



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

Notice of Decision

Decision Date: August 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001935

[REDACTED]

Dear Ms. [REDACTED]

On April 20, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 31, 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 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001935

[REDACTED]

Issue

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

Did the Marketplace properly determine that the coverage provided by your qualified health plan would end effective February 28, 2015?

Procedural History

On December 16, 2014, the Marketplace issued a confirmation notice, stating that you had been enrolled in a plan through the Marketplace, with an effective enrollment date of January 1, 2015. You were entitled to an advance premium tax credit of up to \$70.00 per month, but the notice indicated that you used only \$21.00 of that monthly credit.

On January 29, 2015, your application for health insurance was modified to reflect that you were no longer seeking health insurance through the Marketplace.

On January 31, 2015, the Marketplace issued a disenrollment notice that stated your insurance coverage was terminated effective February 28, 2015, because you were no longer eligible to enroll in health insurance through New York State of Health.

On March 4, 2015, you spoke with the Marketplace's Account Review Unit and appealed the disenrollment notice insofar as it ended your insurance coverage effective February 28, 2015, and not January 31, 2015.

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On April 20, 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 were enrolled in HMO Copayment 30 Silver ST INN Dep25 effective January 1, 2015.
- 2) You turned 65 years old on [REDACTED]. You testified that you were eligible for Medicare effective February 1, 2015.
- 3) You testified that you called the Marketplace in January 2015 to cancel your insurance coverage and received the disenrollment notice, but did not look at the effective date your coverage ended. The record reflects that your application for health insurance was modified on January 29, 2015 to indicate that you were no longer seeking health insurance through the Marketplace.
- 4) You testified that you paid your premium for the month of January 2015 but not February 2015, since you were covered under Medicare. You further testified that you did not use the health insurance coverage through the Marketplace during the month of February 2015.
- 5) You testified that you have received a bill for the February 2015 premium for 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 may initiate termination of an enrollee's coverage in a qualified health plan when the enrollee is no longer eligible for coverage in a qualified health plan through the Marketplace (45 CFR § 155.430(b)(2)(i)). The last day of coverage for such termination is the last day of the month following the month in which notice of the termination was issued by the Marketplace (45 CFR § 155.430(d)(3)).

Legal Analysis

The issue under review is whether the Marketplace properly found that your insurance coverage through the Marketplace should end effective February 28, 2015.

The Marketplace may initiate termination of an enrollee's coverage in a qualified health plan when the enrollee is no longer eligible for coverage in a qualified health plan through the Marketplace. Coverage ends on the last day of the month following the month in which notice of the termination was issued by the Marketplace.

On January 29, 2015, your application for health insurance was modified to reflect that you were no longer seeking health insurance through the Marketplace. Since you were no longer seeking health insurance, you were no longer eligible for coverage in a qualified health plan through the Marketplace as of January 29, 2015.

The Marketplace issued the notice of termination on January 31, 2015. Therefore, the Marketplace properly terminated your enrollment on February 28, 2015, which was the last day of the month following the January 31, 2015 notice of termination.

The Marketplace's January 31, 2015 disenrollment notice is **AFFIRMED**.

Decision

The Marketplace's January 31, 2015 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: August 18, 2015

How this Decision Affects Your Eligibility

Your coverage with HMO Copayment 30 Silver ST INN Dep25 ended effective February 28, 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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Marketplace's January 31, 2015 disenrollment notice is **AFFIRMED**.

Your coverage with HMO Copayment 30 Silver ST INN Dep25 ended effective February 28, 2015.

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Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

