



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

Notice of Expedited Decision

Decision Date: June 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003348

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED],

On June 15, 2015, you appeared by telephone at an expedited hearing on your appeal of NY State of Health Marketplace's March 31, 2015 eligibility determination, March 31, 2015 disenrollment notice, and May 27, 2015 eligibility 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 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).

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Decision

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[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly change your address, and find that you no longer were a New York resident and therefore no longer to enroll in coverage through the Marketplace, effective April 30, 2015?

Procedural History

On January 16, 2015, the Marketplace issued an eligibility determination that stated you were eligible to enroll in a health insurance plan through the Marketplace and receive \$0.00 in advance premium tax credits (APTC), effective February 1, 2015. A confirmation of your enrollment in a health plan was issued the same day.

However, both notices were returned to the Marketplace on January 20, 2015 by the US Postal Service, marked return to sender, and listing an address in [REDACTED]. The returned notices were uploaded to your Marketplace account on March 19, 2015.

On March 31, 2015, the Marketplace issued an eligibility determination, addressed to the [REDACTED] address provided by the Postal Service, stating that you were no longer eligible to be enrolled through the Marketplace because you were no longer a resident of New York. A disenrollment notice was issued the same day.

Both of these notices were returned to the Marketplace on April 6, 2015, despite having been sent to the [REDACTED] address. The label from the Postal Service used

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your former address in [REDACTED], New York. The returned letters were uploaded to your Marketplace account on May 14, 2015.

On May 27, 2015, the Marketplace issued a notice of eligibility redetermination, stating that you were once more eligible to enroll through the Marketplace and to receive \$0.00 in APTC, effective July 1, 2015. On the same day, the Marketplace issued a confirmation of your enrollment in a health plan.

On June 15, 2015, you had an expedited telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing. 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 authorize the change of address made by the Marketplace, and that you had only requested a temporary change of address with the Postal Service so that you could have your mail forwarded to you during a vacation.
- 2) The January 2015 notices sent to you by the Marketplace were returned, with a label with a [REDACTED] address attached by the Postal Service. However, when notices were sent to the [REDACTED] address in March 2015, they were still returned to the Marketplace, with a label with your [REDACTED], New York address attached by the Postal Service.
- 3) There is no indication in your file that you consented to the change of address or that any attempt to contact you was made before your address was changed.
- 4) You testified that you have been employed at the [REDACTED], New York, but that you do not work over the summer.

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

Applicable Law and Regulations

In order to remain eligible to be enrolled in insurance through the Marketplace, an individual, among other things, must be a resident of New York State (45 CFR § 155.305(a)(3)).

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Legal Analysis

The issue is whether the Marketplace properly changed your address, leading to finding that you were no longer a New York resident and therefore no longer to enroll in coverage through the Marketplace, effective April 30, 2015.

Your address in your Marketplace account was changed because of the returned notices from January 2015, which included a forwarding address from the Postal Service that was out of state. However, you credibly testified that you requested only a temporary forwarding of your mail to the [REDACTED] address while you were on vacation; it was never intended to be a permanent change. This is supported by the returned notices from March 2015, which were labeled by the Postal Service to your original [REDACTED], New York address. It is also noted that mail is generally only returned to sender after the forwarding information has expired.

Since the [REDACTED] address was only a temporary forwarding address, you never intended to change your place of residence address, and you never consented to such a change of address, it was improper for the Marketplace to change your address without making a greater effort to investigate your place of residence, and your eligibility should not have been changed.

Therefore, the March 31, 2015 eligibility determination and the March 31, 2015 disenrollment notice are RESCINDED. The May 27, 2015 eligibility determination is MODIFIED to reflect that your coverage continue uninterrupted to date.

The matter is returned to the Marketplace for it to ensure that your coverage is reinstated on an expedited basis.

Decision

The March 31, 2015 eligibility determination and the March 31, 2015 disenrollment notice are RESCINDED. The May 27, 2015 eligibility determination is MODIFIED to reflect that your coverage continue uninterrupted to date.

Effective Date of this Decision: June 17, 2015

How this Decision Affects Your Eligibility

Your former coverage is reinstated, without interruption. You may owe additional insurance premiums to cover the gap in coverage.

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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:
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- By fax: 1-855-900-5557

Summary

The March 31, 2015 eligibility determination and the March 31, 2015 disenrollment notice are **RESCINDED**. The May 27, 2015 eligibility determination is **MODIFIED** to reflect that your coverage continue uninterrupted to date.

Your former coverage is reinstated, without interruption. You may owe additional insurance premiums to cover the gap in coverage.

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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:

[REDACTED]
[REDACTED]
[REDACTED]