



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

## Notice of Decision

Decision Date: July 3, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003499

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

Dear [REDACTED],

On June 26, 2015, you appeared by telephone at an expedited hearing on your appeal of NY State of Health Marketplace's June 14, 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 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

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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 determine that your husband was no longer eligible to be enrolled in a health insurance plan through the Marketplace, effective June 30, 2015?

## Procedural History

On February 19, 2014, you filed a non-financial assistance application for health insurance through the Marketplace.

On February 20, 2014, the Marketplace issued a notice of eligibility determination that stated your family was eligible to enroll in a qualified health plan through the Marketplace, and that you would need to enroll in a plan before the open enrollment period ended on March 31, 2014.

There is currently no confirmation in your Marketplace file showing that you or your husband were enrolled in a plan through the Marketplace for 2014.

On November 3, 2014, the Marketplace issued a notice stating that your husband was no longer eligible to enroll in health insurance through the Marketplace, because you had not provided information regarding his incarceration status.

There were no notices in your account dated between February 2014 and November 3, 2014 that requested such information.

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).

On February 18, 2015, the Marketplace issued a notice of eligibility determination stating that your husband was conditionally eligible to purchase health insurance through the Marketplace effective April 1, 2015. He was requested to provide proof of his incarceration status before May 20, 2015. A similar notice was sent on February 23, 2015, with a deadline of May 23, 2015.

A confirmation of enrollment for your family, including your husband, was sent to you on February 25, 2015, noting that your coverage could begin as early as April 1, 2015 if you sent in the first month's premium.

On June 14, 2015, the Marketplace issued a notice stating that your husband was no longer eligible to enroll in health insurance through the Marketplace, because you had not provided information regarding his incarceration status. His eligibility would end on June 30, 2015. He was subsequently disenrolled.

On June 16, 2015, the Marketplace issued a notice of eligibility determination stating that your husband was once more conditionally eligible to enroll in health insurance through the Marketplace, effective July 1, 2015. He was again requested to confirm his incarceration status.

Also on June 16, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination.

On June 26, 2015, you had an expedited telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit, during which you waived your right to 15 days prior notice for your hearing. The record was developed during the hearing and closed at the end of the hearing.

On June 17, 2015, and June 26, 2015, the Marketplace issued notices of eligibility determination stating that your husband was eligible to enroll in a health insurance plan through the Marketplace effective August 1, 2015, without conditions.

On June 26, 2015, the Marketplace issued a confirmation that your family was enrolled in health insurance effective August 1, 2015.

## **Findings of Fact**

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

- 1) You testified that your husband has never been incarcerated.
- 2) You testified that you paid all the premiums for your family's health insurance, without any subsidies through the Marketplace.

- 3) You testified that when you received a notice stating that you needed to provide proof of your husband's incarceration status, you immediately tried to do so. You repeatedly called the Marketplace to correct the problem with your family's eligibility to enroll in health insurance through the Marketplace.
- 4) The Marketplace has conceded that your husband's coverage should not have been terminated effective June 30, 2015 (see Appellant's exhibit #1).
- 5) The Marketplace has re-enrolled your husband back into his qualified health plan, without any gap in his coverage (see Appellant's exhibit #1).

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

## **Applicable Law and Regulations**

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals for the upcoming year (see 45 CFR § 155.335(a)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year (45 CFR § 155.335(c)(3)).

## **Legal Analysis**

The issue is whether the Marketplace properly determined that your husband was no longer eligible to be enrolled in a qualified health plan through the Marketplace effective June 30, 2015.

As noted above, the Marketplace has already conceded that your husband's eligibility should not have been terminated, that the termination of his coverage was in error, and that his coverage had been restored, without interruption.

Therefore, it is found that the February 18, 2015, February 23, 2015, June 14, 2015, June 16, 2015, June 17, 2015, and June 26, 2015 eligibility determinations are MODIFIED to reflect that your husband has remained eligible to enroll in the Marketplace, without conditions, since January 1, 2015; that his enrollment should have continued without interruption into 2015; and that his enrollment is to be reinstated at least as early as January 1, 2015, without interruption to date.

## **Decision**

The February 18, 2015, February 23, 2015, June 14, 2015, June 16, 2015, June 17, 2015, and June 26, 2015 eligibility determinations are MODIFIED to reflect that your husband has remained eligible to enroll in the Marketplace, without conditions, since January 1, 2015; that his enrollment should have continued without interruption into 2015; and that his enrollment is to be reinstated at least as early as January 1, 2015, without interruption to date.

The matter is returned to the Marketplace to ensure this has taken place.

**Effective Date of this Decision:** July 3, 2015

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

Your husband's eligibility and coverage should continue without interruption into 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.

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 February 18, 2015, February 23, 2015, June 14, 2015, June 16, 2015, June 17, 2015, and June 26, 2015 eligibility determinations are MODIFIED to reflect that your husband has remained eligible to enroll in the Marketplace, without conditions, since January 1, 2015; that his enrollment should have continued without interruption into 2015; and that his enrollment is to be reinstated at least as early as January 1, 2015, without interruption to date.

The matter is returned to the Marketplace to ensure this has taken place.

Your husband's eligibility and coverage should continue without interruption into 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]