



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

Notice of Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003201

[REDACTED]

Dear [REDACTED],

On August 17, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 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 Code of Federal Regulation (CFR) 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).

This page intentionally left blank.



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

Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003201

[REDACTED]

Issue

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

Did the Marketplace properly disenroll you from your qualified health plan effective April 30, 2015?

Procedural History

The Marketplace received an application for health insurance on December 29, 2014.

On December 30, 2014, the Marketplace issued an eligibility determination notice that stated that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$224.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective February 1, 2015. It further stated that you were not eligible for Medicaid because the household income you provided to the Marketplace of \$30,000.00 was over the allowable income limit.

Also on December 30, 2014, the Marketplace issued an enrollment notice confirming your selection of a silver-level plan at a premium rate of \$174.82 per month. The notice further stated that your coverage could start as early as February 1, 2015 if you paid your first month's premium. It also cautioned that if you did not pay your premium, you might not have health coverage.

On April 10, 2015, the Marketplace received two revised applications in which you attested to an expected yearly income of \$14,580.00. In response to each of these applications, the Marketplace prepared a preliminary determination stating that the Marketplace would not be able to make an eligibility determination until you provided additional information.

On April 11, 2015, the Marketplace issued a notice regarding your April 10, 2015 application, which stated that you might be eligible for health insurance through New York State of Health, but that more information was necessary before a determination could be made. It requested that you provide income documentation no later than April 28, 2015 in order to confirm that the information you provided in your application was accurate. If you did not provide the information by that date, you might be found ineligible for health insurance or for financial assistance.

On April 12, 2015, the Marketplace issued a disenrollment notice informing you that your silver-level plan coverage would be terminated effective April 30, 2015.

On May 29, 2015, you spoke with the Marketplace's Account Review Unit and appealed the April 12, 2015 disenrollment notice.

On June 9, 2015, the Marketplace received copies of your 2014 U.S. and New York State tax returns, including the attached schedules.

On August 18, 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 enrolled in a silver-level plan with such coverage beginning February 1, 2015.
- 2) You testified that on April 10, 2015 an application counselor assisted you with revising your application to see whether you would be eligible for Medicaid. You further testified that you believed that the application counselor would not submit the revised application until you had confirmed your income.
- 3) You testified that you spoke with the application counsel shortly thereafter and told her not to proceed with submitting your revised application since you believed you made too much to get Medicaid, and preferred to stay with your silver-level plan.

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).

- 4) You testified that you received the April 11, 2015 notice requesting additional income documentation, but believe this was sent in error since your understanding was that a revised application had not been submitted to the Marketplace.
- 5) You testified that, on April 12, 2015, you received notification that you had been disenrolled from your silver-level plan, effective April 30, 2015, but you were unsure of the reason for the disenrollment.

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

Applicable Law and Regulations

Marketplace Eligibility Determinations

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

The Marketplace is required to provide "timely written notice to an applicant of any eligibility determination" made pursuant to 45 CFR Part 155, Subpart D, which sets out requirements.

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)).

Legal Analysis

The issue under review whether the Marketplace properly disenrolled you from your qualified health plan (QHP), effective April 30, 2015.

On December 29, 2015, you enrolled in a silver-level plan through the Marketplace, with such coverage beginning February 1, 2015.

You credibly testified that on April 10, 2015, you spoke with an application counselor who assisted you with revising your application to see whether you would be eligible for Medicaid. You further testified that you believed that the

application counselor had not submitted the revised application, and would not until you had reviewed your income to see whether it would be feasible to continue. Once you had determined that Medicaid was not an option for you since your income was too great, you requested that the application counsel discontinue with the application.

However, on April 10, 2015 two applications were submitted to the Marketplace, each indicating that your expected annual income for 2015 was \$14,580.00.

On April 11, 2015, the Marketplace issued a notice stating that a determination could not be made and instructed you to submit additional income documentation by April 28, 2015 so that a determination could be made. You provided no further documentation to the Marketplace until June 9, 2015 when you submitted copies of your 2014 U.S. and New York State tax returns in an effort to reenroll in a qualified health plan through the Marketplace.

On April 12, 2015, the Marketplace issued a disenrollment notice confirming that your silver-level plan coverage would be terminated effective April 30, 2015.

The Marketplace may initiate termination of an enrollee's enrollment in a QHP through the Marketplace when the enrollee is no longer eligible for coverage in a QHP through the Marketplace.

The credible record of evidence reflects that, in response to your April 10, 2015 applications, no determination was issued by the Marketplace that either you were ineligible to enroll in a QHP or that you were eligible for Medicaid. In the absence of a finding that you were no longer eligible to enroll in a QHP at full cost, you should not have been disenrolled from your plan.

Since the April 12, 2015 disenrollment notice was improperly issued, it is **RESCINDED**.

Your case is **REMANDED** to the Marketplace to reinstate coverage under your silver-level plan as of May 1, 2015, provided the necessary premium amounts are received.

Decision

The April 12, 2015 disenrollment notice is **RESCINDED**.

The case is **REMANDED** to the Marketplace to reinstate coverage under your silver-level plan effective May 1, 2015, provided the necessary premium amounts are received.

Effective Date of this Decision: October 27, 2015

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).

How this Decision Affects Your Eligibility

Your coverage under the silver-level plan is reinstated effective May 1, 2015, provided the necessary premium amounts are received.

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 April 12, 2015 disenrollment notice is RESCINDED.

Your case is REMANDED to the Marketplace to reinstate coverage under your silver-level plan effective May 1, 2015, provided the necessary premium amounts are received.

Your coverage under the silver-level plan is reinstated effective May 1, 2015, provided the necessary premium amounts are received.

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:

