



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

Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002190

[REDACTED]

Dear [REDACTED],

On May 4, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 26, 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
- ending 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).

This page intentionally left blank.



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

Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002190

[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 ended on March 31, 2015?

Procedural History

On December 14, 2014, the Marketplace issued a notice confirming your enrollment with UnitedHealthcare Compass Platinum ST INN Pediatric Dental Dep 25 (UnitedHealthcare) as of November 18, 2014. The notice further stated that your coverage could start as early as January 1, 2015, if you paid your first month's premium.

On March 25, 2015, you requested to end your insurance coverage with UnitedHealthcare.

Also on March 25, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective end date of coverage with UnitedHealthcare.

On March 26, 2015, the Marketplace issued a disenrollment notice that stated your request to end your insurance coverage with UnitedHealthcare was processed. The notice further stated that you would no longer have coverage under this plan effective March 31, 2015.

On May 4, 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) The Marketplace's system reflects that you were enrolled in UnitedHealthcare effective January 1, 2015.
- 2) You testified that you received confirmation of your enrollment with UnitedHealthcare but had not received your insurance cards or an invoice by December 14, 2014. You further testified that you called the insurance provider regarding the status of your coverage and were told that your enrollment could not be verified because the Marketplace had not sent over your information.
- 3) You testified that you had not received confirmation of your effective coverage as of January 12, 2015, so you purchased a health insurance plan outside of the Marketplace through Oxford for coverage effective February 1, 2015.
- 4) You testified that you paid the January 2015 premium for your UnitedHealthcare coverage over the phone on January 15, 2015.
- 5) You testified that you received an invoice from UnitedHealthcare for the February 2015 premium but ignored the invoice because you had already purchased insurance coverage outside of the Marketplace for February 2015. You further testified that you believed that if you stopped paying the UnitedHealthcare premiums, then your insurance would automatically be terminated. You testified that you have also received an invoice from UnitedHealthcare for the March 2015 premium.
- 6) You testified that you did not use your UnitedHealthcare coverage during February or March 2015. You further testified that you have an outstanding balance for the February and March 2015 premiums with UnitedHealthcare.
- 7) You testified that you were not made aware that you must contact the Marketplace to cancel your health insurance coverage.
- 8) The record reflects that you requested to terminate your health insurance coverage with UnitedHealthcare on March 25, 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)).

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 whether the Marketplace properly determined that the coverage provided by your qualified health plan ended on March 31, 2015.

An enrollee must be allowed to terminate his or her coverage with a qualified health plan if he or she provides appropriate notice to the Marketplace or to their health plan.

You testified that you were under the belief that your insurance coverage through the Marketplace would automatically end if you did not continue to pay your monthly premiums. You testified that you paid the premium to UnitedHealthcare for your January 2015 coverage but you did not pay any premiums for February or March 2015. However, the record reflects that you did not request to terminate your health insurance coverage through the Marketplace until March 25, 2015. Therefore, the Marketplace properly terminated your insurance coverage with UnitedHealthcare effective March 31, 2015, which is the last day of the month

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).

following your request. UnitedHealthcare would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days.

The Marketplace's March 26, 2015 disenrollment notice is AFFIRMED. You may contact UnitedHealthcare to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

Decision

The Marketplace's March 26, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: August 21, 2015

How this Decision Affects Your Eligibility

Your coverage with UnitedHealthcare Compass Platinum ST INN Pediatric Dental Dep 25 ended effective March 31, 2015. You may contact UnitedHealthcare to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

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

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).

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 Marketplace's March 26, 2015 disenrollment notice is **AFFIRMED**.

Your coverage with UnitedHealthcare Compass Platinum ST INN Pediatric Dental Dep 25 ended effective March 31, 2015. You may contact UnitedHealthcare to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

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:

