



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

Notice of Decision

Decision Date: August 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001456

[REDACTED]

Dear [REDACTED],

On March 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 11, 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 Federal regulation 45 CFR § 155.545(b).

[Type here]

This page intentionally left blank.



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

Decision

Decision Date: August 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001456



Issue

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

Did the Marketplace properly determine that your coverage ended with Platinum Standard Platinum ST INN Dep25, effective January 31, 2015?

Procedural History

On December 19, 2014, the Marketplace received your initial application for health insurance. On December 20, 2014, the Marketplace issued an eligibility determination notice stating that you, [REDACTED], and [REDACTED] were eligible to receive up to \$489.00 per month of advance premium tax credits. You were also found not eligible for cost-sharing reductions and Medicaid because your household income was over the allowable income.

On December 20, 2014, the Marketplace issued a notice confirming that you enrolled in Platinum Standard Platinum ST INN Dep25 through New York State of Health on December 19, 2014, with an effective date of January 1, 2015.

On January 11, 2015, the Marketplace issued a Disenrollment Notice stating that the Marketplace received your request to end your insurance coverage with Platinum Standard Platinum ST INN Dep25 on January 10, 2015. The notice states that you will no longer have coverage with Platinum Standard Platinum ST INN Dep25 effective January 31, 2015.

On January 13, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the effective that you were you disenrolled from the qualified health plan.

[Type here]

On March 5, 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 applied for health insurance coverage through the Marketplace on December 19, 2014 (Testimony; Marketplace Account).
- 2) You enrolled in Platinum Standard Platinum ST INN Dep25 on December 19, 2014, with an effective date of January 1, 2015.
- 3) You testified that at the end of December you paid the \$1,032.00 premium for your January 2015 health insurance coverage through Platinum Standard Platinum ST INN Dep25.
- 4) You testified you started working at [REDACTED] on January 6, 2015, and they offer health insurance benefits to their employees on the first day of employment.
- 5) You testified you contacted Excellus BlueCross BlueShield on January 6, 2014, to terminate your Platinum Standard Platinum ST INN Dep25 health plan. You were told by their representative that you must contact New York State of Health to cancel your coverage.
- 6) On January 10, 2015, you contacted New York State of Health and requested that your Platinum Standard Platinum ST INN Dep25 be terminated.
- 7) You testified that you want your health plan to be terminated retroactive to January 1, 2015, so that you may be refunded the amount you paid for your January 2015 health insurance premium.

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 with appropriate notice to the Marketplace or qualified health plan (45 CFR §155.430(b)(1)).

For enrollee-initiated terminations, the last day of coverage is either:

- The termination date specified by the enrollee, if they provide notice at least 14 days before the requested termination becomes effective;
- Fourteen days after the enrollee requests the termination, if they do not provide 14 days' notice; or
- On a date on or after the date the enrollee requests the termination, subject to the determination of the enrollee's qualified health plan issuer, if the enrollee's qualified health plan issuer agrees to effectuate termination in fewer than 14 days, and the enrollee requests and earlier termination effective date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that the end date of your insurance coverage through your qualified health plan (QHP) was January 31, 2015.

You applied for health insurance coverage through the Marketplace on December 19, 2014. On that same day, you enrolled in Platinum Standard Platinum ST INN Dep25 with an effective date of January 1, 2015. You credibly testified that at the end of December you paid the \$1,032.00 premium to your January 2015 health insurance coverage through Platinum Standard Platinum ST INN Dep25.

You testified you started working at [REDACTED] on January 6, 2015, and your employer offers health insurance benefits to their employees on the first day of employment. You credibly testified you contacted Excellus BlueCross BlueShield on January 6, 2014, to terminate your Platinum Standard Platinum ST INN Dep25 health plan. You were told by their representative that you must contact New York State of Health to cancel your coverage. On January 10, 2015, you contacted New York State of Health and requested that your Platinum Standard Platinum ST INN Dep25 be terminated.

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).

The Marketplace must permit an enrollee to terminate their coverage with a QHP with appropriate notice to the Marketplace or QHP. On January 6, 2015, and January 10, 2015, you requested that your QHP coverage be terminated retroactively to January 1, 2015. Since you did not provide reasonable notice to the Marketplace or QHP, the termination date must be the last day of the month. Therefore, the January 11, 2015, Marketplace disenrollment notice is AFFIRMED.

Excellus BlueCross BlueShield would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days. You may present this decision to Excellus BlueCross BlueShield and request that the insurer agree to effectuate termination of your coverage as of January 1, 2015.

Decision

The January 11, 2015, Marketplace disenrollment notice is AFFIRMED.

Effective Date of this Decision: August 12, 2015

How this Decision Affects Your Eligibility

Your insurance coverage with Platinum Standard Platinum ST INN Dep25 will terminate effective January 31, 2015.

Excellus BlueCross BlueShield would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days. You may present this decision to Excellus BlueCross BlueShield and request that the insurer agree to effectuate termination of your coverage as of January 1, 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

Therefore, the January 11, 2015, Marketplace disenrollment notice is AFFIRMED.

Your insurance coverage with Platinum Standard Platinum ST INN Dep25 will terminate effective January 31, 2015.

Excellus BlueCross BlueShield would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days. You may present this decision to Excellus BlueCross BlueShield and request that the insurer agree to effectuate termination of your coverage as of January 1, 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:

