 per month in advance premium tax credit (APTC) and cost-sharing reductions, effective February 1, 2015. That notice also stated that you are not eligible for Medicaid because the income you provided of \$17,000.00 was over the maximum allowable income limit of \$16,105.00 for that program.

On that same day, the Marketplace issued a letter confirming your enrollment in United Healthcare Compass Silver ST INN Pediatric Dental Dep25 (UHC Compass Silver), a silver-level qualified health plan, with a monthly premium responsibility of \$226.76 after the monthly APTC of \$318.00 was applied. That letter stated that your coverage would

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begin after you paid the first month's premium and could start as early as February 1, 2015.

On April 1, 2015, the Marketplace issued a notice of eligibility redetermination based on updated information it received on March 31, 2015. The notice stated that you are eligible for Medicaid effective March 1, 2015 because your reported income of \$2,762.00 is at or below the allowable income limit of \$16,243.00 for that program.

That same day, the Marketplace issued a letter confirming your insurance coverage under Medicaid Fee for Service beginning March 1, 2015 and your enrollment with United Healthcare of New York, Inc. beginning May 1, 2015.

Also that same day, the Marketplace issued a disenrollment notice that your insurance with UHC Compass Silver will end effective March 31, 2015.

Also on that same day, you spoke with the Marketplace's Account Review Unit and appealed being enrolled in United HC Compass Silver as of February 1, 2015 insofar as you did not pay your first month's premium and do not want to be responsible for any monthly premium amounts.

On May 12, 2015, a Hearing Officer from the Marketplace's Appeals Unit contacted you by telephone to conduct the hearing. You requested, and the Hearing Officer granted, an adjournment to May 13, 2015 at 9:00 a.m. You agreed that you would waive formal notice of the hearing at that time.

On May 13, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Through sworn testimony, you waived formal notice of the rescheduled hearing. The record was developed and was closed at the end of the hearing.

Findings of Fact

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

- 1) You are single and plan on filing your 2015 tax return as Single. You will not be claiming any dependents.
- 2) You testified that you had a broker assist you when you applied for health insurance through the Marketplace in 2014.
- 3) You testified that you applied for health insurance on your own on December 30, 2014 and overstated your estimated 2015 income at \$17,000.00.

- 4) You testified that your accountant informed you that your adjusted gross income for 2014 was \$2,762.00, which is what you reported when you updated your application on March 31, 2015.
- 5) You testified that you may have selected a silver-level qualified health plan with UHC Compass Silver on December 30, 2014, but you never received a handbook or insurance cards from them.
- 6) You testified that you did not pay the first month's premium for coverage to begin February 1, 2015, and you did not use nor want coverage through UHC Compass Silver that month or for March 2015.
- 7) You testified that you have not been invoiced by UHC Compass Silver for February 2015 or March 2015 premium payments yet but you want to make sure you are not responsible to pay for premiums for those two months.
- 8) You testified that you have not received any cancellation notice from UHC Compass Silver due to non-payment of premiums but think the Marketplace told you the plan had cancelled coverage for that reason.

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

Applicable Law and Regulations

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 issue under review is if or when your insurance coverage through your qualified health plan should begin and end.

As to when your coverage began, the December 31, 2015 enrollment letter stated your coverage, that is, your enrollment in UHC Compass Silver could begin as early as February 1, 2015 provided you paid your first month's premium. Since the Marketplace correctly stated this information, the December 31, 2014 enrollment notice is **AFFIRMED**.

However, you credibly testified that you did not want, did not use, and did not receive insurance cards or a handbook for coverage with UHC Compass Silver, and did not pay and were not invoiced for the February 2015 premium for that plan. Accordingly, your coverage under UHC Compass Silver did not begin as of February 1, 2015 and you are not responsible for payment of premium for February 2015. Similarly, you did not use the health plan nor pay a premium for March 2015, so your coverage under UHC Compass Silver did not begin as of March 1, 2015, and you are not responsible for a payment of premiums for that month either.

In addition, 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 March 1, 2015, as stated in the April 1, 2015 notice of eligibility redetermination. Therefore, your enrollment through your qualified health plan should have been terminated, had it even begun, effective February 28, 2015.

Decision

The December 31, 2014 enrollment letter is **AFFIRMED**.

The April 1, 2015 disenrollment notice is **MODIFIED** to state that coverage with the qualified health plan ended effective February 28, 2015.

Effective Date of this Decision: July 28, 2015

How this Decision Affects Your Eligibility

Your qualified health plan coverage would have ended February 28, 2015, but since you did not pay premium for coverage to begin February 1, 2015 or March 1, 2015, it never began and you are not responsible for any premium for those two months.

Your Medicaid coverage began effective March 1, 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.

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).

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 December 31, 2014 enrollment letter is **AFFIRMED**.

The April 1, 2015 disenrollment notice is **MODIFIED** to state that coverage with the qualified health plan ended effective February 28, 2015.

Your qualified health plan coverage would have ended February 28, 2015, but since you did not pay a premium for coverage to begin February 1, 2015 or March 1, 2015, it never began and you are not responsible for any premium for those two months.

Your Medicaid coverage began effective March 1, 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]