



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: AP000000001960

[REDACTED]

Dear [REDACTED],

On April 17, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 6, 2015 disenrollment confirmation 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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NY State of Health Number: [REDACTED]
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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 ended on March 31, 2015?

Procedural History

On January 16, 2015, the Marketplace issued an enrollment confirmation notice that stated you were enrolled in Select Care Bronze, Bronze, ST, INN, Dep25 (Select Care Bronze). The notice further stated that your coverage would begin after you paid your first month's premium which could be as early as February 1, 2015.

On March 6, 2015, the Marketplace issued a disenrollment notice that stated your request to end your insurance coverage with Select Care Bronze was processed. The notice further stated that you would no longer have coverage with this plan effective March 31, 2015.

Also on March 6, 2015, the Marketplace issued a notice stating that on March 5, 2015 you requested a telephone hearing because you were unable to backdate the cancellation of your enrollment with Select Care Bronze.

On April 17, 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.

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Findings of Fact

A review of the record supports the following findings of fact:

- 1) You were enrolled in Select Care Bronze effective February 1, 2015.
- 2) You testified that you were able to enroll in health insurance coverage outside of the Marketplace through your Domestic Partner's insurance plan in March 2015. You further testified that the effective date of your new health insurance policy was backdated to January 1, 2015.
- 3) You testified that you paid the monthly premium for February and March 2015 for your coverage through the Marketplace.
- 4) You testified, and your Marketplace account reflects, that you requested disenrollment from your coverage with Select Care Bronze on March 5, 2015.

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 only issue under review is when your insurance coverage with Select Care Bronze should end.

The Marketplace must permit an enrollee to terminate his or her coverage with a qualified health plan with appropriate notice to the Marketplace. The enrollee must provide notice of his or her request to terminate their qualified health plan at least 14 days before it becomes effective.

Since you notified the Marketplace of your request to disenroll from your health insurance coverage with Select Care Bronze on March 5, 2015, the Marketplace properly ended your coverage at the end of the month in which you requested the disenrollment, effective March 31, 2015.

The Marketplace's March 6, 2015 disenrollment notice is AFFIRMED.

Decision

The Marketplace's March 6, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: August 18, 2015

How this Decision Affects Your Eligibility

Your coverage with Select Care Bronze ended effective March 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.

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

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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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Summary

The Marketplace's March 6, 2015 disenrollment notice is AFFIRMED.

Your coverage with Select Care Bronze ended effective March 31, 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:

