



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

Notice of Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005285

[REDACTED]

Dear [REDACTED]

On February 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 12, 2015 disenrollment notice and September 12, 2015 enrollment 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 and the Account ID at the top of this notice.

Legal Authority

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

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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STATE OF NEW YORK
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Decision

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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 determine that coverage for your daughter under her qualified health plan was terminated effective September 30, 2015?

Did the Marketplace properly determine that your coverage under your qualified health plan was terminated effective August 31, 2015 and not reinstated until October 1, 2015?

Procedural History

On April 1, 2015, the Marketplace issued an eligibility determination notice, stating that you and your daughter were eligible to enroll in a qualified health plan through the Marketplace at full cost. This eligibility determination was effective May 1, 2015.

On April 16, 2015, the Marketplace issued a notice confirming the enrollment of you and your daughter in Fidelis Care Platinum at a premium rate of \$986.09 per month. The notice further stated that your coverage could begin as early as May 1, 2015, provided you paid your first month's premium.

On September 11, 2015, the Marketplace received a completed and revised application in which you attested that your daughter was no longer seeking insurance coverage.

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On September 12, 2015, the Marketplace issued an eligibility determination notice based on the information contained in the September 11, 2015 application. It stated that you were eligible to purchase a qualified health plan at full cost. This eligibility determination was effective October 1, 2015.

Also on September 12, 2015, the Marketplace issued a notice confirming your enrollment in Fidelis Care Platinum as of April 15, 2015, at a premium rate of \$580.06 per month. The notice further stated that your coverage could begin as early as October 1, 2015, provided you paid your first month's premium.

Finally, on September 12, 2015, the Marketplace issued a notice confirming that your daughter would be disenrolled from Fidelis Care Platinum, effective September 30, 2015. However, contrary to the information contained in this notice, your Marketplace enrollment details as of September 12, 2015 reflected that your daughter's coverage had ended on August 31, 2015. The enrollment details further reflected that your coverage would continue uninterrupted from May 1, 2015 to December 31, 2015. The 834 Transaction Id for this enrollment is reflected as "[REDACTED]".

On November 19, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of (1) the September 12, 2015 disenrollment notice insofar as you believed your daughter's coverage should have ended on August 31, 2015, rather than September 30, 2015, and (2) the September 12, 2015 enrollment notice insofar as you were seeking a reinstatement of your coverage under Fidelis Care Platinum as of September 1, 2015 since Fidelis Care's records reflected that your coverage had been terminated as of August 31, 2015.

On February 8, 2016, 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 support the following findings of fact:

- 1) You and your daughter were enrolled in Fidelis Care Platinum, with coverage beginning May 1, 2015.
- 2) You testified that you contacted the Marketplace on or about September 10, 2015 to request to terminate your daughter's coverage, because she would be receiving health coverage through her school as of September 9, 2015.
- 3) The Marketplace issued a notice confirming that you daughter had been disenrolled from Fidelis Care Platinum, effective September 30, 2015.

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You testified, however, that you were no longer seeking to appeal your daughter's coverage end date since the Marketplace had since updated her coverage end date from September 30, 2015 to August 31, 2015.

- 4) Your Marketplace enrollment details as of September 12, 2015 confirm that your daughter's coverage under Fidelis Care Platinum ended effective August 31, 2015. This same enrollment details reflects that your coverage under Fidelis Care Platinum continued uninterrupted from May 1, 2015 to December 31, 2015. The 834 Transaction Id for this enrollment is reflected as [REDACTED].
- 5) The Marketplace has not issued a disenrollment notice in connection with your coverage under Fidelis Care Platinum during 2015.
- 6) You testified that while you had paid your premium amount of \$580.06 for coverage during September 2015, your payment has since been returned. You further testified that a Fidelis Care representative stated that they could not accept payment for coverage for the period between September 1, 2015 and December 31, 2015 without receiving written notification from the Marketplace that your coverage was to continue uninterrupted from May 1, 2015 to December 31, 2015.
- 7) You testified that as a result of Fidelis Care not recognizing that you were eligible for coverage between September 1, 2015 and December 31, 2015, you have incurred approximately \$3,000.00 in out-of-pocket medical expenses.

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

Applicable Law and Regulations

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

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- 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 determined that your daughter's coverage under Fidelis Care Platinum ended on September 30, 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.

You testified that you were no longer seeking to appeal the end date of your daughter's coverage under Fidelis Care Platinum since the Marketplace has since taken action to backdate your daughter's coverage end date to August 31, 2015. Your account enrollment details are consistent with your testimony insofar as the Marketplace recognized your daughter's coverage end date under Fidelis Care Platinum to be August 31, 2015.

Accordingly, the Appeals Unit will not be reviewing this issue. In order make the notification consistent with your Marketplace account enrollment details, however, the September 12, 2015 disenrollment notice is MODIFIED to state that your daughter's coverage under Fidelis Care Platinum ended effective August 31, 2015.

The second issue under review is whether the Marketplace properly determined that your coverage under Fidelis Care Platinum was terminated effective August 31, 2015.

You testified that in connection with the disenrollment of your daughter from her coverage under Fidelis Care Platinum, you were inadvertently disenrolled from coverage under this plan effective August 31, 2015. While the record does not contain any evidence that you had been disenrolled as of this date, you testified that Fidelis Care would not accept payment for coverage for the period between September 1, 2015 and December 31, 2015 without receiving written notification from the Marketplace that your coverage was continued uninterrupted from May 1, 2015 to December 31, 2015.

Since your Marketplace account enrollment details as of September 12, 2015 reflect that your coverage continued unabated from May 1, 2015 to December 31, 2015, we find there is sufficient evidence that the September 12, 2015

enrollment notice be MODIFIED to state that your coverage under Fidelis Care Platinum began as of September 1, 2015.

Furthermore, we direct the Marketplace to facilitate the Appellant's reenrollment in Fidelis Care Platinum between September 1, 2015 and December 31, 2015, provided the necessary premium amounts are paid, and to coordinate with Fidelis Care to take such action as may be necessary to effectuate a reinstatement of uninterrupted coverage during this period.

Decision

The September 12, 2015 disenrollment notice is MODIFIED to state that your daughter's coverage under Fidelis Care Platinum ended effective August 31, 2015.

The September 12, 2015 enrollment notice is MODIFIED to state that your coverage under Fidelis Care Platinum was in effect uninterrupted from May 1, 2015 to December 31, 2015.

The Appeals Unit directs the Marketplace to facilitate the Appellant's reenrollment in Fidelis Care Platinum between September 1, 2015 and December 31, 2015, provided the necessary premium amounts are paid, and to coordinate with Fidelis Care to take such action as may be necessary to effectuate a reinstatement of coverage during this period.

Effective Date of this Decision: April 12, 2016

How this Decision Affects Your Eligibility

Your daughter's coverage under Fidelis Care Platinum ended as of August 31, 2015.

Your coverage under Fidelis Care Platinum continued in effect uninterrupted from May 1, 2015 to December 31, 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.

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).

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 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 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 September 12, 2015 disenrollment notice is MODIFIED to state that your daughter's coverage under Fidelis Care Platinum ended effective August 31, 2015.

The September 12, 2015 enrollment notice is MODIFIED to state that your coverage under Fidelis Care Platinum continued uninterrupted from May 1, 2015 to December 31, 2015.

The Appeals Unit directs the Marketplace to facilitate the Appellant's reenrollment in Fidelis Care Platinum between September 1, 2015 and December 31, 2015, provided the necessary premium amounts are paid, and to coordinate with Fidelis Care to take such action as may be necessary to effectuate a reinstatement of coverage during this period.

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Your daughter's coverage under Fidelis Care Platinum ended as of August 31, 2015.

Your coverage under Fidelis Care Platinum continued uninterrupted from May 1, 2015 to December 31, 2015..

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

