



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

## Notice of Decision

Decision Date: August 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001722

[REDACTED]

Dear [REDACTED],

On March 12, 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 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

Decision Date: August 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001722

[REDACTED]

## Issue

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

Did the Marketplace properly terminate your health coverage through Health Republic EssentialCare Bronze effective January 31, 2015?

## Procedural History

On November 4, 2014, the Marketplace issued a notice that stated it was time to renew your health insurance coverage for 2015. The notice stated that as of January 1, 2015, you were eligible for \$0.00 in advance premium tax credits (APTC), and that you were going to be re-enrolled into Health Republic Insurance of New York, EssentialCare Bronze plan with a premium of \$241.51. The notice also stated that you must pay your premium bill on time, or you might not be covered effective January 1, 2015. The notice also stated that if the Marketplace had made a mistake in reaching these findings, you would need to update your account by December 15, 2014 in order for changes to be effective by January 1, 2015.

On November 24, 2014, you updated your account; you did not opt to change your coverage and your coverage continued with the same plan.

On November 28, 2015, the Marketplace issued an eligibility redetermination notice that stated you were eligible to receive up to \$5.00 in APTC, effective January 1, 2015.

On December 12, 2014, the Marketplace issued an enrollment confirmation notice that stated as of November 18, 2014 you were enrolled in EssentialCare Bronze, with a premium responsibility of \$241.51. The notice further stated that you must pay your monthly premium before your coverage could begin. If you paid your first month's premium, your 2015 coverage could start as early as January 1, 2015.

On January 9, 2015, a disenrollment notice was issued that stated you requested to end your insurance coverage with EssentialCare Bronze on January 2, 2015. The notice further stated that you would no longer have coverage with EssentialCare Bronze effective January 31, 2015.

On February 9, 2015, you spoke to the Marketplace's Account Review Unit and appealed the disenrollment notice insofar as it terminated your coverage on January 31, 2015 and not December 31, 2014.

On March 12, 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 testified that you enrolled in a plan last year but you never used the coverage.
- 2) When you updated your account on November 24, 2014, you opted to stay in the same plan you were already in.
- 3) You testified that you logged into your Marketplace account on December 29, 2014 with the intent to terminate your coverage through Health Republic; however you did not disenroll yourself that day because the website said your disenrollment would be effective immediately and you were afraid that you may lose the coverage you had for all of 2014 by choosing to terminate your plan in December and thus would not be in compliance with the law.
- 4) You testified that you did not pay the January premium to Health Republic.
- 5) You called the Marketplace on January 2, 2015 to cancel your coverage through the Marketplace.

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)(i)).

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 your coverage with the Health Republic EssentialCare Bronze plan was properly terminated effective January 31, 2015.

On December 12, 2014, the Marketplace issued an enrollment confirmation notice that stated as of November 18, 2014 you were enrolled in EssentialCare Bronze, with a premium responsibility of \$241.51. The notice further stated that if you had a premium responsibility, you must pay the first monthly premium before your coverage can begin. If you did not pay your premium, you might not have health coverage.

You testified that you did not pay any premium to EssentialCare Bronze for the month of January 2015. Furthermore, you testified that you logged into your Marketplace account on December 29, 2014 with the intent to terminate your coverage; however you did not disenroll yourself that day because the website said your disenrollment would be effective immediately and you were afraid that

you may lose the coverage you had for all of 2014 by choosing to terminate your plan in December and thus would not be in compliance with the law.

Because you did not pay your first premium for 2015 coverage, your coverage in EssentialCare Bronze never went into effect.

Therefore, the disenrollment notice issued on January 9, 2015 is MODIFIED to say you no longer have coverage with EssentialCare Bronze effective December 31, 2014.

## **Decision**

The January 9, 2015 disenrollment notice is MODIFIED to say you no longer have coverage with EssentialCare Bronze effective December 31, 2014.

**Effective Date of this Decision:** August 14, 2015

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

Your coverage ended effective December 31, 2014.

## **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 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).

## **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 January 9, 2015 disenrollment notice is MODIFIED to say you no longer have coverage with EssentialCare Bronze effective December 31, 2014.

Your coverage ended effective December 31, 2014

## **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:**

