



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

Notice of Decision

Decision Date: November 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002699

[REDACTED]

Dear [REDACTED],

On July 1, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's having reenrolled you into your health coverage for 2015 and the February 17, 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).

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NY State of Health Number: [REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly reenroll you in your silver-level qualified health plan for coverage for 2015?

Did the Marketplace properly determine that your enrollment in your silver-level qualified health plan ended effective February 28, 2015?

Procedural History

On November 6, 2014, the Marketplace issued a notice that stated it was time for you to renew your health insurance coverage for 2015. The notice 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. This notice was returned to the Marketplace as undeliverable on November 18, 2014.

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

On December 22, 2014, the Marketplace issued an eligibility redetermination notice that stated you were newly eligible to purchase a qualified health plan at full cost. You were not eligible to receive APTC because "[r]enewal 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

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for Medicaid because your household income was in excess of that allowed by that program. This eligibility was effective January 1, 2015. This notice was returned to the Marketplace as undeliverable on December 29, 2014.

Also on December 22, 2014, the Marketplace issued a notice confirming your reenrollment in your silver-level qualified health plan (QHP) as of December 22, 2014. The notice further stated that if you paid your first month's premium, your coverage could start as early as January 1, 2015. If you did not pay your premium, you might not have health coverage. This notice was returned to the Marketplace as undeliverable on December 29, 2014.

On January 27, 2015, you updated your home and mailing address from [REDACTED] to [REDACTED]

On January 28, 2015, the Marketplace issued a notice confirming your reenrollment in your silver-level QHP as of January 28, 2015, which was sent to your new address. The notice further stated that if you paid your first month's premium, your coverage could start as early as January 1, 2015. If you did not pay your premium, you might not have health coverage. The notice further stated that if you paid your first month's premium, your coverage could start as early as January 1, 2015. If you did not pay your premium, you might not have health coverage.

On February 17, 2015, a disenrollment notice was issued that stated you had requested to end your silver-level QHP insurance coverage on February 16, 2015. The notice further stated that you would no longer have coverage under the silver-level QHP effective February 28, 2015.

On May 1, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it terminated your coverage under your silver-level QHP on February 28, 2015 and not on December 31, 2014.

On July 1, 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

- 1) Your application reflects that you provided a mailing and residence address of [REDACTED] when you submitted your initial application to the Marketplace on November 17, 2013.

- 2) You initially enrolled in your silver-level qualified health plan (QHP) for coverage beginning January 1, 2014.
- 3) You testified that requested that the Marketplace send alerts to you electronically.
- 4) The Marketplace issued a renewal notice on November 6, 2014 requesting that you update your account by December 15, 2014 in order to determine whether you are eligible for financial assistance with your health insurance during 2015. This notice was sent to the original address you provided on November 17, 2013, and was ultimately returned to the Marketplace as undeliverable on November 18, 2014.
- 5) You testified that you did not receive the November 6, 2014 renewal notice by either electronic mail or regular mail.
- 6) The Marketplace issued an eligibility determination notice on December 22, 2014 finding you eligible to enroll in a QHP at full cost beginning January 1, 2015. This notice was sent to the original address you provided on November 17, 2013, and was ultimately returned to the Marketplace as undeliverable on December 29, 2014.
- 7) The Marketplace issued an enrollment confirmation notice on December 22, 2014 confirming your enrollment in your silver-level QHP beginning January 1, 2015 at full cost. This notice was sent to the original address you provided on November 17, 2013, and was ultimately returned to the Marketplace as undeliverable on December 29, 2014.
- 8) You testified, and your Marketplace account reflects, that you changed your mailing and residence address to "[REDACTED]" on January 27, 2015.
- 9) You testified that you paid approximately \$475.00 in payments to your insurance carrier during 2015, which included the premium payment for January 2015 as well as an enrollment fee. You stated that the payments made during 2015 were inadvertent since you had automatic payments set up with the insurance carrier.
- 10) You testified that on February 16, 2015 you requested that your coverage end under the silver-level QHP.
- 11) The Marketplace terminated your enrollment under the silver-level QHP effective, February 28, 2015.
- 12) You testified that you terminated your coverage because you did not want to be reenrolled for 2015, and had not authorized such a reenrollment.

You further testified that you were seeking a termination date of December 31, 2014, rather than February 28, 2015.

- 13) There is nothing in your Marketplace account to show that you elected to receive notices electronically. Currently your account shows that notices are sent to you by regular mail.

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)). 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(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.

