



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

Notice of Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003691

[REDACTED]

Dear [REDACTED],

On September 14, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 9, 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 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003691



Issue

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

Did the Marketplace properly terminate your qualified health plan coverage, effective January 31, 2015?

Procedural History

On November 6, 2014, the Marketplace issued a renewal notice that, if everything in your application is still accurate, you have been automatically re-enrolled in your current platinum-level qualified health plan at full cost effective January 1, 2015, and do not need to do anything more.

On December 13, 2014, the Marketplace issued a notice confirming your enrollment and your monthly premium responsibility.

The Marketplace received your updated application for health insurance for yourself and your spouse on December 29, 2014.

On December 30, 2014, the Marketplace issued a letter informing you that more information regarding your income was needed and you had to submit income documentation for your household by January 16, 2015 to confirm that the information you provided in your application is accurate.

On January 9, 2015, the Marketplace issued a disenrollment notice indicating that your coverage under your full pay platinum-level qualified health plan would end effective January 31, 2015.

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On February 20, 2015, your Marketplace account reflects that you spoke with the Marketplace's Account Review Unit regarding your disenrollment from your platinum-level qualified health plan and request for re-enrollment.

On September 14, 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) According to your Marketplace account, you elected to receive communications and notices from the Marketplace via email.
- 2) You testified that you were away when the Marketplace issued the January 9, 2015 disenrollment notice, did not have access to that email account at the time, and had not yet had an opportunity to submit proof of income as of that date.
- 3) You testified that you reported a change in income on your December 29, 2014 updated Marketplace application because you had become unemployed in 2014 and were collecting unemployment benefits as of January 1, 2015, which was the your only source of income.
- 4) According to the Marketplace's December 30, 2014 letter, the deadline you were given to submit documentation to confirm your income was January 16, 2015.
- 5) According to the January 9, 2015 disenrollment notice, your coverage under the full pay platinum health plan you were re-enrolled in on January 1, 2015 would end January 31, 2015.
- 6) You testified that, even though you had not received the January 9, 2015 disenrollment notice indicating that your qualified health plan coverage was terminated as of January 31, 2015, that notice was issued before the January 16, 2015 deadline so you were not given an opportunity to submit the requested income documentation.
- 7) You testified that you contacted the health plan and/or the Marketplace after January 15, 2015 to inform that you would be a little late in paying your February 2015 premium and were told that was not a problem because you have a 30 day grace period.

- 8) You testified that you relied on this information and had a scheduled surgery on February 1, 2015, and learned only after the surgery that you did not have health coverage as of February 1, 2015.
- 9) You testified that you incurred approximately \$2,300.00 in medical bills as a result of the surgery.
- 10) You testified that you contacted the Marketplace on February 20, 2015, because you were seeking reinstatement of your health insurance coverage for February 1, 2015.

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

Applicable Law and Regulations

Income Verification

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If there is an inconsistency between what is reported and the information the Marketplace has such that it cannot verify the income information required to determine eligibility, it must attempt to resolve the inconsistency by providing the individual an opportunity to submit satisfactory documentary evidence within 90 days from the date of notice (*id.*; 45 CFR §155.315(f)(2)).

During this period, the Marketplace must provide eligibility for enrollment in a qualified health plan to the extent that an individual is otherwise qualified (45 CFR § 155.315(f)(4)(1)).

If the Marketplace is still unable to verify the individual's income information after this period, it must determine the individual's eligibility based on the information available in the data sources.

Legal Analysis

The issue under review is whether the Marketplace properly terminated your qualified health plan coverage, effective January 31, 2015.

The Marketplace is required to determine whether individuals are eligible to enroll in coverage through the Marketplace, and must confirm, among other things, that their income is accurate.

If the Marketplace cannot verify an individual's income, it must provide the individual a period of 90 days to resolve the inconsistency.

In the renewal notice issued on November 6, 2014, there was no condition placed on your eligibility to purchase a qualified health plan through the Marketplace at full cost effective January 1, 2015. In fact, the credible evidence of record shows that you were re-enrolled in the same platinum-level qualified health plan that you had in 2014. You credibly testified that you paid the first month's premium for January 2015 such that you were timely enrolled.

However, you updated your application on December 29, 2014 to show your current income situation because you had lost your job in 2014 and your only source of income was now unemployment insurance benefits. Since your new income status was inconsistent with information on federal and state data sources, the Marketplace issued a December 30, 2014 letter requesting you to submit income documentation to confirm the accuracy of your current income. This notice gave you until January 16, 2015 to produce that documentation.

During the time period in which an individual can submit satisfactory documentation to verify inconsistencies, the Marketplace must provide eligibility for enrollment in a qualified health plan to the extent that an individual is otherwise qualified. Here, 90 days from December 30, 2014 is March 30, 2015, until which your eligibility for and enrollment in a qualified health plan should have been continued. You were not permitted 90 days to resolve the inconsistency in your reported income as compared to data sources available to the Marketplace and were, instead, summarily disenrolled according to the January 9, 2015 disenrollment notice, effective January 31, 2015. Therefore, the Marketplace's December 30, 2014 letter is modified to state you had until March 30, 2015 to submit income documentation and the January 9, 2015 disenrollment notice is RESCINDED.

Your case is RETURNED to the Marketplace to restore your health insurance coverage effective February 1, 2015, and you are responsible for any monthly premiums due.

Decision

The Marketplace's December 30, 2014 letter is MODIFIED to state you had until March 30, 2015 to submit income documentation to confirm your income was accurate.

The Marketplace's January 9, 2015 disenrollment notice is RESCINDED.

Your case is RETURNED to the Marketplace to restore your health insurance coverage effective February 1, 2015.

Effective Date of this Decision: October 28, 2015

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How this Decision Affects Your Eligibility

Your case is returned to the Marketplace to restore your qualified health plan coverage effective February 1, 2015.

You are responsible for any monthly premiums due.

If you have not already done so, please provide the marketplace with proof of your unemployment insurance benefits during 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:

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- By fax: 1-855-900-5557

Summary

The Marketplace's December 30, 2014 letter is MODIFIED to state you had until March 30, 2015 to submit income documentation to confirm your income was accurate.

The Marketplace's January 9, 2015 disenrollment notice is RESCINDED.

Your case is RETURNED to the Marketplace to restore your health insurance coverage effective February 1, 2015.

You are responsible for any monthly premiums due.

If you have not already done so, please provide the marketplace with proof of your unemployment insurance benefits during 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