Reenrollment in QHP

If an enrollee remains eligible for enrollment in a qualified health plan as a result of the annual eligibility redetermination, the Marketplace will renew the enrollee's coverage in same qualified health plan, provided that plan remains available and the enrollee has not previously requested a termination of coverage in accordance with 45 CFR § 155.430 (45 CFR § 155.335(j)).

Electronic Notice

The Marketplace must permit individuals a choice to receive notices and information in electronic format or by regular mail and must be permitted to change such election (42 CFR §435.918(a)).

If the individual elects electronic communications, the Marketplace must send “an email or other electronic communication alerting the individual that a notice has been posted to his or her account” and send a notice by regulation mail within three business days if the electronic communication cannot be delivered (42 CFR §435.918(b)(4), (5)).

Termination of Coverage

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), (d)).

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

- 1) The termination date specified by the enrollee, if the enrollee provides reasonable notice (at least 14 days before the requested termination date);
- 2) Fourteen days after the enrollee requests the termination, if they do not provide reasonable notice; or
- 3) On a date on or after the date the enrollee requests the termination, if the enrollee’s qualified health plan issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The first issue under review is whether the Marketplace properly reenrolled you in your silver-level qualified health plan (QHP) at full cost, effective January 1, 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 by which the Marketplace will use to determine an individual’s eligibility. If an individual does not respond to this notice, the Marketplace must issue an

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eligibility determination for the upcoming coverage year based on the projected eligibility contained in the renewal notice.

On November 6, 2015, the Marketplace issued an annual renewal notice in your case. That notice stated 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 account by December 15, 2014 or the financial help you were receiving might end.

You stated that you did not receive this notice and you had not updated your account by December 15, 2014. You testified that these notices were apparently sent to your old address at [REDACTED], and not the more current address of [REDACTED]. You testified, and the record reflects, that you called the Marketplace to provide the updated mailing address on January 27, 2015.

The record indicates that the renewal notice was issued to your old address you have listed on your Marketplace account, which you provided in your November 17, 2013 application. This notice was returned as undeliverable to the Marketplace on November 18, 2014. However, the record does not reflect that you made any attempt to provide your current address until January 27, 2015. Accordingly, we must find that the Marketplace took the appropriate steps to issue the notices to you based on the information you provided at that time.

Since the Marketplace had not received any updated information from you by the time of the deadline stated in the renewal notice, on December 22, 2014 an eligibility redetermination notice was issued that stated you were newly eligible to purchase a QHP at full cost effective January 1, 2015. You were not eligible to receive APTC because renewal period and income data was not available. This finding was necessitated by the federal regulations noted above and, therefore, the Marketplace was correct in issuing the December 22, 2014 eligibility determination.

Since you were found eligible to enroll a QHP at full-cost, the silver-level QHP you were previously enrolled in was still available, and you had not previously requested a cancellation of such coverage, the Marketplace decision to reenroll you in your silver-level QHP coverage beginning January 1, 2015 is correct, and is AFFIRMED.

The second issue under review is whether the Marketplace properly determined that the coverage provided by your silver-level qualified health plan ended on February 28, 2015.

Enrollees must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to the Marketplace or to their health plan.

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You testified that you inadvertently paid the January 2015 premium to your silver-level QHP for your 2015 health insurance coverage, but that you did not pay the February 2015 premium. However, the record reflects that you did not request to terminate your health insurance coverage through the Marketplace until February 16, 2015. Therefore, the Marketplace properly terminated your insurance coverage under the silver-level QHP effective February 28, 2015, which is the last day of the month following your February 16, 2015 request.

Since you did not provide reasonable notice to the Marketplace or QHP, your coverage cannot be terminated effective December 31, 2014.

Therefore, the Marketplace's February 17, 2015 disenrollment notice is **AFFIRMED** to state that your insurance coverage under your silver-level QHP will terminate effective the last day of the month following your request which is February 28, 2015.

You may contact your insurance carrier to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

The Marketplace's February 17, 2015 disenrollment notice is **AFFIRMED**.

Decision

The Marketplace's determination to reenroll you in your silver-level qualified health plan (QHP) beginning January 1, 2015 is **AFFIRMED**.

The Marketplace's February 17, 2015 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: November 24, 2015

How this Decision Affects Your Eligibility

Your coverage under the silver-level QHP began on January 1, 2015, and ended effective February 28, 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.

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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 Marketplace's determination to reenroll you in your silver-level qualified health plan (QHP) beginning January 1, 2015 is **AFFIRMED**.

The Marketplace's February 17, 2015 disenrollment notice is **AFFIRMED**.

Your coverage under the silver-level QHP began on January 1, 2015, and ended effective February 28, 2015.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

